

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 _____

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 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	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE				
Test 2:	Note: <i>PASS</i> means higher than 75				
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		State:	Country: INDIA
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: Y

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	From: 7 / 2024		To: /
ACGME Ver'd: Waived			
Comments: ELIGIBLE FOR FULL LICENSURE (LKC)			
Facility:LOYOLA MEDICINE MACNEAL HOSPITAL PROGRAM		Specialty:INTERNAL MEDICINE	
Res. Fellowship: Residency			
City: BERWYN		State:IL	Country:UNITED STATES
Verified: 05/06/2024	From: 6 / 2023		To: 6 / 2024
ACGME Ver'd: 05/06/2024			
Comments: CURRENTLY IN PROGRAM. WILL COMPLETE ON 6/30/2024			
Facility:LOYOLA MEDICINE MACNEAL HOSPITAL PROGRAM		Specialty:INTERNAL MEDICINE	
Res. Fellowship: Residency			
City: BERWYN		State:IL	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		Supervisor:	
City: PIMPALGAON BASWANT		State:	Country: INDIA
Specialty: N/A	From: 10 / 2020	To: 6 / 2021	Verified:
Comments: RESIDENCY APPLICATION, INTERVIEWS, ONBOARDING			
Employed: SANJEEVAN HOSPITAL		Supervisor:	
City: PIMPALGAON BASWANT		State:	Country: INDIA
Specialty: RESIDENT MEDICAL OFFICER	From: 3 / 2020	To: 10 / 2020	Verified:
Comments:			
Employed: NONE		Supervisor:	
City: PIMPALGAON BASWANT		State:	Country: INDIA
Specialty: N/A	From: 9 / 2019	To: 3 / 2020	Verified:
Comments: USMLE STEP 2 EXAM, JOB SEARCH			
Other Licenses			
State	Lic Type and Number	Status Issued	Exp Verif
IL	MD 125078151	A 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 PAGE 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: [Redacted]

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

Sex: M

Race: Asian/Pacific Islander

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
HS	K K WAGH ARTS COMMERCE AND SCIENCE COLLEGE	PIMPALGAON		INDIA	4/2012	7/2013	HIGHER SECONDARY CERTIFICATE		

Medical School Name	City	State	Country	Comments	From	To
				User Entered: B.J. Medical Coll	8/2013	9/2019

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

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

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
IL	125078151		U	5/14/21	

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

Foreign Graduate

\$250/- *SJ*

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/01/2024

Foreign Graduate

Questions Answered 04/30/2024

	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 a license 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, or training program?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you 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
N. Has any disciplinary action been taken on any license?	N
O. 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

Foreign Graduate

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/01/2024

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:

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)

I attest that all the above information is accurate as of April 30, 2024: _____ (Signed Online)



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

Send this form to:

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

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

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

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

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

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

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



Tiwar

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

RECEIVED

MAY 31 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Tiwar Nishant Rajendra

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

05/30/2024

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 ILLINOIS, County of COOK

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 30 day of MAY, 20 24



E. Lim

My Notary Commission Expires 08/10/2024

43744
UCC

Form 1 (MD)

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

RECEIVED

MAY 31 2024

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 Nishant Rajendra Tiwari

Institution: B. J. Govt. Medical College City/State Pune, Maharashtra, India

Our records indicate that the above named applicant attended your medical school on the following dates:

From 08 / 13 / 2013 To 09 / 20 / 2019
Month Day Year Month Day Year

Awarded degree of Bachelor of Medicine & Bachelor of Surgery. (M.B.B.S.) on 01 / 21 / 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 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 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

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.

Name: Dr Aarti A. Kinikar Signature: [Signature]
Title of Signatory: Vice-Dean (UG) Signature Date: 30/05/2024
Phone: _____ Fax: _____ E-Mail: _____

Revised 03/2024

PRIMARY SOURCE

43744
UCC

Form 2 (MD)

ATTACHMENT 6

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

PRIMARY SOURCE

Email form to: OKTRAINING@okmedicalboard.org

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

Verification of Graduate Medical Education

Applicant's Name Nishant Rajendra Tiwari

Institution: Loyola Medicine MacNeal Hospital City/State Berwyn, IL

Training Level: (e.g. 1, 2, 3, etc.)	<u>1</u>	Specialty/Subspecialty	<u>Internal Medicine</u>	From:	<u>06/22/2021</u>	To:	<u>06/21/2022</u>	
<input type="checkbox"/> Internship	<input checked="" type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Research	Successfully Completed?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
Accredited By:	<input checked="" type="checkbox"/> ACGME	<input type="checkbox"/> LCGME	<input type="checkbox"/> RSC	<input type="checkbox"/> CFPC	<input type="checkbox"/> RCPC	<input type="checkbox"/> None of these		

Training Level: (e.g. 1, 2, 3, etc.)	<u>2</u>	Specialty/Subspecialty	<u>Internal Medicine</u>	From:	<u>06/22/2022</u>	To:	<u>06/21/2023</u>	
<input type="checkbox"/> Internship	<input checked="" type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Research	Successfully Completed?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
Accredited By:	<input checked="" type="checkbox"/> ACGME	<input type="checkbox"/> LCGME	<input type="checkbox"/> RSC	<input type="checkbox"/> CFPC	<input type="checkbox"/> RCPC	<input type="checkbox"/> None of these		

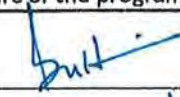
Training Level: (e.g. 1, 2, 3, etc.)	<u>3</u>	Specialty/Subspecialty	<u>Internal Medicine</u>	From:	<u>06/22/2023</u>	To:	<u>06/21/2024</u>	
<input type="checkbox"/> Internship	<input checked="" type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Research	Successfully Completed?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IN PROGRESS
Accredited By:	<input checked="" type="checkbox"/> ACGME	<input type="checkbox"/> LCGME	<input type="checkbox"/> RSC	<input type="checkbox"/> CFPC	<input type="checkbox"/> RCPC	<input type="checkbox"/> None of these		

Training Level: (e.g. 1, 2, 3, etc.)	<u> </u>	Specialty/Subspecialty	<u> </u>	From:	<u> </u> / <u> </u> / <u> </u>	To:	<u> </u> / <u> </u> / <u> </u>	
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Research	Successfully Completed?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
Accredited By:	<input type="checkbox"/> ACGME	<input type="checkbox"/> LCGME	<input type="checkbox"/> RSC	<input type="checkbox"/> CFPC	<input type="checkbox"/> RCPC	<input type="checkbox"/> None of these		

1. Did this individual ever take a leave of absence or break from his/her training? YES NO
2. Was this individual ever placed on probation? YES NO
3. Was this individual ever disciplined or placed under investigation? YES NO
4. Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please attach separate document for "YES" response(s) from above

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: Priyanka Sultania-Dudani, M.D. Signature 
 Title of Signatory: Program Director Signature Date 5/2/24
 Phone: 708.783.3401 Fax: 708.783.3341 E-Mail: imrp@luhs.org

RECEIVED 5/6/2024
T43744
SJ



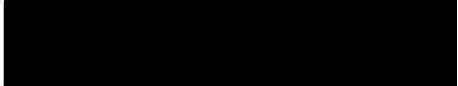
AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

NISHANT RAJENDRA TIWARI



Primary Office Address

Phone UNKNOWN

Birth date



RECEIVED
MAY 15 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty

INTERNAL MEDICINE (primary)
UNSPECIFIED (secondary)

PRIMARY
SOURCE

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*

T43744
5



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	Degree Type:	MD
Enrollment Date:	NOT REPORTED	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.ecfm.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™, 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

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full Legal Name: Nishant Rajendra Tiwari

Mailing Address: [REDACTED]

Social Security #: [REDACTED]

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

If you are a qualified alien, please submit a notarized copy of the original, unexpired documents. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:	
<input checked="" type="checkbox"/>	INS Form I-94
<input type="checkbox"/>	INS Form I-688B
Asylee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "AS"
<input type="checkbox"/>	Grant letter from the Asylum Office of INS
<input type="checkbox"/>	Order of an immigration judge granting asylum
Refugee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under §207 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<input type="checkbox"/>	INS Form I-571 (Refugee Travel Document)
Alien Paroled Into the U.S. for at least One Year:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
Alien Whose Deportation or Removal Was Withheld:	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A10"
<input type="checkbox"/>	Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA
Alien Granted Conditional Entry:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
Cuban/Haitian Entrant:	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
<input type="checkbox"/>	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
<input type="checkbox"/>	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA
Alien Who Has Been Battered or Subjected to Extreme Cruelty:	
<input type="checkbox"/>	INS petition and appropriate supporting documentation
Other Document (please list)	
<input checked="" type="checkbox"/>	Passport & Visa Copy

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature: [Signature]

Date: 05/01/2024

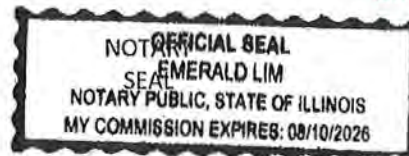
Subscribed and sworn before me this 01 day of MAY, 2024.

RECEIVED 5/1/2024
T43744
SJ

Notary Public: [Signature] E. Lim

Commission Number: _____

My commission expires: 08/10/2026



05/15/2024

NISHANT RAJENDRA TIWARI


**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP78978165
Password:Last 4 SSN

RE: MD Application #43744

Dear NISHANT TIWARI,

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.

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 AP78978165 (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

RECEIVED

MAY 31 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
 101 NE 51ST STREET
 OKLAHOMA CITY OK 73105
 Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Examination Scores	
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

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:
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.

Nishant Rajendra Tiwari _____ 5/20/2024
 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 mail to the address at the top of the page or email.

T43744
 UKC

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.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
08	2013	09	2019	B.J. Medical College	Pune	Maharashtra	M.B.B.S.
WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
03	2020	10	2020	Sanjeevan Hospital	Pimpalgaon Baswant	Maharashtra	Resident Medical Officer
06	2021	06	2024	Loyola Medicine MacNeal Hospital	Berwyn	Illinois	Resident
OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
09	2019	03	2020	USMLE Step 2 CS exam, Searching for Jobs in Local Areas	Pimpalgaon Baswant	Maharashtra	
10	2020	6	2021	Residency application, Interviews, Residency Onboarding	Pimpalgaon Baswant	Maharashtra	

9/19-3/20
10/20-6/21

RECEIVED
MAY 3 1 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

43744
KC

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.

43744
10

Oklahoma State Board of Medical Licensure and Supervision 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 **Number** **Name**
 MD 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	PASS	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:

PRE-MED EDUCATION**School Name:** GEORGETOWN UNIVERSITY**City:** WASHINGTON**State:** DC **Country:** UNITED STATES**Degree:** MASTER OF SCIENCE,
PHYSIOLOGY AND BIOPHYSICS**From:** 8/2018 **To:** 6/2019 **Verified:****School Name:** UNIVERSITY OF CALIFORNIA, IRVINE**City:** IRVINE**State:** CA **Country:** UNITED STATES**Degree:** BACHELOR OF SCIENCE,
BIOLOGICAL SCIENCES**From:** 9/2012 **To:** 6/2015 **Verified:****School Name:** GOLDEN WEST COLLEGE**City:** HUNTINGTON BEACH**State:** CA **Country:** UNITED STATES**Degree:** ASSOCIATE OF ARTS, LIBERAL
ARTS**From:** 8/2009 **To:** 5/2012 **Verified:****School Name:** BOLSA GRANDE HIGH SCHOOL**City:** GARDEN GROVE**State:** CA **Country:** UNITED STATES**Degree:** HIGH SCHOOL DIPLOMA**From:** 9/2005 **To:** 6/2009 **Verified:**

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 MEDIK	From: 7 / 2019	To: 5 / 2023	Diploma Ver'd: Y

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 & SUSHI BAR		Supervisor:	
City: LAGUNA BEACH		State: CA	Country: UNITED STATES
Specialty: WAITER	From: 11 / 2015	To: 8 / 2016	Verified:
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		State: CA	Country: UNITED STATES
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		State: CA	Country: UNITED STATES
Specialty: KITCHEN STAFF	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 **Number** **Name**
MD 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

RECEIVED
 APR 16 2024

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE AND SUPERVISION

QUESTIONNAIRE
 Please read and follow ALL instructions

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

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

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on **ONLINE BILL PAY**. If you are **UPGRADING** your training license to a full license, your fee will be \$250 & you will choose **MD TRAINING-TO-FULL**. If you are **RENEWING** your training license, your fee will be \$150 & you will choose **MD TRAINING LICENSE RENEWAL**.

PLEASE PRINT ALL INFORMATION

FIRST NAME	Ryu	LAST NAME	Tran
EMAIL ADDRESS	[REDACTED]		
LICENSE NUMBER	41549	CELL PHONE	[REDACTED]
HOME ADDRESS	[REDACTED]	CITY/STATE	[REDACTED]
PROGRAM ATTENDING	Michael Timothy Nelson, MD	SPECIALTY	General Surgery

DOCUMENTATION TO ATTACH

PAYMENT COMPLETED	
<input type="checkbox"/> \$150 payment made on Billpay for RENEWAL of training license	<input checked="" type="checkbox"/> \$250 payment made on Billpay for UPGRADE of training license

DOCUMENTATION REQUIRED	
<input checked="" type="checkbox"/> Form 2 (must be received directly from program) **ONLY FOR UPGRADE	<input checked="" type="checkbox"/> Evaluation (must be received directly from program)
<input checked="" type="checkbox"/> USMLE Step 3 (must be received directly from USMLE)	<input checked="" type="checkbox"/> Answer confidential questions (on back of this form)

FOREIGN TRAINED STUDENTS	
<input type="checkbox"/> Current visa	<input type="checkbox"/> Social Security Number **if not provided at initial application
<input type="checkbox"/> 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.

T41549
 SJ

RECEIVED
APR 16 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

NAME Ryu Tran, MD

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

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is most recent)

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

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 Ryu Tran

Date 04/16/2024

Oklahoma State Board of Medical Licensure and Supervision

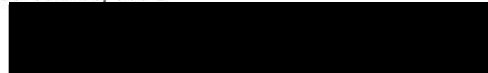
APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 27 of 379

Received:04/17/2023

Applicant Name: TRAN, RYU

MD 41549



Date Of Birth: [REDACTED]

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

Sex: M

Race: Asian/Pacific Islander

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
GD	GEORGETOWN UNIVERSITY	WASHINGTON	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	HUNTINGTON	CA		8/2009	5/2012	ASSOCIATE OF ARTS, LIBERAL ARTS		
HS	BOLSA GRANDE HIGH SCHOOL	GARDEN GROVE	CA		9/2005	6/2009	HIGH SCHOOL DIPLOMA		

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

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
			UNITED STATES			/	/

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	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	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

\$2504

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 28 of 379

Received:04/17/2023

Questions Answered 04/16/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 29 of 379

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

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, 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.



[Handwritten signature]

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

RECEIVED

APR 17 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Tran, Ryu

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

04/17/2023

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

NOTARY

State of Virginia, County of Alexandria

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 17 day of April, 2023

Notary Public Signature *[Handwritten Signature]*

My Notary Commission Expires April, 30, 2027

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

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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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

PRIMARY SOURCE

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 04/16/2024

Examinee: Tran, Ryu
Alt Name(s):

Examinee ID: 5-459-676-2
Date of Birth: [REDACTED]

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
02/24/2021	Pass	235	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/22/2022	Pass	248	(214)	

USMLE STEP 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.

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

This document was prepared by
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400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Tran, Ryu

Examinee ID: 5-459-676-2

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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

Applicant's Name Ryu Tran

Institution: Georgetown University School of Medicine City/State Washington, DC

Our records indicate that the above named applicant attended our medical school on the following dates:

From 07 / 31 / 2019 To 05 / 21 / 2023 and was awarded the degree MD

- 1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.
2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.
3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.
4. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below.
5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below.

Please explain any "YES" response from above:

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: John W. Hammett Signature [Handwritten Signature]

Title of Signatory: Registrar Date of Signature 06/07/2023

Tel: Fax: E-Mail: medreg@georgetown.edu

School Seal

If no seal is available, this form must be notarized

Notary Public
Commission #
My commission expires:

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**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: Ryu Tran
 Name: Mr. Ryu Tran
 Banner ID: 804934995
 SSN: [REDACTED]



Course Level: Medicine

****Transcript type: Official Medical School****

Degrees Awarded:
 Master of Science Aug 31, 2019
 Graduate School
 Major: Physiology and Biophys (SMP)
 Doctor of Medicine May 21, 2023
 School of Medicine
 Major: Medicine

Entering Program:
 School of Medicine
 Doctor of Medicine
 Major: Medicine

Subj	Crs	Title	Crd	Grd	Pts	R
----- Fall 2019 -----						
OMED	102	Ambulatory Care		ZZ		
OMED	103	Community-Based Learning		ZZ		
OMED	104	Evidence-Based Medicine		ZZ		
OMED	105	Health Care Ethics		ZZ		
OMED	106	Histology		EX		
OMED	108	Immunology		EX		
OMED	115	Diagnostic Reasoning & Testing		ZZ		
OMED	201	Biochemistry		EX		
OMED	202	Medical Embryology		EX		
OMED	203	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 & Policy		ZZ		
OMED	209	Clinical Skills		ZZ		
OMED	210	Physiology		EX		
----- Spring 2020 -----						
OMED	102	Ambulatory Care		S		
OMED	103	Community-Based Learning		ZZ		
OMED	104	Evidence-Based Medicine		ZZ		
OMED	105	Health Care Ethics		ZZ		
OMED	106	Histology		EX		
OMED	107	Human Sexuality		P		
OMED	111	Med Student Grand Rounds		S		
OMED	112	Nutrition & Patient Health		S		
OMED	115	Diagnostic Reasoning & Testing		ZZ		
OMED	201	Biochemistry		EX		
OMED	202	Medical Embryology		EX		
OMED	203	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 & Policy		P		
OMED	209	Clinical Skills		ZZ		
OMED	210	Physiology		EX		

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

Subj	Crs	Title	Crd	Grd	Pts	R
----- Fall 2020 -----						
OMED	103	Community-Based Learning		S		
OMED	104	Evidence-Based Medicine		P		
OMED	105	Health Care Ethics		S		
OMED	106	Histology		P		
OMED	110	Medical Genetics		S		
OMED	111	Med Student Grand Rounds		S		
OMED	113	Psychiatry		P		
OMED	114	Selectives		S		
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	Crd	Grd	Pts	R
----- Spring 2021 -----						
ANES	391	Anesthesia - Selective		S		
OMED	200	Basic Science Review		S		
OMED	211	Medical Student Grand Rounds		S		
OMED	251	Workshops		S		
OMED	253	Intensive Bioethics		S		
OMED	254	Pathophysiology		S		
OMED	303	Pain & Addiction		S		
OMED	308	Transition to Clerkships		S		
SURP	391	Plastic Surgery-Selective		S		

Subj	Crs	Title	Crd	Grd	Pts	R
----- Fall 2021 -----						
FAMD	301	Family Medicine		S		
GMED	301	Medicine		S		
NEUR	301	Neurology		S		
OBN	301	Ob/Gyn		S		
ORTS	391	Ortho Surgery-Selective		S		
PTYM	301	Psychiatry		S		

Subj	Crs	Title	Crd	Grd	Pts	R
----- Spring 2022 -----						
OMED	302	M3 OSCE		S		
OMED	304	Bus. of Med & High Value Care		S		
OMED	305	Foundational Seminar 1		S		
OMED	306	Foundational Seminar 2		S		
OMED	372	M3 Grand Rounds		S		
PEDS	301	Pediatrics		S		
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 - WHC		P		
SURG	440	Surgery AI - GTN		H		
SURG	442	SURGERY AI		H		
SURG	561	Breast Cancer Elective		HP		

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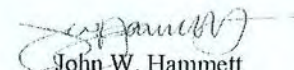
Record of:
Name:
Banner ID::
SSN::

Ryu Tran
Mr. Ryu Tran
804934995
[REDACTED]



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		H		
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		H		
Current course registration:						
OMED	409	Transition to Residency		In Progress		
----- End of Medicine Record -----						


John W. Hammett
Registrar

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SOURCE

JUN 09 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

RYU TRAN



Primary Office Address

PRIMARY SOURCE

Birth date



Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS, ALL YEARS

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MAY 10 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:

YES

Degree Type:

MD

Enrollment Date:

07/2019

Degree Date:

05/2023

THIS IS 3

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

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

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

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

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

Sponsoring Institution:	UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE-TULSA
Sponsoring State:	OKLAHOMA
Program name:	UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE (TULSA) PROGRAM
Specialty:	GENERAL SURGERY
Training Type:	SPECIALTY
Dates:	07/01/2023 - 06/30/2028
Status:	TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

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™, 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: Ryu Tran
First Middle Last Maiden (if applicable)
Mailing Address: [Redacted]
Street Address or Post Office Box
[Redacted]
City State Zip Code Telephone Number Social Security #: [Redacted]

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Signature] Date 04/17/2023

Subscribed and sworn before me this 17th day of April, 2023.

Notary Public [Signature]

Commission Number 8041162

My commission expires April 30, 2027

NOTARY SEAL

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APR 17 2023
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

T 41549
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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

To Request Examination Scores	
For National Board Scores 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


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 OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
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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:

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		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.

T 41549
 WS

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.

T 41549
10

05/08/2023

RYU TRAN
[REDACTED]

RE: MD Application #41549

**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP63735037
Password:Last 4 SSN

Dear RYU TRAN,

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.

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA
USMLE Exams Incomplete
Exam verification date
MedSchool-Transcript Georgetown Univ Sch Of Med, Washington DC 20007
MedSchool-Form 1 Georgetown Univ Sch Of Med, Washington DC 20007

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 AP63735037 (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	41549	RYU TRAN
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

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:135

Application for: **Resident** Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH 1 1 _____

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE By H 6-12-23 _____

5) REQUESTS SPECIFIC CONSIDERATION OF:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	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**
 MD 39529 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:	Note: PASS means higher than 75				
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

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

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	From: 7 / 2022	To: 6 / 2023	
ACGME Ver'd: 08/22/2023			
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

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 04/12/2022

Foreign Graduate

Applicant Name: VANASSE, ASHLEY MARIE

Dunford

MD 39529



Date Of Birth: [REDACTED]

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

Sex: F

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	ROGERS STATE UNIVERSITY	CLAREMORE	OK		1/2010	5/2013	BACHELORS OF SCIENCE		
UG	TULSA COMMUNITY COLLEGE	TULSA	OK		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			/	/

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
						/		

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

\$250⁰⁰

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/12/2022

Foreign Graduate

Questions Answered 04/01/2022	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
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/12/2022

Foreign Graduate

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Post-Graduate Training

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

Yes

If 'Yes', Name of practice:

University of Oklahoma 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) _____



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.



Ashley Vanasse

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

RECEIVED

Vanasse, Ashley M.

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

APR 20 2022

4/11/2022

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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

NOTARY



State of Oklahoma, County of Rogers

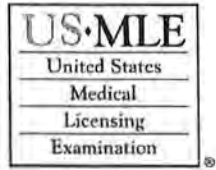
I certify that I met forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing 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 11 day of April, 2022

Notary Public Signature Danielle Wasseman My Notary Commission Expires 9/10/2024

T39529
JB KW

APR 22 2022



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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND 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
SOURCE

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 04/21/2022

Examinee: Vanasse, Ashley Marie
Alt Name(s):

Examinee ID: 1-074-443-1
Date of Birth: [REDACTED]

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
10/15/2019	Pass	202	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

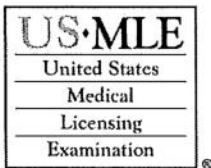
Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/12/2021	Pass	234	(209)	

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.

TMD39529
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

Examinee: Vanasse, Ashley Marie

Examinee ID: 1-074-443-1

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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

Applicant's Name Ashley Marie Vanasse
Institution: St. Georges University City/State Grenada, West Indies

Our records indicate that the above named applicant attended our medical school on the following dates:

From 08/21/17 To 07/16/21 and was awarded the degree Doctor of Medicine - 08/06/2021
Month Day Year 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. 5/20/19 - 1/3/20 to study, take BOARD EXAM and wait for clinical placement YES NO
- Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain. YES NO
- Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below. YES NO
- Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below. YES NO
- Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below. YES NO

Please explain any "YES" response from above: _____

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: Gary Belotzerkovsky Signature [Signature]
Title of Signatory: University Registrar Date of Signature 4/11/2022
Tel: 800 879 6337 Fax: _____ E-Mail: LCV@SGU.EDU



If no seal is available, this form must be notarized

Notary Public _____
Commission # _____
My commission expires: _____

RECEIVED

APR 18 2022

PRIMARY SOURCE

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Notary Seal

MD39529 SJ
A05713732



Record of: Ashley Marie Vanasse
Ashley Marie Vanasse

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

Date Issued: 12-APR-2022

Date of Birth: [REDACTED]

Student ID: A00713732

Level: Doctor of Medicine

Course Level: Doctor of Medicine
Current Program
Program : Doctor of Medicine

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

INSTITUTION CREDIT:

August 2017 Session
BPM 500 Basic Principles of Medicine I 17.00 C+ 1344.36
Term EhRs: 17.00 GPA-Hrs: 17.00 QPts: 1344.36 Grade:C+
Cuml EhRs: 17.00 GPA-Hrs: 17.00 QPts: 1344.36 Grade:C+

January 2018 Session
BPM 501 Basic Principles of Med II 17.00 C+ 1318.52
Term EhRs: 17.00 GPA-Hrs: 17.00 QPts: 1318.52 Grade:C+
Cuml EhRs: 34.00 GPA-Hrs: 34.00 QPts: 2662.88 Grade:C+

August 2018 Session
BPM 502 Basic Principles of Med III 8.00 B 674.48
PCM 500 Principles of Clinical Med I 21.00 C+ 1648.50
Term EhRs: 29.00 GPA-Hrs: 29.00 QPts: 2322.98 Grade:B-
Cuml EhRs: 63.00 GPA-Hrs: 63.00 QPts: 4985.86 Grade:C+

January 2019 Session
Leave of Absence 05/20/2019 - 01/03/2020
PCM 501 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 *****

SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:
2019-2020 Clinical Session
FMED 775NN Family Medicine 3.00 P 0.00
INFE 700NN Infectious Disease/Corona 6.00 P 0.00
MEDI 795N Internal Medicine - Core 24.00 A- 2208.00
OBG 795NN Ob/Gyn - Core 6.00 P 0.00
PED 795N Pediatrics - Core 12.00 A 1152.00
PSY 795N Psychiatry - Core 12.00 A+ 1200.00
Term EhRs: 63.00 GPA-Hrs: 48.00 QPts: 4560.00 Grade:A
Cuml EhRs: 149.00 GPA-Hrs: 134.00 QPts:11213.13 Grade:B

2020-2021 Clinical Session
FMED 700N Family Medicine 3.00 P 0.00
FMED 775N Family Medicine - Primary Care 3.00 P 0.00
HEON 700N Hematology/Oncology 4.00 P 0.00
MEDI 785N Medicine Sub I 4.00 P 0.00
OBG 795N Ob/Gyn - Core 6.00 A- 552.00
OTAL 700N Otolaryngology 3.00 P 0.00
PED 700N Pediatrics - Elective 4.00 P 0.00
PED 700N Pediatrics - Elective 4.00 P 0.00
PED 700N Pediatrics - Elective 4.00 P 0.00
SURG 795N Surgery - Core 24.00 B 2064.00
Term EhRs: 59.00 GPA-Hrs: 30.00 QPts: 2616.00 Grade:B+
Cuml EhRs: 208.00 GPA-Hrs: 164.00 QPts:13829.13 Grade:B

***** TRANSCRIPT TOTALS *****
Earned Hrs GPA Hrs Points
TOTAL INSTITUTION 208.00 164.00 13829.13 B
TOTAL TRANSFER 0.00 0.00 0.00
OVERALL 208.00 164.00 13829.13 B
***** END OF TRANSCRIPT *****

RECEIVED

APR 18 2022

PRIMARY SOURCE

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

TMD 39629
52



AN OFFICIAL SIGNATURE IS WHITE WITH A BURGUNDY BACKGROUND

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

Gary Belotzerkovsky, University Registrar

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

A BROWN STAIN INDICATES UNAUTHORIZED ALTERATIONS

A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

SCHOOL OF MEDICINE

Prior to Fall 1997

A	Excellent
B	Good
C	Satisfactory
F	Failure
P	Pass
I	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 remediated course remained on the transcript but quality points were excluded from the Grade Point Average.

Effective Fall 1997

A	Excellent
B	Good
C	Satisfactory
F	Failure
P	Pass
I	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

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

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

Beginning with Spring 2011 New Matriculants

BASIC SCIENCES		CLINICAL SCIENCES	
A+	97-100	A+	100
A	93-96	A	96
A-	90-92	A-	92
B+	87-89	B+	89
B	83-86	B	86
B-	80-82	B-	82
C+	77-79	C+	79
C	73-76	C	76
C-	70-72	C-	72
F	0-69	F	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
B	82.50-86.49
B-	79.50-82.49
C+	76.50-79.49
C	72.50-76.49
<i>Courses completed by August 2019</i>	
C-	69.50-72.49
<i>Courses completed after August 2019</i>	
C (Term 2)	71.50-72.49
<i>Courses completed by August 2019</i>	
F	1-69.49
<i>Courses completed after August 2019</i>	
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

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

P	Pass
F*	Fail (not calculated into MWPG)
I	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
CR	Credit remediation**

**Effective as of Fall 2016

SCHOOL OF VETERINARY MEDICINE

Fall 1999

A	4.00
B	3.00
C	2.00
D	1.00
F	0.00
P	Pass
I	Incomplete
E	Exemption
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal

Effective Fall 2000

A	4.00
B+	3.50
B	3.00
C+	2.50
C	2.00
D+	1.50
D	1.00
F	0.00
P	Pass
I	Incomplete
E	Exemption
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal
NG	No recorded grade
IP	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

A	4.00
A-	3.75
B+	3.25
B	3.00
B-	2.75
C+	2.25
C	2.00
D	1.00
F	0.00
I	Incomplete
E	Exemption
S	Satisfactory
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal

Effective Fall 1997

A+	4.00
A	4.00
B+	3.50
B	3.00
C+	2.50
C	2.00
D	1.00
F	0.00
I	Incomplete
E	Exemption
S	Satisfactory
T	Transfer
U	Unsatisfactory
W	Withdrawal
AU	Audit
CC	continued course
NG	No recorded grade
IP	In progress

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

SCHOOL OF GRADUATE STUDIES

A	4.00
B	3.00
C	2.00
F	0.00
P	Pass
I	Incomplete
T	Transfer
W	Withdrawal
WP	Passing at time of withdrawal
WF	Failing at time of withdrawal
CC	Continued course
NG	No recorded grade
IP	In progress

ALL SCHOOLS

#	Make-up examination
##	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 credit hours.

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

FORM #4 (MD)

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

VERIFICATION OF CLINICAL CLERKSHIP

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

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

This is to certify that Ashley Vanasse ;
Student's Name

[Redacted] U.S. Social Security Number

[Redacted]

a student of St. George's University

Date of Birth

Medical School

Completed a clerkship offered by Lincoln Medical & Mental Health Center

Name of Facility

234 E 149th St, Bronx, NY 10451

Address of Facility

From 6 1 2020
Month Day Year

through 6 19 2020 in the clinical area
Month Day Year

Of Core Clerkship in OB/GYN
Clinical Area

This facility has programs that are accredited by ACGME in the areas of Obstetrics / Gynecology
Specialty

I, JOHN P. KOULOS, M.D., swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

Institution Seal

JOHN P. KOULOS, M.D.
Type or Print Name of Facility Program Director or Instructor

Lincoln Hospital, 234 E. 149th St.
Address

Bronx NY 10451
City State Zip Code

718-579-5830
Telephone Number

John P. Koulos MD
Signature

In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this _____ day of _____ (Month) _____ (Year).

Notary Seal

Notary Public Signature

My Commission Expires: _____

RECEIVED

MAY 23 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY SOURCE

TMD39529
SD

FORM #4 (MD)

APR 29 2022

PRIMARY SOURCE

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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

VERIFICATION OF CLINICAL CLERKSHIP

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

This is to certify that Ashley Vanasse;
Student's Name

[Redacted] U.S. Social Security Number

[Redacted] 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 1 6 2020 through 2 14 2020 in the clinical area
Month Day Year Month Day Year

Of Pediatrics (Core)
Clinical Area

This facility has programs that are accredited by ACGME in the areas of PEDIATRICS CORE
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

Institution Seal

STEPHEN SYMES, MD

Type or Print Name of Facility Program Director or Instructor

8260 NE 2nd Avenue

Address

Miami

City

FL

State

33138

Zip Code

305.757.9555

Telephone Number

[Signature]
Signature

In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]
Notary Public Signature

My Commission Expires: 02.03.2024

139529
16



FORM #4 (MD)
RECEIVED

APR 29 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

PRIMARY
SOURCE

VERIFICATION OF CLINICAL CLERKSHIP

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

This is to certify that Ashley Vanasse ;
Student's Name



U.S. Social Security Number



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
Month Day Year

through 3 27 2020
Month Day Year

in the clinical area

Of Psychiatry (Core)
Clinical Area

This facility has programs that are accredited by ACGME in the areas of PSYCHIATRY - CORE
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

Institution
Seal

STEPHEN SYMES, MD

Type or Print Name of Facility Program Director or Instructor

8260 NE 2nd Avenue

Address

Miami

City

FL

State

33138

Zip Code

305.757.9555

Telephone Number


Signature

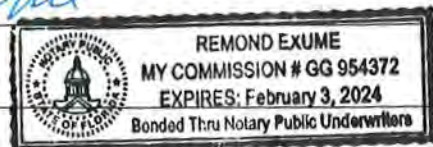
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

Notary Public Signature

My Commission Expires:

Notary
Seal



FORM #4 (MD)

RECEIVED

APR 29 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

PRIMARY SOURCE

VERIFICATION OF CLINICAL CLERKSHIP

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

This is to certify that Ashley Vanasse;
Student's Name

[Redacted] U.S. Social Security Number

[Redacted] 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 5 11 2020 through 5 29 2020 in the clinical area
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 MEDICINE CORE
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

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]
Signature

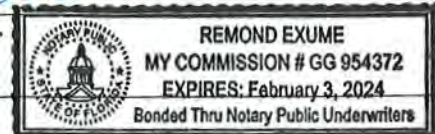
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]
Notary Public Signature

Notary Seal

My Commission Expires:



FORM #4 (MD) D

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

APR 29 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION

PRIMARY
SOURCE

VERIFICATION OF CLINICAL CLERKSHIP

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

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

This is to certify that Ashley Vanasse; [REDACTED]
Student's Name U.S. Social Security Number

[REDACTED] a student of St. George's University / GMHETC
Date of Birth 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 6 22 2020 through 9 11 2020 in the clinical area
Month Day Year Month Day Year

Of Internal Medicine (Core)
Clinical Area

This facility has programs that are accredited by ACGME in the areas of INTERNAL MEDICINE CORE
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

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]
Signature

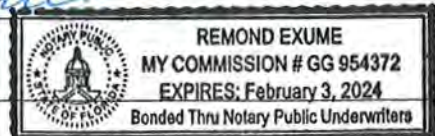
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]
Notary Public Signature

Notary
Seal

My Commission Expires:



FORM #4 (MD)
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Oklahoma State Board of Medical Licensure and Supervision
P.O. Box 18256, Oklahoma City, OK 73154-0256

APR 23 2022
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION

PRIMARY SOURCE

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

This is to certify that Ashley Vanasse;
Student's Name

[Redacted] U.S. Social Security Number

[Redacted] a student of St. George's University
Date of Birth 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 9 14 2020 through 10 2 2020 in the clinical area
Month Day Year Month Day Year

Of OB/GYN (Core)
Clinical Area

This facility has programs that are accredited by ACGME in the areas of OB/GYN (CORE)
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

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]
Signature

In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]
Notary Public Signature

Notary Seal

My Commission Expires:



FORM #4 (MD)

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

APR 29 2022
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
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PRIMARY SOURCE

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

This is to certify that Ashley Vanasse;

Student's Name

U.S. Social Security Number

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 10 5 2020
Month Day Year

through 10 23 2020 in the clinical area
Month Day Year

Of Family Medicine Core

Clinical Area

This facility has programs that are accredited by ACGME in the areas of FAMILY MEDICINE CORE
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

Institution
Seal

STEPHEN SYMES, MD

Type or Print Name of Facility Program Director or Instructor

8260 NE 2nd Avenue

Address

Miami

City

FL

State

33138

Zip Code

305.757.9555

Telephone Number

Signature

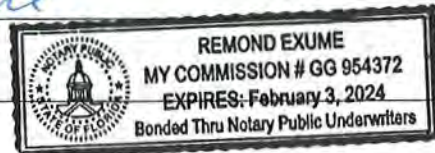
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

Notary
Seal

Notary Public Signature

My Commission Expires:



FORM #4 (MD)

RECEIVED

MAR 20 2022

PRIMARY SOURCE

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

VERIFICATION OF CLINICAL CLERKSHIP

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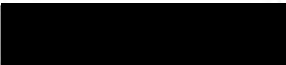
One form must be completed and mailed directly to the Board for each clerkship.

This is to certify that Ashley Vanasse;



Student's Name

U.S. Social Security Number



a student of St. George's University

Date of Birth

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 1 18 2021
Month Day Year

through 2 12 2021
Month Day Year

in the clinical area

Of Pediatrics Elective
Clinical Area

This facility has programs that are accredited by ACGME in the areas of PEDIATRICS ELECTIVE
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

Institution Seal

STEPHEN SYMES, MD

Type or Print Name of Facility Program Director or Instructor

8260 NE 2nd Avenue

Address

Miami

City

FL

State

33138

Zip Code

305.757.9555

Telephone Number

[Signature]
Signature

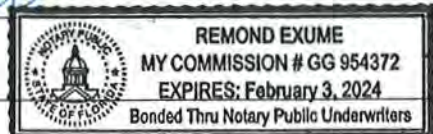
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]
Notary Public Signature

Notary Seal

My Commission Expires:



FORM #4 (MD)

RECEIVED

APR 29 2022

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

PRIMARY SOURCE

VERIFICATION OF CLINICAL CLERKSHIP

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

This is to certify that Ashley Vanasse;

Student's Name

[Redacted]

U.S. Social Security Number

[Redacted]

a student of St. George's University

Date of Birth

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 15 2021
Month Day Year

through 3 12 2021
Month Day Year

in the clinical area

Of Pediatrics (Elective in Neurology)

Clinical Area

This facility has programs that are accredited by ACGME in the areas of PEDIATRICS - ELECTIVE IN NEURO
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

STEPHEN SYMES, MD

Institution Seal

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

[Handwritten Signature]

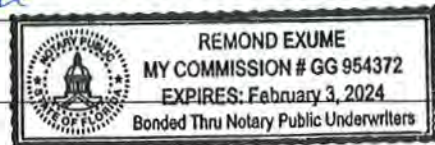
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

Notary Public Signature

My Commission Expires:

Notary Seal



FORM #4 (MD)

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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

RECEIVED
APR 29 2022
PRIMARY SOURCE

VERIFICATION OF CLINICAL CLERKSHIP

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

This is to certify that Ashley Vanasse; [REDACTED]
Student's Name U.S. Social Security Number

[REDACTED] a student of St. George's University
Date of Birth 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 3 15 2021 through 4 9 2021 in the clinical area
Month Day Year Month Day Year

Of Pediatrics (Psychology)
Clinical Area

This facility has programs that are accredited by ACGME in the areas of PEDIATRICS - PSYCHOLOGY
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

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]
Signature

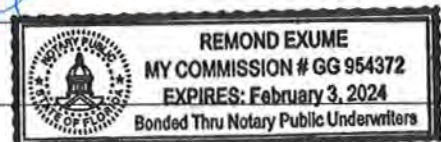
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

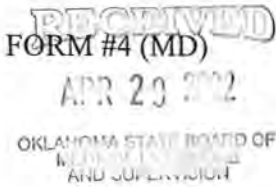
Signed and sworn before me this 27 day of April (Month) 2022 (Year).

Notary Seal

[Signature]
Notary Public Signature

My Commission Expires:





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

VERIFICATION OF CLINICAL CLERKSHIP

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

This is to certify that Ashley Vanasse; [Redacted]
Student's Name U.S. Social Security Number

[Redacted] a student of St. George's University
Date of Birth 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 4 12 2021 through 4 30 2021 in the clinical area
Month Day Year Month Day Year

Of Family Medicine Elective
Clinical Area

This facility has programs that are accredited by ACGME in the areas of FAMILY MEDICINE ELECTIVE
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

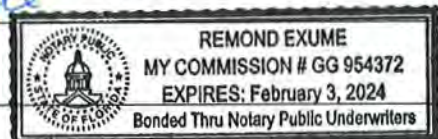
Institution Seal
STEPHEN SYMES, MD
Type or Print Name of Facility Program Director or Instructor
8260 NE 2nd Avenue
Address
Miami FL 33138
City State Zip Code
305.757.9555
Telephone Number Signature

In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

Notary Seal
Notary Public Signature

My Commission Expires:



FORM #4 (MD)

RECEIVED

APR 20 2022

PRIMARY SOURCE

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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

VERIFICATION OF CLINICAL CLERKSHIP

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

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

This is to certify that Ashley Vanasse; [REDACTED]
Student's Name U.S. Social Security Number

[REDACTED] a student of St. George's University / GMHETC
Date of Birth Medical School

Completed a clerkship offered by Center for Haitian Studies
Name of Facility

8260 NE 2nd Ave, Miami, FL 33138
Address of Facility

From 5 3 2021 through 5 28 2021 in the clinical area
Month Day Year Month Day Year

Of Subinternship in Medicine
Clinical Area

This facility has programs that are accredited by ACGME in the areas of INTERNAL MEDICINE - SUB-I
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

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

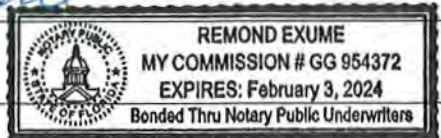
In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]
Notary Public Signature

Notary Seal

My Commission Expires:



FORM #4 (MD)
RECEIVED
APR 23 2022
OKLAHOMA STATE BOARD OF
MEDICAL SUPERVISION

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

PRIMARY SOURCE

VERIFICATION OF CLINICAL CLERKSHIP

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

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

This is to certify that Ashley Vanasse; [REDACTED]
Student's Name U.S. Social Security Number

[REDACTED] a student of St. George's University
Date of Birth 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 5 31 2021 through 6 25 2021 in the clinical area
Month Day Year Month Day Year

Of Elective in Hematology/Oncology
Clinical Area

This facility has programs that are accredited by ACGME in the areas of ELECTIVE IN HEMATOLOGY/ONCOLOGY (IM)
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

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 [Signature]
Telephone Number Signature

In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]
Notary Public Signature

Notary Seal

My Commission Expires:



FORM #4 (MD)

RECEIVED

MAR 23 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

VERIFICATION OF CLINICAL CLERKSHIP

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

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

This is to certify that Ashley Vanasse;
Student's Name

[Redacted]

U.S. Social Security Number

[Redacted]

a student of St. George's University

Date of Birth

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 6 28 2021
Month Day Year

through 7 16 2021
Month Day Year

in the clinical area

Of Elective in Otolaryngology
Clinical Area

This facility has programs that are accredited by ACGME in the areas of ELECTIVE IN OTOLARYNGOLOGY
Specialty

I, STEPHEN SYMES, MD, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that the statements made herein are accurate.

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]
Signature

In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.

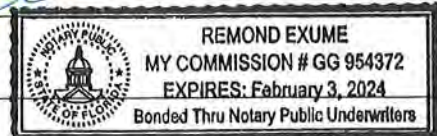
Signed and sworn before me this 27 day of April (Month) 2022 (Year).

[Signature]

Notary Public Signature

Notary Seal

My Commission Expires:



Form 2 (MD - TRAINING)

ATTACHMENT 3

Oklahoma State Board of Medical Licensure and Supervision

OKTRAINING@okmedicalboard.org

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

RECEIVED

AUG 22 2023

Verification of Graduate Medical Education

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Applicant's Name Ashley Vanasse, MD
 Institution: University of Oklahoma, SCM City/State Tulsa, OK
 Training Level: 1 Specialty/Subspecialty Pediatrics From: 7/1/22 To: 6/30/23
 Internship Residency Successfully Completed? YES NO IN PROGRESS
 Accredited By: ACGME AOA

Training Level: 2 Specialty/Subspecialty Pediatrics From: 7/1/23 To: 6/30/24
 Internship Residency Successfully Completed? YES NO IN PROGRESS
 Accredited By: ACGME AOA

Training Level: _____ Specialty/Subspecialty _____ From: / / To: / /
 Internship Residency Successfully Completed? YES NO IN PROGRESS
 Accredited By: ACGME AOA

- Did this individual ever take a leave of absence or break from his/her training? YES NO
- Was this individual ever placed on probation? YES NO
- Was this individual ever disciplined or placed under investigation? YES NO
- Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
- Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

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: Michelle Escala, MD Signature [Signature]
 Title of Signatory: Program Director Date of Signature 8/21/23
 Tel: 918-660-3416 Fax: 918-660-3410 E-Mail: michelle-escala@ouhsc.edu

School Seal _____
 If no seal is available, this form must be notarized
 Notary Public _____
 Commission # _____
 My commission expires: _____

PRIMARY SOURCE

NOTARY SEAL

T39529 UKC

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:** [REDACTED]**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

** 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**PRIMARY SOURCE****How to Verify the Authenticity of this Report:**

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

Report Verification Code: 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.



AMA Physician Profile

PREPARED FOR

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

RECEIVED
JUN 05 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Name and Mailing Address

ASHLEY MARIE VANASSE

Primary Office Address

SAME AS MAILING ADDRESS



Birth date



Phone UNKNOWN

PRIMARY SOURCE

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

T39529 SJ

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:	07/01/2022 - 06/30/2025
Status:	TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
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 <https://cvsonline2.ecfm.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™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/

Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

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

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

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

RECEIVED

APR 20 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Full Legal Name: Ashley Marie Vanasse Dunford
First Middle Last Maiden (if applicable)

Mailing Address: [Redacted]
[Redacted] Social Security #: [Redacted]
City State Zip Code Telephone Number

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

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

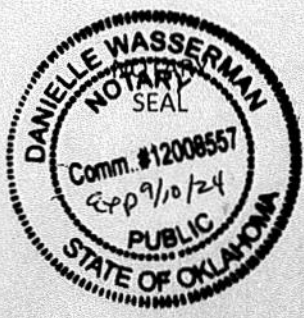
- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport** (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Ashley Vanasse Date 4/11/2022

Subscribed and sworn before me this 11th day of April, 2022.

Notary Public Danielle Wasserman
Commission Number 12008557
My commission expires 9/10/24



T39529
JB KW

04/15/2022

ASHLEY MARIE VANASSE
[REDACTED]

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

RE: MD Application #39529

Dear ASHLEY VANASSE,

**YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE
OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.**

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

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

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

TIME DEFICIENCY

Name: Ashley Marie Vanasse	Application # 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.

EDUCATION

Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
August	2006	May	2010	Tulsa Community College	Tulsa	OK	A.S.
January	2010	May	2013	Rogers State University	Claremore	OK	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

EMPLOYMENT

Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
October	2006	December	2016	St. Francis Hospital	Tulsa	OK	Pharmacy Tech

OTHER

Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc.)	City	State

RECEIVED

JUN 02 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T39529
2022

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	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)

Federation Clearance Not Received (to be completed by OSBMLS Staff)
 NPDB Profile Not Received (to be completed by OSBMLS Staff)
 Exam verification date
 PostGrad - Form 2 COLLEGE OF MEDICINE TULSA
 AMA Profile Not Received (to be completed by OSBMLS Staff)
 OTHER DEFICIENCIES: *DO NOT NEED: FORM 2, STEP 3, AMA, FED, NPDB*
 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:280

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ____ / ____ / ____

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE *MM 6-9-22*

5) REQUESTS SPECIFIC CONSIDERATION OF:

ATTACHMENT 1

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

RECEIVED

AUG 22 2023

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

QUESTIONNAIRE
 Please read and follow ALL instructions

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

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

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

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

PLEASE PRINT ALL INFORMATION

FIRST NAME	Ashley	LAST NAME	Vanasse
EMAIL ADDRESS	[REDACTED]		
LICENSE NUMBER	39529	CELL PHONE	[REDACTED]
HOME ADDRESS	[REDACTED]	CITY/STATE	[REDACTED]
PROGRAM ATTENDING	Michelle Escala	SPECIALTY	Pediatrics

DOCUMENTATION TO ATTACH

PAYMENT COMPLETED	
<input type="checkbox"/> \$150 payment made on Billpay for RENEWAL of training license	<input type="checkbox"/> \$250 payment made on Billpay for UPGRADE of training license

DOCUMENTATION REQUIRED	
<input type="checkbox"/> Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHMENT 3	<input type="checkbox"/> Evaluation (must be received directly from program) - ATTACHMENT 4
<input type="checkbox"/> USMLE Step 3 (must be received directly from USMLE)	<input type="checkbox"/> Answer confidential questions (on back of this form)

FOREIGN TRAINED STUDENTS	
<input type="checkbox"/> Current visa	<input type="checkbox"/> Social Security Number **if not provided at initial application
<input type="checkbox"/> 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.

*OK M 15
 8-23-23
 T39529
 UKC*

AUG 22 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.

<i>SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is most recent)</i>		
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you had any adverse judgment or settlement against you arising from a professional liability claim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been reported to the National Practitioner Data Bank (NPDB)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been denied, had removed, or suspended hospital privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered hospital privileges while under investigation or to avoid investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has your application for licensure ever been denied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered a license or had any disciplinary action taken on any license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been addicted to or abused any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

GIC
PMS
8-23-23

ATTACHMENT 4

RETURN FORM TO:
 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
oktraining@okmedicalboard.org
 FORM ***MUST BE*** RETURNED BY THE PROGRAM, NOT THE APPLICANT

RECEIVED

AUG 22 2023

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

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

Name of Resident (please print) Ashley Vanasse
 License Number 39529 Specialty Pediatrics
 Institution Name University of Oklahoma, SCM
 Program Director (please print) Michelle Escala, MD
 Program Director Email michelle-escala@ouhsc.edu

Instructions: Please rate each resident according to the scale below. **If the score is rated in the 0 (Poor), 1 (Fair) or 2 (Below Average) YOU MUST PROVIDE WRITTEN DOCUMENTATION REGARDING THIS RATING.**

ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
APPLICATION OF MEDICAL KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS/COMMENTS _____

COMPLETED BY (please print) Michelle Escala, MD
 SIGNATURE *M Escala* DATE 8/21/23

Evaluation revised 1-2023

PRIMARY SOURCE

T30529
 UKC

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	41431	ASHTYN ZAPLETAL VOGT
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM
PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Last Medical School Attended:

048-16 TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843

Number of Licenses Previously Granted to Graduates of this Medical School:183

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____
- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ____ / ____ / ____
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

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 MEDICINE

From: 7 / 2019

To: 5 / 2023

Diploma Ver'd:

Y

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: /	
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

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APR 12 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

QUESTIONNAIRE

Please read and follow ALL instructions

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

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

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

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

PLEASE PRINT ALL INFORMATION

FIRST NAME	Ashtyn	LAST NAME	Vogt
EMAIL ADDRESS	[REDACTED]	CITY/STATE	[REDACTED]
LICENSE NUMBER	41431	ZIP CODE	[REDACTED]
HOME ADDRESS	[REDACTED]	SPECIALTY	Ophthalmology
PROGRAM ATTENDING	Dr. Andrew Melson		

DOCUMENTATION TO ATTACH

PAYMENT COMPLETED	
<input type="checkbox"/> \$150 payment made on Billpay for RENEWAL of training license	<input checked="" type="checkbox"/> \$250 payment made on Billpay for UPGRADE of training license

DOCUMENTATION REQUIRED	
<input checked="" type="checkbox"/> Form 2 (must be received directly from program) **ONLY FOR UPGRADE	<input checked="" type="checkbox"/> Evaluation (must be received directly from program)
<input checked="" type="checkbox"/> USMLE Step 3 (must be received directly from USMLE)	<input checked="" type="checkbox"/> Answer confidential questions (on back of this form)

FOREIGN TRAINED STUDENTS	
<input type="checkbox"/> Current visa	<input type="checkbox"/> Social Security Number **if not provided at initial application
<input type="checkbox"/> 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.

741431
SJ

RECEIVED

APR 12 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

NAME Ashtyn Vogt

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

<i>SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is most recent)</i>		
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you had any adverse judgment or settlement against you rising from a professional liability claim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been reported to the National Practitioner Data Bank (NPDB)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been denied, had removed, or suspended hospital privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered hospital privileges while under investigation or to avoid investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has your application for licensure ever been denied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered a license or had any disciplinary action taken on any license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been addicted to or abused any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Ashtyn Vogt MD

Date 3/26/2024

Oklahoma State Board of Medical Licensure and Supervision

PAGE 92 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/05/2023

Applicant Name: ZAPLETAL ASHTYN BRIONNA

MD 41431

Date Of Birth: [REDACTED]

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

Sex: F

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	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	To
TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843	College Sta	TX	United States		7/2019	5/2023

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

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
						/		

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

92501

53

Oklahoma State Board of Medical Licensure and Supervision

PAGE 93 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/05/2023

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

Oklahoma State Board of Medical Licensure and Supervision

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) _____

ATTACHMENT 1



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 and 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 the 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.



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

RECEIVED

APR 20 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Zapletal, Ashtyn, B
Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

4/6/23
Date of signature (must correspond to the date of notarization)

NOTARY

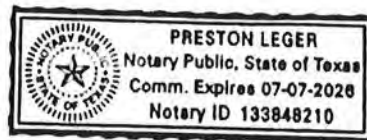
State of Texas, County of Dallas

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this 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.

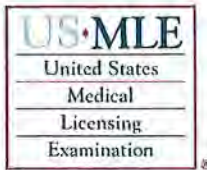
The statements on this document are subscribed and sworn to before me by the applicant on this 6 day of April, 2026

Notary Public Signature [Signature] My Notary Commission Expires 07-07-2026

NOTARY SEAL



T 41431
WB



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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 09/27/2023

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

Examinee ID: 5-467-509-5
Date of Birth: [REDACTED]

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
05/23/2021	Pass	262	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/30/2022	Pass	265	(209)	

USMLE STEP 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.

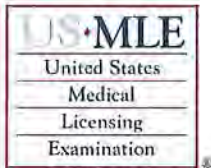
PRIMARY
SOURCE

RECEIVED

SEP 28 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T41431
UKL



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: [REDACTED]

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.

PRIMARY
SOURCE

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SEP 28 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

RECEIVED

MAY 31 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Form 1 (MD)

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

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

Applicant's Name Ashtyn Zapletal
Institution: Texas A&M School of Medicine City/State Bryan, Texas

Our records indicate that the above named applicant attended our medical school on the following dates:

From 07 / 29 / 2019 To 05 / 20 / 2023 and was awarded the degree Doctor of Medicine 05/20/2023

Please complete the following questions:

- 1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.
2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.
3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.
4. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below.
5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below.

Please explain any "YES" response from above:

I attest that the completion of the following has been completed by the program director and that the information above is an accurate account of this individual's records and is true and correct.

Name: Wei-Jung Chen, PhD Signature [Handwritten Signature]

Title of Signatory: Associate Dean for Student Affairs Date of Signature 05/22/2023

Tel: 979-436-0245 Fax: 979-436-0097 E-Mail: wjchen@tamu.edu



If no seal is available, this form must be notarized

Notary Public _____

Commission # _____

My commission expires: _____

Notary Seal

T41431
UKC

OFFICIAL ACADEMIC RECORD

22-MAY-2023

Name: Ashtyn Brionna Zapletal
 SID: [REDACTED]

Date of Birth: [REDACTED]

Course Level: Professional Medicine

Degree Awarded Doctor of Medicine 20-MAY-2023

Major : Medicine

Inst. Honors: With Honors

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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INSTITUTION CREDIT:

Fall 2019 - Half Year Term

Semester

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: 21.00 GPA-Hrs: 21.00 QPts:		84.00 GPA:	4.00

Spring 2020 - Half Year Term

Semester

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 H	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: 33.25 GPA-Hrs: 23.00 QPts:		90.00 GPA:	3.91

Fall 2020 - Half Year Term

Semester

MEID 701	HEMATOLOGY/ONCOLOGY	4.00 H	16.00
MEID 704	RENAL GENITOURINARY	4.00 H	16.00
MEID 706	METABOLISM, GI, NUTRITION	5.00 H	20.00
MEID 707	ENDO REPRO SCI HUM SEXUALITY	5.00 H	20.00
MEID 708	INTEGUMENT MUSCULOSKELETAL	2.00 H	8.00
MEID 711	EVIDENCE BASED MED S&R	1.00 S	0.00

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

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

MEID 712	POM III	6.00 H	24.00
Ehrs: 27.00 GPA-Hrs: 26.00 QPts:		104.00 GPA:	4.00

Spring 2021 - Half Year Term

Semester

IMED 800	INTERNAL MEDICINE CLERKSHIP	10.00 H	40.00
MEID 685	DIRECTED STUDIES:IN AB	5.00 S	0.00
MEID 989	SPTP: PRACTICE OF MEDICINE IV	1.25 P	3.75
MRAD 800	RADIOLOGY CLERKSHIP	2.00 H	8.00
Ehrs: 17.00 GPA-Hrs: 12.00 QPts:		48.00 GPA:	4.00

Fall 2021 - Half Year Term

Semester

MEID 822	POM V	1.00 S	0.00
MPED 800	PEDIATRICS CLERKSHIP	7.50 H	30.00
OBGY 800	OBSTETRICS & GYNCLGY CLERKSHIP	7.50 H	30.00
SURG 800	SURGERY CLERKSHIP	10.00 H	40.00
SURG 865	OCULOPLASTIC SURG	5.00 S	0.00
Ehrs: 31.00 GPA-Hrs: 25.00 QPts:		100.00 GPA:	4.00

Spring 2022 - Half Year Term

Semester

IMED 999	ON CAMPUS SIE:IN-AB	5.00 S	0.00
MEID 823	POM VI INTERPROF SOC & ETH DIL	1.00 S	0.00
MFCM 800	FAMILY MEDICINE CLERKSHIP	7.50 H	30.00
MPSY 800	PSYCHIATRY CLERKSHIP	7.50 H	30.00
SURG 816	SURGERY ACTING INTERNSHIP	5.00 S	0.00
Ehrs: 26.00 GPA-Hrs: 15.00 QPts:		60.00 GPA:	4.00

Fall 2022 - Half Year Term

Semester

IMED 819	BONE MARROW TRANSPLANT	2.50 S	0.00
IMED 896	INTERNAL MEDICINE AI	5.00 S	0.00
SURG 818	SURGICAL INTENSIVE CARE UNIT	5.00 S	0.00
SURG 848	OPHTHALMOLOGY	5.00 S	0.00

***** CONTINUED ON PAGE 2 *****

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

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

Debra Muntean



Venesa A. Heidick

Venesa A. Heidick
 Registrar

711431/UC

OFFICIAL ACADEMIC RECORD

22-MAY-2023

Name: Ashtyn Brionna Zapletal
SID: [REDACTED]

Date of Birth: [REDACTED]

Level: Professional Medicine

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
Institution Information continued:					
SURG 985	OFF CAMPUS SIE	5.00	S	0.00	
Ehrs: 22.50 GPA-Hrs: 0.00 QPts:		0.00	GPA:	0.00	

Spring 2023 - Half Year Term

Semester					
ANES 801	CLINICAL ANESTHESIOLOGY	2.50	S	0.00	
EMED 800	EMERGENCY MEDICINE CLERKSHIP	5.00	S	0.00	
MEID 850	POM CAPSTONE	2.50	S	0.00	
SURG 801	PLASTIC SURGERY	2.50	S	0.00	
SURG 802	OTOLARYNGOLOGY	2.50	S	0.00	
SURG 810	ORAL/MAXILLOFACIAL SURGERY	2.50	S	0.00	
Ehrs: 0.00 GPA-Hrs: 0.00 QPts:		0.00	GPA:	0.00	

***** TRANSCRIPT TOTALS *****

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	177.75	122.00	486.00	3.98
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	177.75	122.00	486.00	3.98

***** END OF TRANSCRIPT *****

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Venesa A. Heidick

Venesa A. Heidick
Registrar

OFFICIAL ACADEMIC RECORD

22-MAY-2023

Name: Ashtyn Brionna Zapletal

Date of Birth: [REDACTED]

SID: [REDACTED]

Course Level: Undergraduate

Degree Awarded Bachelor of Science 15-DEC-2018

Major : Biomedical Sciences

Inst. Honors: Summa Cum Laude

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Dallas College

Total Earned Credits 50.00

INSTITUTION CREDIT:

Fall 2015 - College Station

Semester

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

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
CHEM 112	FUND OF CHEM LAB II	1.00 A	4.00
MATH 141	BUSINESS MATH I	3.00 A	12.00
VIBS 204	FUND OF FOOD TOXI & SAFE	3.00 A	12.00
VTPB 285	DIRECTED STUDIES	0.00 A	0.00
Ehrs: 13.00 GPA-Hrs: 13.00 QPts: 52.00 GPA: 4.00			

Fall 2016 - College Station

Semester

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

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

CHEM 237	ORGANIC CHEMISTRY LAB	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 I
Ehrs: 15.00 GPA-Hrs: 15.00 QPts: 60.00 GPA: 4.00			

Spring 2017 - College Station

Semester

CHEM 228	ORGANIC CHEMISTRY II	3.00 A	12.00
CHEM 238	ORGANIC CHEMISTRY LAB	1.00 A	4.00
ENTO 208	VETERINARY ENTOMOLOGY	2.00 A	8.00
ENTO 209	VETERINARY ENTOMOLOGY LAB	1.00 A	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 I
Ehrs: 14.00 GPA-Hrs: 14.00 QPts: 56.00 GPA: 4.00			

Fall 2017 - College Station

Semester

BICH 410	COMPREHEN BIOCHEM I	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 I
Ehrs: 13.00 GPA-Hrs: 12.00 QPts: 48.00 GPA: 4.00			

Spring 2018 - College Station

Semester

BICH 411	COMPREHEN BIOCHEM II	3.00 A	12.00
POLS 206	AMER NATNL GOVT	3.00 A	12.00
VIBS 305	BIOMEDICAL ANATOMY	4.00 A	16.00
VIBS 311	BIOMED EXPLOR NARRATIVE	1.00 S	0.00
VTPB 485	DIRECTED STUDIES	1.00 A	4.00 I

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Debra Muntean



Venesa A. Heidick

Venesa A. Heidick
Registrar

OFFICIAL ACADEMIC RECORD

22-MAY-2023

Name: Ashtyn Brionna Zapletal
SID: [REDACTED]

Date of Birth: [REDACTED]

Level: Undergraduate

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
----------	--------------	----------	-------

Institution Information continued:

Ehrs: 12.00 GPA-Hrs: 11.00 QPts: 44.00 GPA: 4.00

Fall 2018 - College Station

Semester

BIMS 320	HNR-BIOMEDICAL GENETICS	3.00 A	12.00
VIBS 407	CORE IDEAS NEUROSCIENCE	2.00 A	8.00
VIBS 489	SPTP: ANATOMY TEACHING	3.00 A	12.00
VTPB 485	DIRECTED STUDIES	1.00 A	4.00 I
VTTP 423	BIOMEDICAL PHYSIOLOGY I	4.00 A	16.00

Ehrs: 13.00 GPA-Hrs: 13.00 QPts: 52.00 GPA: 4.00

***** TRANSCRIPT TOTALS *****

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	94.00	92.00	368.00	4.00
TOTAL TRANSFER	50.00	0.00	0.00	0.00
OVERALL	144.00	92.00	368.00	4.00

***** END OF TRANSCRIPT *****

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Venesa A. Heidick

Venesa A. Heidick
Registrar



AMA Physician Profile

PREPARED FOR

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

RECEIVED
MAY 10 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Name and Mailing Address

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

Primary Office Address

SAME AS MAILING ADDRESS

Birth date

[REDACTED]

Phone

[REDACTED]

PRIMARY
SOURCE

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
Enrollment Date: 07/2019

Degree Type: MD
Degree Date: 05/2023

TH 4/31
50



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

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

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

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

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

Sponsoring Institution:	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE
Sponsoring State:	OKLAHOMA
Program name:	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM
Specialty:	OPHTHALMOLOGY
Training Type:	SPECIALTY
Dates:	07/01/2023 - 06/30/2027
Status:	TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

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

**US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME****U.S. Drug Enforcement Administration (DEA)**

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

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

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

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

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APR 20 2023

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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full Legal Name: Ashtyn Berman Zapletal

Mailing Address: [Redacted]

Street Address or Post Office Box: [Redacted]
Social Security #: [Redacted]

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the Northern Mariana Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was the child of a foreign diplomat residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State) (copies available from the Department of State)
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N 550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N 561 is a replacement certificate issued when the N 560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS 240, FS 545 or DS-1350)
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Indian tribes living near the U.S./Mexican border)
- Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

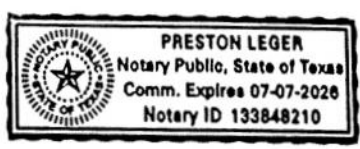
I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and in accompanying documents provided to substantiate my Evidence of Status application are true and correct

Signature: [Signature] Date: 4/6/23

Subscribed and sworn before me this sixth day of April, 2023

Notary Public: Preston Leger
Commission Number: 133848210
My commission expires: 07-07-2026

NOTARY SEAL



T 41431
WB

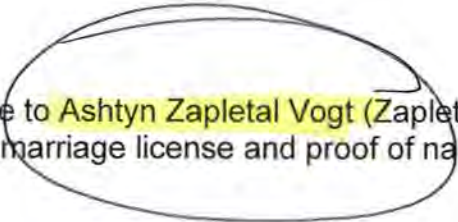
Lisa Cullen

From: Ashtyn Zapletal [REDACTED]
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

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JUN 16 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

-----Original Message-----

From: Ashtyn Zapletal [REDACTED]
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.

Vogt
T 41431
10

Ashtyn Zapletal

-----Original Message-----

From: Seema Jayachand <sjayachand@okmedicalboard.org>

Sent: May 9, 2023 7:35 AM

To: [REDACTED]

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 11 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION ATTACHMENT 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.

EDUCATION STARTING WITH HIGH SCHOOL

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	December	2018	Texas A&M University	College Station	Texas	Biomedical Science
July	2019	May	2023	Texas A&M College of Medicine	Dallas	Texas	Doctor of Medicine

EMPLOYMENT IF NEEDED TO FILL TIME GAP

Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
December	2018	July	2019	Personal Employer	Dallas	Texas	Nanny

OTHER - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING

Start Month	Start Year	End Month	End Year	Other	City	State
May	2015	August	2015	Summer break	Dallas	Texas
December	2018	July	2019	Graduated college a semester early + summer break	Dallas	Texas

T41431
WB

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.

T 41431
10

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 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.

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:

<https://secure.okmedicalboard.org/applicant/signin>

Your user name is AP86683771 (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	41431	ASHTYN BRIONNA ZAPLETAL
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Exam verification date
 PostGrad - Form 2 COLLEGE OF MEDICINE OKC
 USMLE Exams Incomplete

Last Medical School Attended:

048-16 TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843

Number of Licenses Previously Granted to Graduates of this Medical School:177

Application for: Resident Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____
- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Significant Malpractice Issues
 - US Graduate
 - Graduated Medical School on time
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ____/____/____
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE But 6-1-23
- 5) REQUESTS SPECIFIC CONSIDERATION OF:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	41715	CORBIN WERTZ
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
 - 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 41715 CORBIN WERTZ
 MEDICAL DOCTOR

Practice Address:
 May 10, 2023

Status:

Endorsed By: USMLE

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

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	5/12/21	5/18/23	
Test 2:	USMLE 2	PASS	6/13/22	5/18/23	1
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 Degree:	State/Country: United States of America From: 7 / 2019 To: 5 / 2023 Diploma Ver'd: Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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 AM
Verified:	From: 7 / 2023	To: /	
ACGME Ver'd:			
Comments:			

PRACTICE HISTORY

Employed: NONE		Supervisor:	
City: SILOAM SPRINGS		State: AR	Country: UNITED STATES
Specialty: SUMMER BREAK		From: 5 / 2018	To: 8 / 2018 Verified:
Comments:			
Employed: REDROCK CANYON GRILL		Supervisor:	
City: OVERLAND PARK		State: KS	Country: UNITED STATES
Specialty: WAITER		From: 5 / 2017	To: 8 / 2017 Verified:
Comments:			
Employed: YOUTHFRONT		Supervisor:	
City: EDGERTON		State: KS	Country: UNITED STATES
Specialty: CAMP COUNSELOR		From: 5 / 2016	To: 8 / 2016 Verified:
Comments:			
Employed: TED'S CAFE ESCONDIDO		Supervisor:	
City: OVERLAND PARK		State: KS	Country: UNITED STATES
Specialty: WAITER		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

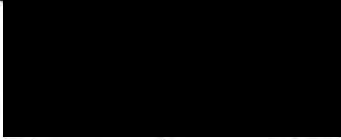
PAGE 119 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/05/2023

Applicant Name: WERTZ, CORBIN

MD 41715



Date Of Birth: [REDACTED]

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

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	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	To
			UNITED S			/	/

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
						/		

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

\$250⁰⁰

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				



Oklahoma State Board of Medical Licensure and Supervision

PAGE 120 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/05/2023

Questions Answered 05/03/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/05/2023

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:

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.

RECEIVED

MAY 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



[Handwritten Signature]
Applicant's signature (must be signed in the presence of a notary)

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

5-8-23
Date of signature (must correspond to the date of notarization)

State of Kansas, County of Wyandotte ^{NOTARY}

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 8th day of May, 2023

Notary Public Signature [Handwritten Signature] My Notary Commission Expires 04/18/2026

NOTARY
SEAL



T 41715
HS



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 Wisser Road, Eules, 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: [REDACTED]

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
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.

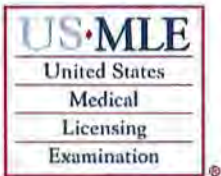
PROCESSED
5-18-2023

RECEIVED

MAY 18 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T 41715
KS



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 Wisser Road, Eutess, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Wertz, Corbin James

Examinee ID: 5-465-815-8

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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

Applicant's Name Corbin Wertz

Institution: The University of Kansas City/State Kansas City, KS

Our records indicate that the above named applicant attended our medical school on the following dates:

From 07 129 12019 To 05 112 12023 and was awarded the degree Doctor of Medicine 05/14/2023
Month Day Year Month Day Year

Please complete the following questions:

- 1. 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 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

Please explain any "YES" response from above: _____

I attest that the completion of the following has been completed by the program director and that the information above is an accurate account of this individual's records and is true and correct.

Name: Caroline Scale Signature [Signature]

Title of Signatory: Campus Registrar Date of Signature 05/16/2023

Tel: 913-588-7055 Fax: 913-588-8841 E-Mail: Kuni.registration@kumc.edu



If no seal is available, this form must be notarized

Notary Public _____

Commission # _____

My commission expires: _____

RECEIVED

MAY 25 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Notary Seal

PRIMARY SOURCE

T41715
UKC

University of Kansas
Lawrence, KS

Official KU Academic Record

Name: Corbin Wertz
Student ID: 2997258

Institution Info: University of Kansas
Lawrence, KS 66045
CEEB: 06871 ACT: 1470

SSN: [REDACTED]
Birthdate: [REDACTED]

Print Date: 05/24/2023

RECEIVED

MAY 25 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

To: OK Board

2019 Fall						
Program:	Medicine Professional					
Course	Description	Attempted	Earned	Grade	Points	
ACED	800 Introduction to Doctoring	3.000	3.000	P	0.000	
ACED	805 Molecular & Cellular Medicine	8.000	8.000	P	0.000	
ACED	810 Infection, Blood & Immunity	8.000	8.000	P	0.000	
Term GPA	0.000 Term Totals	19.000	19.000	0.000	0.000	
Cum GPA	0.000 Cum Totals	19.000	19.000	0.000	0.000	
2020 Spring						
Program:	Medicine Professional					
Course	Description	Attempted	Earned	Grade	Points	
ACED	815 Respiration and Circulation	8.000	8.000	P	0.000	
ACED	820 Gastrointestinal and Renal	8.000	8.000	P	0.000	
GSMC	501 Interprofessional Collab I	0.000	0.000	NE	0.000	
Term GPA	0.000 Term Totals	16.000	16.000	0.000	0.000	
Cum GPA	0.000 Cum Totals	35.000	35.000	0.000	0.000	
2020 Fall						
Program:	Medicine Professional					
Course	Description	Attempted	Earned	Grade	Points	
ACED	825 Muscles and Movement	8.000	8.000	P	0.000	
ACED	830 Brain, Mind and Behavior	8.000	8.000	P	0.000	
ACED	835 Reprod., Developmt & Sexuality	0.000	0.000	IP	0.000	
GSMC	502 Interprofessional Collab II	0.000	0.000	NE	0.000	
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 Spring						
Program:	Medicine Professional					
Course	Description	Attempted	Earned	Grade	Points	
ACED	835 Reprod., Developmt & Sexuality	8.000	8.000	P	0.000	
ACED	840 Medicine Capstone	8.000	8.000	P	0.000	
IDSP	806 Prsnl Pffessorl Development	0.000	0.000	NE	0.000	
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:	Medicine Professional					
Course	Description	Attempted	Earned	Grade	Points	
FAPR	955 Family Medicine Clerkship	8.000	8.000	P	24.000	
GYNO	900 Obstetric/Gynecology Clerkship	8.000	8.000	P	24.000	
ICM	900 Issues Clin Med	0.000	0.000	P	0.000	
NEUR	900 Neurology Clerkship	4.000	4.000	P	12.000	
PYCH	955 Psychiatry Clerkship	4.000	4.000	P	12.000	
SURG	900 Surgery Clerkship	0.000	0.000	IP	0.000	
Term GPA	3.000 Term Totals	24.000	24.000	24.000	72.000	
Cum GPA	3.000 Cum Totals	91.000	91.000	24.000	72.000	

PRIMARY SOURCE

Casey J. Wallace

Casey L. Wallace
Interim University Registrar

RAISED SEAL NOT REQUIRED

This Official Transcript is printed on tamper-proof security paper and does not require a raised seal. To confirm authenticity, see instructions on reverse side.

T41715
LICC

University of Kansas
Lawrence, KS

Official KU Academic Record

Name: Corbin Wertz
Student ID: 2997258

Program: Medicine Professional 2022 Spring

Course	Description	Attempted	Earned	Grade	Points
GSMC 503	Interprofessional Collab III	0.000	0.000	NE	0.000
ICM 900	Issues Clin Med	0.000	0.000	P	0.000
MED 900	Internal Medicine Clerkship	8.000	8.000	P	24.000
PED 900	Pediatrics Clerkship	8.000	8.000	P	24.000
SURG 900	Surgery Clerkship	8.000	8.000	P	24.000
		<u>Attempted</u>	<u>Earned</u>	<u>GPA Units</u>	<u>Points</u>
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

Non-Course Milestones
United States Medical Licensure Exam, Step 1
Status: Completed
Program: Medicine Professional
Date Completed: 07/07/2021
Date Attempted: 07/07/2021 Completed

United States Medical Licensure Exam, Step 2 CK
Status: Completed
Program: Medicine Professional
Date Completed: 06/29/2022
Date Attempted: 06/29/2022 Completed

Program: Medicine Professional 2022 Fall

Course	Description	Attempted	Earned	Grade	Points
IDSP 806	Prsnl Pfrssn Development	0.000	0.000	NE	0.000
IDSP 806	Prsnl Pfrssn Development	0.000	0.000	NE	0.000
IDSP 806	Prsnl Pfrssn Development	0.000	0.000	NE	0.000
PYCH 901	Psychiatry Subinte	4.000	4.000	P	0.000
PYCH 916	Inro Psychotherapy	4.000	4.000	P	0.000
PYCH 918	Inpatient Psychiat	4.000	4.000	P	0.000
SURG 928	Crit Care Neuro Su	4.000	4.000	P	0.000
		<u>Attempted</u>	<u>Earned</u>	<u>GPA Units</u>	<u>Points</u>
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

End of Medicine Academic Record

Note: The University of Kansas does not include earned transfer hours in the cumulative earned hours, for eligibility for graduation and total hours; the transfer hours earned and KU earned hours could be combined.

----- Degrees Awarded -----
Degree: Doctor of Medicine
Confer Date: 05/14/2023
Plan: Doctor of Medicine

End of Official KU Academic Record

Program: Medicine Professional 2023 Spring

Course	Description	Attempted	Earned	Grade	Points
ANES 910	Anesthesiology	4.000	4.000	P	0.000
FAPR 900	Rural Preceptorship	4.000	4.000	P	0.000
IDSP 806	Prsnl Pfrssn Development	0.000	0.000	NE	0.000
MED 995	Dermatology	4.000	4.000	P	0.000
OPHTH 910	Genrl Ophthalmology	4.000	4.000	P	0.000
		<u>Attempted</u>	<u>Earned</u>	<u>GPA Units</u>	<u>Points</u>
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 Totals					
Cum GPA:	3.000 Cum Totals	147.000	147.000	48.000	144.000

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OKLAHOMA STATE BOARD OF
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AND SUPERVISION

PRIMARY SOURCE

Casey J. Wallace

Casey L. Wallace
Interim University Registrar

RAISED SEAL NOT REQUIRED

This Official Transcript is printed on tamper-proof security paper and does not require a raised seal. To confirm authenticity, see instructions on reverse side.

T41715
UKC



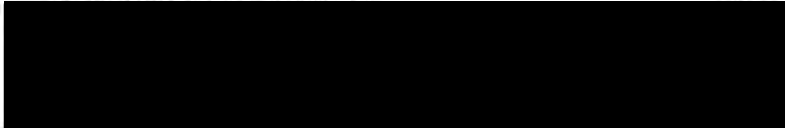
AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

CORBIN JAMES WERTZ



Primary Office Address

SAME AS MAILING ADDRESS

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AND SUPERVISION

Birth date



Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER

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

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

NO DATA REPORTED AT THIS TIME

PRIMARY SOURCE

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

741 715
5

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™, 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: Corbin James Wertz Maiden (if applicable)

Mailing Address: [Redacted]
Street Address or Post Office Box

[Redacted] Social Security #: [Redacted]
City State Zip Code Telephone Number

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)
- 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 N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing). (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Signature] Date 5-8-23

Subscribed and sworn before me this 08th day of May, 2023

Notary Public [Signature]

Commission Number 1196083

My commission expires 04/18/2026

NOTARY SEAL

JOHN A. HANYSZ
Notary Public - State of Kansas
My Appt. Expires 04/18/2026

T 4175 #5

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
 Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

To Request Examination Scores	
For National Board Scores 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 Wisser Road Eules, TX 76039-3855 (817) 868-4000 www.FSMB.org

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

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

Corbin Wertz _____ 5-8-23
 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.

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.

EDUCATION STARTING WITH HIGH SCHOOL							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
12	2014	5	2015	Louisburg High School	Louisburg	KS	
8	2015	5	2019	John Brown University	Siloam Springs	AR	BS
7	2019	5	2023	University of Kansas School of Medicine	Kansas City	KS	MD

EMPLOYMENT IF NEEDED 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	Waiter
5	2016	8	2016	Youthfront	Edgerton	KS	Camp Counselor
5	2017	8	2017	Redrock Canyon Grill	Overland Park	KS	Waiter

OTHER - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING							
Start Month	Start Year	End Month	End Year	Other	City	State	
5	2018	8	2018	Summer Break	Siloam Springs	AR	


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MAY 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T 41715
HS

05/12/2023

CORBIN WERTZ


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

RE: MD Application #41715

Dear CORBIN WERTZ,

**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
Exam verification date
MedSchool-Transcript Univ Of KS Sch Of Med, Kansas City Ks 66103
MedSchool-Form 1 Univ Of KS Sch Of Med, Kansas City Ks 66103
PostGrad - Form 2 COLLEGE OF MEDICINE TULSA
USMLE Exams Incomplete

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

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site:

<https://secure.okmedicalboard.org/applicant/signin>

Your user name is AP88801466 (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	41715	CORBIN WERTZ
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 USMLE Exams Incomplete Exam verification date

Last Medical School Attended: 019-02 Univ Of KS Sch Of Med, Kansas City Ks 66103 <p style="text-align: center;">Number of Licenses Previously Granted to Graduates of this Medical School:668</p>
--

Application for: Resident Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH 1/1/

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE for 6-19-23

5) REQUESTS SPECIFIC CONSIDERATION OF:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
MD	41484	ERIC JAMES WILSON
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

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

Last Medical School Attended:

039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Number of Licenses Previously Granted to Graduates of this Medical School:7,358

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No 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 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

Note: **PASS** means higher than 75

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

PRE-MED EDUCATION**School Name:** UNIVERSITY OF TULSA**City:** TULSA**State:**OK **Country:** UNITED STATES**Degree:** BACHELORS OF SCIENCE IN
BIOCHEMISTRY**From:** 8/2012 **To:** 12/2016 **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 / 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:** 7 / 2023**To:** /**ACGME Ver'd:****Comments:**

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

QUESTIONNAIRE

Please read and follow ALL instructions

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

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

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on **ONLINE BILL PAY**
 If you are **UPGRADING** your training license to a full license, your fee will be \$250 & you will choose **MD TRAINING-TO-FULL**
 If you are **RENEWING** your training license, your fee will be \$150 & you will choose **MD TRAINING LICENSE RENEWAL**

PLEASE PRINT ALL INFORMATION

FIRST NAME	<u>Eric</u>	LAST NAME	<u>Wilson</u>
EMAIL ADDRESS	[REDACTED]		
LICENSE NUMBER	<u>41484</u>	CELL PHONE	[REDACTED]
HOME ADDRESS	[REDACTED]	CITY/STATE	[REDACTED]
PROGRAM	[REDACTED]		
ATTENDING	<u>University of Oklahoma Health Sciences Center</u>	SPECIALTY	<u>General Surgery</u>

DOCUMENTATION TO ATTACH

PAYMENT COMPLETED	
<input type="checkbox"/> \$150 payment made on Billpay for RENEWAL of training license	<input checked="" type="checkbox"/> \$250 payment made on Billpay for UPGRADE of training license

DOCUMENTATION REQUIRED	
<input checked="" type="checkbox"/> Form 2 (must be received directly from program) **ONLY FOR UPGRADE	<input checked="" type="checkbox"/> Evaluation (must be received directly from program)
<input checked="" type="checkbox"/> USMLE Step 3 (must be received directly from USMLE)	<input checked="" type="checkbox"/> Answer confidential questions (on back of this form)

FOREIGN TRAINED STUDENTS	
<input type="checkbox"/> Current visa	<input type="checkbox"/> Social Security Number **if not provided at initial application
<input type="checkbox"/> 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.

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

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is most recent)		
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you had any adverse judgment or settlement against you rising from a professional liability claim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been reported to the National Practitioner Data Bank (NPDB)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been denied, had removed, or suspended hospital privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered hospital privileges while under investigation or to avoid investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has your application for licensure ever been denied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered a license or had any disciplinary action taken on any license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been addicted to or abused any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Eric WilsonDate 05-25-24

Oklahoma State Board of Medical Licensure and Supervision Page 1 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 04/11/2023

Applicant Name: WILSON, ERIC JAMES

MD 41484



Date Of Birth: [Redacted]

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

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF TULSA	TULSA	OK		8/2012	12/2016	BACHELORS OF SCIENCE IN BIOCHEMISTRY		

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

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

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	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	OK		10/2017	6/2018	
ST. FRANCIS HEALTH SYSTEM	HOSPITAL VOLUNTEER		TULSA	OK		4/2017	10/2017	
NONE	UNEMPLOYED		BROKEN ARROW	OK		12/2016	4/2017	
CITY OF BROKEN ARROW	LIFEGUARD		BROKEN ARROW	OK		5/2012	8/2012	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

\$2501

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Oklahoma State Board of Medical Licensure and Supervision Page 43 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

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

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Post-Graduate Training

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

Yes

If 'Yes', Name of practice:

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) _____



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

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

oktraining@okmedicalboard.org

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

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

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

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

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

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

RECEIVED

APR 12 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Eric Wilson

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)

NOTARY

State of Virginia, County of Alexandria

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 undersigned on this document are subscribed and sworn to before me by the applicant on this 11 day of April, 2023



[Signature]

My Notary Commission Expires

04/30/2025

#7951260

NOTARY SEAL

141484
57



**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 Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

PRIMARY SOURCE

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: [REDACTED]

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
09/25/2020	Pass	246	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/02/2022	Pass	246	(209)	

USMLE STEP 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.

RECEIVED

MAY 28 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T41484
5



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

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Examinee: Wilson, Eric

Examinee ID: 5-451-526-7

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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

RECEIVED

JUN 09 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Applicant's Name Eric Wilson

Institution: University of Oklahoma College of Medicine City/State Oklahoma City, OK

Our records indicate that the above named applicant attended our medical school on the following dates:

From 8 / 7 / 2018 To 5 / 20 / 2023 and was awarded the degree Doctor of Medicine

- 1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain. [X] 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 [X] 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 [X] 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 [X] 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 [X] NO

Please explain any "YES" response from above: Yes; Eric took a leave of absence at the beginning of his third year for personal reasons and beginning May 2022 for research

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: Teresa Scordino, M.D. Signature [Handwritten Signature]
Title of Signatory: Associate Dean for Student Affairs Date of Signature 6/9/23
Tel: 405-271-2316 Fax: 405-271-2287 E-Mail: Teresa-Scordino@ouhsc.edu

School Seal

If no seal is available, this form must be notarized

Notary Public Edith Torres

Commission # 21004896

My commission expires: 4/9/2025

Notary Seal

THUS

Official Transcript

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

RECEIVED

JUN 08 2023

Name : Eric Wilson
Student ID: 1783718
Birthdate : [REDACTED]

PRIMARY SOURCE

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Spring 2019

----- Degrees Awarded -----

Degree : Doctor of Medicine
Confer Date : 2023-05-20
Plan : Medicine

Course	Description	Attempted	Earned	Grade	Points
INDT 8132	IMI	68.00	68.00	S	
INDT 8140	Gastrointestinal & Hepatobil	85.00	85.00	S	
INDT 8148	Endo, Metab & Nutri Biochem	85.00	85.00	S	
INDT 8156	Blood, Hematopoiesis & Lymph	77.00	77.00	S	

----- External Degrees -----

University of Tulsa
2016-12-01 Bachelor of Science
Field of Study : Biochemistry

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

----- Academic Program History -----

Program : Medicine MD
2018-07-23 : Active in Program
2018-07-23 : Medicine - MD Major
2022-05-21 : Leave of Absence
2023-01-13 : Active in Program
2023-05-20 : Completed Program

Fall 2019

Course	Description	Attempted	Earned	Grade	Points
INDT 8264	Cardiovasc, Resp, Renal	164.00	164.00	S	
INDT 8266	PPS II: Clinical Ethics	35.00	35.00	S	
INDT 8272	Neurosciences	166.00	166.00	S	
INDT 8275	Clinical Medicine II	99.00	99.00	S	
INDT 8556	Req Orientation Documents II		0.00	CE	
INDT 8301	Enrichment Program: Humanities	16.00	16.00	S	

----- Beginning of Medicine Record -----

Fall 2018

Course Topic(s): Addiction Medicine

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

Course	Description	Attempted	Earned	Grade	Points		
INDT 8108	Molec & Cellular Systems	100.00	100.00	S			
INDT 8110	Design/Analysis Clin Res	16.00	16.00	S			
INDT 8116	Princ Phys, Pharm & Path	76.00	76.00	S			
INDT 8122	Clinical Medicine I	111.50	111.50	S			
INDT 8124	The Human Structure	105.00	105.00	S			
INDT 8244	PPSI	87.00	87.00	S			
INDT 8555	Req Orientation Documents I		0.00	CE			
INDT 9100	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 2020

Course	Description	Attempted	Earned	Grade	Points		
INDT 8280	Reproduction	98.00	98.00	S			
INDT 9200	MS2 Capstone	70.00	70.00	S			
INDT 9201	Joint, Skin, and Bone	40.00	40.00	S			
TERM GPA :	0.000	GPH:	0.00	TOTALS :	208.00	208.00	0.000
OUHSC GPA :	0.000	GPH:	0.00	TOTALS :	1522.50	1522.50	0.000

This official transcript is printed on burgundy security paper. A laser-produced signature of the Registrar, OUHSC is 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 Klein
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REGISTRAR, OUHSC

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

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

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:

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- A = Excellent (4 grade points)
- B = Good (3 grade points)
- C = Average (2 grade points)
- D = Poor (1 grade point) not considered passing in some programs
- F = Failing (0 grade points)

Other Symbols

- I = Incomplete (student lacks a test, project, paper, etc.)
- AU = Audit (no credit)
- W = Withdrawal
- AW = Administrative Withdrawal
- S = Satisfactory (GPA neutral, counted in the total number of attempted hours)
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- X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

- CE = Continuing Education
- EX = Exempt from a required course, student has earned equivalent credit
- R = Requirements successfully completed
- Y = Year-Long Course
- H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

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

Professional students are considered full-time unless otherwise indicated.

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.

TERM DEFINITIONS:

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

TRANSCRIPT SUMMARY:

- Career totals
- Transfer statistics (if posted)
- Ouhsc statistics
- Combined statistics

COURSE NUMBER:

- 1000 – 1999 = Freshman level courses
- 2000 – 2999 = Sophomore level courses
- 3000 – 3999 = Junior level courses
- 4000 – 4999 = Senior level courses
- 5000 – 6999 = Graduate level courses
- 5000 – 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses
- 7000 – 9999 = Professional degree courses

DEGREE HONORS:

- Distinction
- Special Distinction
- Outstanding Distinction

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

RECEIVED

JUN 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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!

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Official Transcript

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

JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name : Eric Wilson Student ID: 1783718 Birthdate : [REDACTED]

PRIMARY SOURCE

Summer II 2020

Table with columns: Course, Description, Attempted, Earned, Grade, Points. Rows include INDT 9301 Clinical Transitions, INDT 9980 Special Studies Rotation, and summary rows for TERM GPA and OUHSC GPA.

Fall 2020

Table with columns: Course, Description, Attempted, Earned, Grade, Points. Rows include OBGY 9210 OB/Gyn & Gynecology Clerkship, SURG 9760 Surgery Clerkship, and summary rows for TERM GPA and OUHSC GPA.

Spring 2021

Table with columns: Course, Description, Attempted, Earned, Grade, Points. Rows include PEDI 9650 Pediatric Clerkship, MED 9250 Medicine Clerkship, ANES 9110 Anesthesiology Selective, ORSG 9101 Orthopedic Selective, FM 9540 Family Medicine Clerkship, NEUR 9370 Neurology Clerkship, and summary rows for TERM GPA and OUHSC GPA.

Summer II 2021

Table with columns: Course, Description, Attempted, Earned, Grade, Points. Row includes INDT 9407 Fourth Year Selective.

Table with columns: Course, Description, Attempted, Earned, Grade, Points. Rows include INDT 9403 Subinternship Elective, INDT 9405 Off-Campus Elective, and summary rows for TERM GPA and OUHSC GPA.

Fall 2021

Table with columns: Course, Description, Attempted, Earned, Grade, Points. Rows include PSBS 9520 Psychiatry Clerkshp, INDT 9300 Capstone, INDT 9407 Fourth Year Selective, and summary rows for TERM GPA and OUHSC GPA.

Table with columns: Course, Description, Attempted, Earned, Grade, Points. Rows include INDT 9407 Fourth Year Selective, INDT 9407 Fourth Year Selective, and summary rows for TERM GPA and OUHSC GPA.

Spring 2022

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Law Klein

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- Combined statistics

COURSE NUMBER:

- 1000 – 1999 = Freshman level courses
- 2000 – 2999 = Sophomore level courses
- 3000 – 3999 = Junior level courses
- 4000 – 4999 = Senior level courses
- 5000 – 6999 = Graduate level courses
- 5000 – 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses
- 7000 – 9999 = Professional degree courses

DEGREE HONORS:

- Distinction
- Special Distinction
- Outstanding Distinction

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

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JUN 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

TO TEST FOR AUTHENTICITY: The face of this transcript is printed on burgundy security paper.

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Official Transcript

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

JUN 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Name : Eric Wilson
Student ID: 1783718
Birthdate : [REDACTED]

PRIMARY SOURCE

Course	Description	Attempted	Earned	Grade	Points
INDT 9407	Fourth Year Selective	80.00	80.00	S	
Course Topic(s): Essentials of the Phys Exam 2					
Essentials of the Phys Exam 2					

Course	Description	Attempted	Earned	Grade	Points
INDT 9406	Special Studies Elective	160.00	160.00	S	
Course Topic(s): ORSG Special Studies Elective					
INDT 9407	Fourth Year Selective	160.00	160.00	S	
Course Topic(s): Pharmacology Readings					
Pharmacology Readings					

Course	Description	Attempted	Earned	Grade	Points
OPHT 9101	Ophthalmology Selective	80.00	80.00	S	
TERM GPA :	0.000	GPH: 0.00	TOTALS : 560.00	560.00	0.000
OUHSC GPA :	3.571	GPH: 1680.00	TOTALS : 4682.50	4682.50	6000.000
Interprofessional Education Tier I-Completed					
Spring 2023					

Course	Description	Attempted	Earned	Grade	Points
INDT 9406	Special Studies Elective	160.00	160.00	S	
Course Topic(s): ORSG Special Studies Elective					
TERM GPA :	0.000	GPH: 0.00	TOTALS : 160.00	160.00	0.000
OUHSC GPA :	3.571	GPH: 1680.00	TOTALS : 4842.50	4842.50	6000.000

Medicine Career Totals					
OUHSC GPA :	3.571	GPH: 1680.00	TOTALS : 4842.50	4842.50	6000.000

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 -----					



THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

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

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



Lou Klein

REGISTRAR, OUHSC

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

GRADES USED AT OUHSC:

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

- A = Excellent (4 grade points)
- B = Good (3 grade points)
- C = Average (2 grade points)
- D = Poor (1 grade point) not considered passing in some programs
- F = Failing (0 grade points)

Other Symbols

- I = Incomplete (student lacks a test, project, paper, etc.)
- AU = Audit (no credit)
- W = Withdrawal
- AW = Administrative Withdrawal
- S = Satisfactory (GPA neutral, counted in the total number of attempted hours)
- U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)
- P = Passing (GPA neutral, counted in the total number of attempted hours)
- NP = No Pass (GPA neutral, counted in the total number of attempted hours)
- X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

- CE = Continuing Education
- EX = Exempt from a required course, student has earned equivalent credit
- R = Requirements successfully completed
- Y = Year-Long Course
- H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

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

Professional students are considered full-time unless otherwise indicated.

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

Regardless of campus, copies of OUHSC records may be obtained through the transcript request process at the OUHSC Office of Admissions and Records, 1105 N. Stonewall, LIB 121, Oklahoma City, OK 73117-1221. Questions regarding the transcript request process may be directed to (405) 271-2359 or FAX (405) 271-2480.

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:

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- 3000 – 3999 = Junior level courses
- 4000 – 4999 = Senior level courses
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AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

ERIC WILSON



Primary Office Address

Phone UNKNOWN

RECEIVED
MAY 30 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Birth date



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER

PRIMARY SOURCE

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

741484
SD

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:	07/01/2023 - 06/30/2024
Status:	TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

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

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

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, 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
First Middle Last Maiden (if applicable)
Mailing Address: [Redacted]
[Redacted] Social Security #: [Redacted]
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport** (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545)** (issued by a foreign service post) or **Certification of Report of Birth (DS1350)** (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp** in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Eric Wilson Date April 11 2023

Subscribed and sworn before me this 11 day of April, 2023.

Notary Public [Signature]
Commission Number 0413012025
My commission expires 7951260



NOTARY SEAL

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APR 12 2023
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

741484
53

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.

T 41484
10

Lisa Cullen

From: Eric Wilson [REDACTED]
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

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 [REDACTED]

Regards,
Eric Wilson

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JUN 05 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.

EDUCATION STARTING WITH HIGH SCHOOL							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
08	2010	05	2012	Broken Arrow High School	Broken Arrow	OK	HS Diploma
08	2012	12	2016	University of Tulsa	Tulsa	OK	BS
08	2018	05	2023	University of Oklahoma Health Sciences Center	Oklahoma City	OK	MD
EMPLOYMENT IF NEEDED TO FILL TIME GAP							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
05	2012	08	2012	City of Broken Arrow	Broken Arrow	OK	Lifeguard
10	2017	06	2018	Pain Management of Oklahoma	Broken Arrow	OK	Lab Accessioner
07	2022	06	2023	Anderson Orthopaedic Research Institute	Alexandria	VA	Research Fellow
OTHER - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING							
Start Month	Start Year	End Month	End Year	Other	City	State	
12	2016	04	2017	Unemployed	Broken Arrow	OK	
04	2017	10	2017	Volunteer at St. Francis Hospital	Tulsa	OK	
04	2022	07	2022	Leave of Absence from School to Find Research Position	Oklahoma City	OK	

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APR 12 2023

OKLAHOMA STATE BOARD OF
NURSINGT41484
SJ

05/09/2023

ERIC JAMES WILSON



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

RE: MD Application #41484

Dear ERIC WILSON,

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: 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:

<https://secure.okmedicalboard.org/applicant/signin>

Your user name is AP94155600 (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 41484 ERIC JAMES WILSON
MEDICAL DOCTOR

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Exam verification date
PostGrad - Form 2 COLLEGE OF MEDICINE OKC
USMLE Exams Incomplete

Last Medical School Attended:

039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Number of Licenses Previously Granted to Graduates of this Medical School:7,275

Application for: Resident Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___/___/___

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE At 6-14-23

5) REQUESTS SPECIFIC CONSIDERATION OF:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	39597	SEAN CORRY WOOLINGTON
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 ____ / ____ / ____
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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

City: NORMAN

State: OK Country: UNITED STATES

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

School Name: NORTHERN OKLAHOMA COLLEGE

City: ENID

State: OK Country: UNITED STATES

Degree:

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

From: 8 / 2018

To: 3 /2022 Diploma Ver'd:

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	39597	SEAN CORRY WOOLINGTON
MEDICAL DOCTOR		

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC Res. Fellowship: Residency City: OKLAHOMA CITY Verified: ACGME Ver'd: Comments:	Specialty: RADIOLOGY State: OK Country: UNITED STATES From: 7 / 2023 To: /
Facility: ST. ANTHONY HOSPITAL Res. Fellowship: Internship City: OKLAHOMA CITY Verified: 07/03/2023 ACGME Ver'd: 04/25/2022 Comments:	Specialty: TRANSITIONAL YEAR State: OK Country: UNITED STATES OF AM From: 7 / 2022 To: 6 / 2023

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2022

Foreign Graduate

Applicant Name: WOOLINGTON, SEAN CORRY

MD 39597



Date Of Birth: [REDACTED]

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

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	OKLAHOMA CITY COMMUNITY COLLEGE	OKLAHOMA C	OK		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	To
St George's Univ, Sch Of Med, St George's, Grenada	St George's		Grenada		8/2018	3/2022

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
ST. ANTHONY HOSPITAL	OKLAHOMA CITY	OK	UNITED S	TRANSITIONAL YEAR		/	/

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	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				
Exam	State	Score	Date Taken	#
USMLE				

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2022

Foreign Graduate

Questions Answered 04/19/2022	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
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

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 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.



Sean Woolington

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

Woolington, Sean, C.

Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

4/25/2022

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

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

RECEIVED

MAY 03 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

NOTARY

State of Oklahoma, County of Oklahoma

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

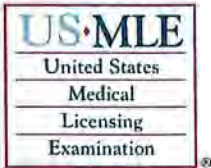
The statements on this document are subscribed and sworn to before me by the applicant on this ^{25th} day of April, 2022

Notary Public Signature *Chris Fidler*



My Notary Commission Expires 6/1/23

T39597
VB kw



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, Eules, TX 76039-3856 - Telephone (817) 868-4000

PRIMARY
SOURCE

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 04/26/2023

Examinee: Woolington, Sean Corry
Alt Name(s):

Examinee ID: 1-099-126-3

Date of Birth: [REDACTED]

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
07/15/2020	Pass	259	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/17/2021	Pass	259	(209)	

USMLE STEP 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.

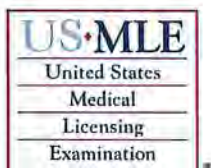
NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

RECEIVED

APR 26 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T 39597
WB



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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Woolington, Sean Corry

Examinee ID: 1-099-126-3

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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

Applicant's Name SEAN WOOLINGTON

Institution: St. George's University School of Medicine City/State Grenada, West Indies

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 of Medicine
Month Day Year Month Day Year 3/25/2022

- 1. 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 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

Please explain any "YES" response from above: _____

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: Gary Belotzerkovsky Signature: [Signature]
Title of Signatory: University Registrar Date of Signature: 4/26/2022
Tel: 800 899 6337 Fax: _____ E-Mail: LCV@SGU.EDU



If no seal is available, this form must be notarized
Notary Public _____
Commission # _____
My commission expires: _____

RECEIVED
APR 29 2022
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
PRIMARY SOURCE

Notary Seal

TMD39597
SJ

A00996828



St. George's University
Grenada, West Indies

Record of: Sean Corry Woolington

Current Name: Sean Corry Woolington

Issued To: Oklahoma Board of Medical Licensure
Parchment DocumentID: TW501Q6I

Date Issued: 27-APR-2022

Date of Birth: [REDACTED]

Student ID: A00996828

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 11-MAR-2022		2020-2021 Clinical Session			
Degrees Awarded Doctor of Medicine 25-MAR-2022		EMED 700N	Emergency Medicine	6.00 P	0.00
Primary Degree		FMED 775N	Family Medicine - Primary Care	6.00 P	0.00
Program : Doctor of Medicine		INFE 700NN	Infectious Disease/Corona	8.00 P	0.00
Inst. Honors: summa cum laude		MEDI 795N	Internal Medicine - Core	24.00 A	2304.00
		OBG 795N	Ob/Gyn - Core	12.00 A+	1200.00
		PED 795N	Pediatrics - Core	12.00 A+	1200.00
		SURG 795N	Surgery - Core	24.00 A+	2400.00
		Term Ehrs: 92.00 GPA-Hrs: 72.00 QPts: 7104.00 Grade:A+			
		Cuml Ehrs: 179.00 GPA-Hrs: 158.00 QPts:15300.17			
INSTITUTION CREDIT:		2021-2022 Clinical Session			
August 2018 Session		EMED 700N	Emergency Medicine	2.00 P	0.00
BPM 500 Basic Principles of Medicine I 17.00 A 1618.40		INRD 700N	interventional Radiology	4.00 P	0.00
Term Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1618.40 Grade:A		ORTH 700N	Orthopaedic Surgery	4.00 P	0.00
Cuml Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1618.40		PSY 795N	Psychiatry - Core	12.00 A	1152.00
Chancellor's List		RAD 700N	Radiology-Diagnostic	4.00 P	0.00
January 2019 Session		SURG 785N	Surgery Sub internship	4.00 P	0.00
BPM 501 Basic Principles of Med II 17.00 A 1639.99		Term Ehrs: 30.00 GPA-Hrs: 12.00 QPts: 1152.00 Grade:A			
Term Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1639.99 Grade:A		Cuml Ehrs: 209.00 GPA-Hrs: 170.00 QPts:16452.17			
Cuml Ehrs: 34.00 GPA-Hrs: 34.00 QPts: 3258.39		***** TRANSCRIPT TOTALS *****			
Chancellor's List		Earned Hrs GPA Hrs Points			
August 2019 Session		TOTAL INSTITUTION	209.00	170.00	16452.17
BPM 502 Basic Principles of Med III 8.00 A- 719.68		TOTAL TRANSFER	0.00	0.00	0.00
PCM 500 Principles of Clinical Med I 21.00 A 2005.50		OVERALL	209.00	170.00	16452.17
Term Ehrs: 29.00 GPA-Hrs: 29.00 QPts: 2725.18 Grade:A		***** END OF TRANSCRIPT *****			
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					
Chancellor's List					
***** CONTINUED ON NEXT COLUMN *****					

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APR 27 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

TMD 39597
S

Gary Belotzerkovsky

Gary Belotzerkovsky, University Registrar

SCHOOL OF MEDICINE

Prior to Fall 1997

A	Excellent
B	Good
C	Satisfactory
F	Failure
P	Pass
I	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 remediated course remained on the transcript but quality points were excluded from the Grade Point Average.

Effective Fall 1997

A	Excellent
B	Good
C	Satisfactory
F	Failure
P	Pass
I	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

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

Beginning with Spring 2011 New Matriculants

BASIC SCIENCES		CLINICAL 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
B	83-86	B	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
B	82.50-86.49
B-	79.50-82.49
C+	76.50-79.49
C	72.50-76.49
C-	Courses completed by August 2019 69.50-72.49
C- (Term 2)	Course completed after August 2019 71.50-72.49
F	1-69.49
F (Term 2)	Courses completed after August 2019 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

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
Fail (F)	69

P	Pass
F*	Fail (not calculated into MWPG)
I	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
CR	Credit remediation ¹
EP	Exam pending ²

¹ Effective as of Fall 2016
² Effective as of August 2021

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

SCHOOL OF VETERINARY MEDICINE

Fall 1999

A	4.00
B	3.00
C	2.00
D	1.00
F	0.00
P	Pass
I	Incomplete
E	Exemption
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal

Effective Fall 2000

A	4.00
B+	3.50
B	3.00
C+	2.50
C	2.00
D+	1.50*
D	1.00*
F	0.00
P	Pass
I	Incomplete
E	Exemption
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal
NG	No recorded grade
IP	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

A	4.00
A-	3.75
B+	3.25
B	3.00
B-	2.75
C+	2.25
C	2.00
D	1.00
F	0.00
I	Incomplete
E	Exemption
S	Satisfactory
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal

Effective Fall 1997

A+	*
A	4.00
B+	3.50
B	3.00
C+	2.50
C	2.00
D	1.00
F	0.00
I	Incomplete
E	Exemption
S	Satisfactory
T	Transfer
U	Unsatisfactory
W	Withdrawal
AU	Audit
CC	Continued course
NG	No recorded grade
IP	In progress

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

SCHOOL OF GRADUATE STUDIES

A	4.00
B	3.00
C	2.00
F	0.00
P	Pass
I	Incomplete
T	Transfer
W	Withdrawal
WP	Passing at time of withdrawal
WF	Failing at time of withdrawal
CC	Continued course
NG	No recorded grade
IP	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 credit hours.

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



Form 2 (MD - TRAINING)

ATTACHMENT 3

RECEIVED

Oklahoma State Board of Medical Licensure and Supervision

OKTRAINING@okmedicalboard.org

JUL 03 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

Applicant's Name Sean Corry Woolington

Institution: St. Anthony Hospital City/State Oklahoma City, Oklahoma

Training Level: 1 Specialty/Subspecialty Transitional Year From: 06 / 20 / 2022 To: 06 / 30 / 2023

Internship Residency Successfully Completed? YES NO IN PROGRESS

Accredited By: ACGME AOA

Training Level: Specialty/Subspecialty From: / / To: / /

Internship Residency Successfully Completed? YES NO IN PROGRESS

Accredited By: ACGME AOA

Training Level: Specialty/Subspecialty From: / / To: / /

Internship Residency Successfully Completed? YES NO IN PROGRESS

Accredited By: ACGME AOA

- 1. Did this individual ever take a leave of absence or break from his/her training? YES NO
2. Was this individual ever placed on probation? YES NO
3. Was this individual ever disciplined or placed under investigation? YES NO
4. Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

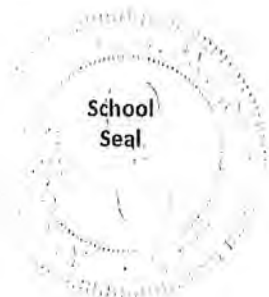
Please explain any "YES" response from above:

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: Gregg Eichman, D.O. Signature

Title of Signatory: Program Director Date of Signature 06/30/2023

Tel: 405-231-3798 Fax: 405-231-2007 E-Mail: gregg.eichman.do@ssmhealth.com



Updated 1/2023

If no seal is available, this form must be notarized

Notary Public

Commission #

My commission expires:

PRIMARY SOURCE

NOTARY SEAL T39597 7-3-23 LKC

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:**
037Please include this number on
all requests.**ECFMG[®] CERTIFICATION STATUS REPORT****RECEIVED**

JUN 01 2022

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**USMLE[®]/ECFMG Identification Number:** 1-099-126-3**Applicant's Name:** Sean Corry Woolington**Applicant's Date of Birth:** [REDACTED]**ECFMG Certified:** Yes**Certificate Issue Date:** 06 May 2022**English Test Valid Through:** 31 Dec 2024**Clinical Skills Assessment Valid Through:** 31 Dec 2024**Passing Performance on Medical Science Examinations:**

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	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

**PRIMARY
SOURCE**

** 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.ecfm.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.

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18



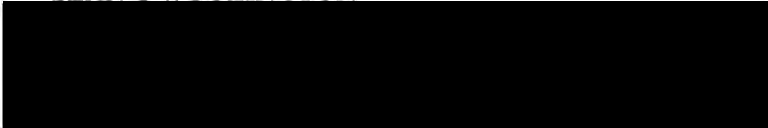
AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

SEAN C WOOLINGTON



Primary Office Address

PRIMARY SOURCE

Phone UNKNOWN

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

RECEIVED

JUN 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

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

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

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

TB91597
50



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 <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™, 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
MAY 03 2022
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION

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

Full Legal Name: Sean Corry Woolington

Mailing Address:

[Redacted Address] Social Security #: [Redacted]

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)**
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (Issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature: Sean Woolington

Date: 4/25/2022

Subscribed and sworn before me this 25th day of April, 2022

Notary Public: Chi Jubb

Commission Number: 11004959

My commission expires: 6/1/23



NOTARY SEAL

T 39597
VB KW

04/25/2022

SEAN CORRY WOOLINGTON
[REDACTED]

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

RE: MD Application #39597

Dear SEAN WOOLINGTON,

**YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE
OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.**

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

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

Evidence of Status
 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:
<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 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 51ST STREET
OKLAHOMA CITY OK 73105

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

To Request Examination Scores	
For National Board Scores 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

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:
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.

Sean Woolington Sean Woolington 05/02/2022
 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.

RECEIVED

MAY 03 2022

T39597
MAY

TIME DEFICIENCY

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.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
08	2011	12	2015	University of Oklahoma	Norman	OK	Biology
EMPLOYMENT							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
06	2016	08	2016	St. Anthony Hospital	Oklahoma City	OK	atient Care Assista
08	2016	08	2018	Oklahoma Medical Research Foundation	Oklahoma City	OK	Research Technicial
OTHER							
Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc.)	City	State	
12	2015	06	2016	Unemployed (MCAT studying)	Oklahoma City	OK	

12/15 file

T39597
VB KW

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	39597	SEAN CORRY WOOLINGTON
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Federation Clearance Not Received (to be completed by OSBMLS Staff)
 OTHER DEFICIENCIES: ***DO NOT NEED FORM2, STEP3, FED, AMA OR NPDB***
 AMA Profile Not Received (to be completed by OSBMLS Staff)
 NPDB Profile Not Received (to be completed by OSBMLS Staff)
 Exam verification date
 PostGrad - Form 2 ST. ANTHONY HOSPITAL
 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:280

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___ / ___ / ___

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE OSM 6-6-22

5) REQUESTS SPECIFIC CONSIDERATION OF:

ATTACHMENT 1

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

RECEIVED

APR 03 2023

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 & SUPERVISION

QUESTIONNAIRE
 Please read and follow ALL instructions

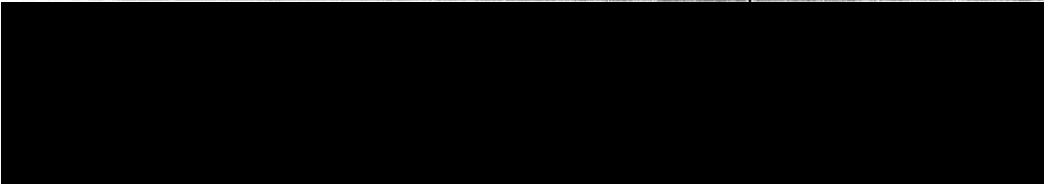
FORM INSTRUCTIONS: Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

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

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

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

PLEASE PRINT ALL INFORMATION

FIRST NAME EMAIL ADDRESS LICENSE NUMBER HOME ADDRESS PROGRAM ATTENDING	Sean  Dr. Gregg Eichman	LAST NAME Woolington SPECIALTY Transitional Year
---	--	--

DOCUMENTATION TO ATTACH

PAYMENT COMPLETED	
<input checked="" type="checkbox"/> \$150 payment made on Billpay for RENEWAL of training license	<input type="checkbox"/> \$250 payment made on Billpay for UPGRADE of training license

DOCUMENTATION REQUIRED	
<input type="checkbox"/> Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHMENT 3	<input checked="" type="checkbox"/> Evaluation (must be received directly from program) - ATTACHMENT 4
<input checked="" type="checkbox"/> USMLE Step 3 (must be received directly from USMLE)	<input checked="" type="checkbox"/> Answer confidential questions (on back of this form)

FOREIGN TRAINED STUDENTS	
<input type="checkbox"/> Current visa	<input type="checkbox"/> Social Security Number **if not provided at initial application
<input type="checkbox"/> 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.

RENEWAL QUESTIONNAIRE UPDATED 01-2023

T 39597
 W3

RECEIVED

NAME Sean Woolington

APR 03 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is most recent)		
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you had any adverse judgment or settlement against you arising from a professional liability claim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been reported to the National Practitioner Data Bank (NPDB)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been denied, had removed, or suspended hospital privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered hospital privileges while under investigation or to avoid investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has your application for licensure ever been denied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered a license or had any disciplinary action taken on any license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been addicted to or abused any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Sean Woolington

Date 3/28/23

OK
B/M
7-5-23

RENEWAL QUESTIONNAIRE UPDATED 01-2023

T 39597
WB

RECEIVED

JUL 03 2023

RETURN FORM TO:
 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
oktraining@okmedicalboard.org
 FORM ***MUST BE*** RETURNED BY THE PROGRAM, NOT THE APPLICANT

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

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

**PRIMARY
 SOURCE**

Name of Resident (please print) Sean Corry Woolington

License Number 39597 Specialty Transitional Year Residency

Institution Name St. Anthony Hospital

Program Director (please print) Gregg Eichman, D.O.

Program Director Email gregg.eichman.do@ssmhealth.com

Instructions: Please rate each resident according to the scale below. **If the score is rated in the 0 (Poor), 1 (Fair) or 2 (Below Average) YOU MUST PROVIDE WRITTEN DOCUMENTATION REGARDING THIS RATING.**

ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
APPLICATION OF MEDICAL KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS _____



COMPLETED BY (please print) Gregg Eichman, D.O.

SIGNATURE *Gregg Eichman DO*

DATE 06/30/2023

Evaluation revised 1-2023

T 39597
 7-3-23
 LKC

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

Endorsed By: USMLE

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

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	01/11/22	5/22/23	1
Test 2:	USMLE 1	PASS	08/24/20	5/22/23	1
Test 3:	Note: PASS means higher than 75				
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION	
School Name: UNIVERSITY OF MISSOURI	State: MO Country: UNITED STATES
City: COLUMBIA	From: 8/2012 To: 8/ 2016 Verified:
Degree: BS BIOLOGY; BS PSYCHOLOGY	
<hr/>	
School Name: BROOKFIELD HIGH SCHOOL	State: MO Country: UNITED STATES
City: BROOKFIELD	From: 8/2008 To: 5/ 2012 Verified:
Degree: DIPLOMA	
<hr/>	
MEDICAL SCHOOL EDUCATION	
Name: UNIV OF MO, COLUMBIA SCH OF MED, COLUMBIA MO 65212	
Foreign Name:	State/Country: United States of America
City: Columbia	From: 7 / 2018 To: 5 / 2022 Diploma Ver'd: Y
Degree: MD	

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: /
ACGME Ver'd:	
Comments:	
Facility: UNIVERSITY OF MISSOURI, COLUMBIA	Specialty: GENERAL SURGERY
Res. Fellowship:	
City: COLUMBIA	State: MO Country: UNITED STATES OF AM
Verified:	From: 7 / 2022 To: 6 / 2023
ACGME Ver'd:	
Comments:	

PRACTICE HISTORY

Employed: UNIVERSITY OF MISSOURI HEALTH SYSTEM	Supervisor:
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 MEDICINE	Supervisor:
City: COLUMBIA	State: MO Country: UNITED STATES
Specialty: UNDERGRADUATE RESEARCH ASSISTANT	From: 9 / 2012 To: 9 / 2014 Verified:
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	I	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

PAGE 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

Education									
Type	Name	City	ST	Country	From	To	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	To
UNIV OF MO, COLUMBIA SCH OF MED, COLUMBIA MO 65212	Columbia	MO	United States		8/2018	5/2022

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

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

Other/ Out-Of-State Licenses						
State	License #	Profession	Status	Issue Date	Exp Date	
MO	2022025236		U	7/1/22	6/30/23	

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

\$250/r

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Oklahoma State Board of Medical Licensure and Supervision

PAGE 199 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/27/2023

Questions Answered 04/22/2023	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

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

No

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.

RECEIVED

MAY 22 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Abigail A. York, MD

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

York, Abigail, A.

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

May 22, 2023

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

NOTARY

State of Missouri, County of Boone

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

The statements on this document are subscribed and sworn to before me by the applicant on this 22 day of May, 2023

Notary Public Signature Megan Crane My Notary Commission Expires 8/29/2026

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
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**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, Eules, 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: [REDACTED]

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

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/24/2020	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.

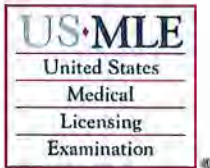
PSMB
SC

RECEIVED

MAY 22 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T41642
57



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: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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

Applicant's Name Abigail Annalee York

Institution: University of Missouri School of Medicine City/State Columbia, Missouri

Our records indicate that the above named applicant attended our medical school on the following dates:

From 7 / 30 / 2018 To 5 / 13 / 2022 and was awarded the degree Doctorate of Medicine (M.D.)

- 1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.
2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.
3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.
4. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below.
5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below.

Please explain any "YES" response from above:

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: Laine Young-Walker, MD Signature L. Young-Walker MD
Title of Signatory: Associate Dean, Student Programs Date of Signature 5-1-2023
Tel: 573.882.2923 Fax: 573.884.2736 E-Mail: Verification Coordinator: owensjul@missouri.edu

School Seal

If no seal is available, this form must be notarized
Notary Public
Commission #
My commission expires:

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MAY 15 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Notary Seal

PRIMARY SOURCE

T41642 SJ

Official Transcript

Name: York, Abigail Annalee
Student ID: 16110797
Date of Birth: [REDACTED]
Soc. Sec. Number: [REDACTED]

This transcript has been produced for:
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Number	Course Title	Grade	Hours	Remarks
Degrees Awarded				
University of Missouri - Columbia				
	Medicine-MD		05-13-2022	
	Biological Sciences-BS		07-29-2016	
	(Cum Laude)			
	Psychology-BS		07-29-2016	
	(Cum Laude)			
	Multicultural Studies-Cert		07-29-2016	

FALL 2010	North Central Missouri College				
Mt	122 College Algebra	A	3.0	T	
Py	121 Gen Psychology	A	3.0	T	
SPNG 2011	North Central Missouri College				
Mt	132 Trigonometry	A	3.0	T	
So	107 Gen Sociology	A	3.0	T	
SUM 2011	North Central Missouri College				
Fl	100 Elem Spanish I	A	3.0	T	
FALL 2011	North Central Missouri College				
En	101 English I	A	3.0	T	
Hi	103 Amer Hist to 1877	A	3.0	T	
Sp	175 Speech Comm	A	3.0	T	
SPNG 2012	North Central Missouri College				
En	102 English II	A	3.0	T	

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MAY 22 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Course Number	Course Title	Grade	Hours	Remarks
FALL 2012	Univ of MO-Col			Ugrd
Biological Sciences-BA				
Chem	1320 Gnrl Chemistry 2 W Lab	B	3.0	M
Financ	1000 Principles of Finance	A+	3.0	
Intdsc	1001 Proseminar Intrdsc Stds	S	1.0	
Phil	1100 Introduction to Ethics	A-	3.0	
Span	1100 Elementary Spanish 1	B-	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	Univ of MO-Col			Ugrd
Biological Sciences-BA				
Psychology-BA				
Bio Sc	1500 Intro Biol Systems W/Lab	A	5.0	
Chem	1330 Gnrl Chemistry 3 W Lab	A-	3.0	
Psych	2210 Mind, Brain & Behavior	A+	3.0	
Span	1200 Elementary Spanish 2	A	5.0	
	GPA Hrs Att	Hrs Ern	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	Univ of MO-Col			Ugrd
Biological Sciences-BA				
Psychology-BA				
Bio Sc	2200 General Genetics	A	4.0	
Chem	2100 Organic Chemistry 1	B+	3.0	
Span	2100 Elementary Spanish 3	A-	3.0	
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 Credit			
Chem	1310 General Chemistry 1	CR	2.0	

SPNG 2014	Univ of MO-Col			Ugrd
Biological Sciences-BS				
Psychology-BA				
Bio Sc	2300 Intro to Cell Biology	A	4.0	
Chem	2110 Organic Chemistry 2	B-	3.0	
Chem	2130 Organic Laboratory 1	A	2.0	
Psych	3010 Research Methods in Psych	A	3.0	
Psych	4003 Tpc in Psychology-Bhv Sc	B+	3.0	
	- Rehabilitation Neuroscience			
Stat	2200 Intr Statistical Methods	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

PRIMARY SOURCE

T 41642
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Debra V. Selman

Official Transcript

Name: **York, Abigail Annalee**
 Student ID: 16110797
 Date of Birth: [REDACTED]
 Soc. Sec. Number: [REDACTED]

This transcript has been produced for:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Number	Course Title	Grade	Hours	Remarks
SUM 2014	Univ of MO-Col			Ugrd
Withdrawn from the University as of 06-18-2014				
FALL 2014	Univ of MO-Col			Ugrd
Biological Sciences-BS Psychology-BA				
Bio Sc	3700 Animal Physiology	B-	5.0	
Music Nm	1608 Beginning Piano Class	A+	1.0	
Physcs	1210 College Physics 1	W	4.0	M
Psych	3140 Cognitive Psychology	A	3.0	
Sociol	3310 Social Psychology	A	3.0	W
UGRD Term: GPA Hrs Att Hrs Ern Qual Pt GPA				
UGRD CUM: 71.0 101.0 255.90 3.604				
SPNG 2015	Univ of MO-Col			Ugrd
Biological Sciences-BS Psychology-BA				
Bio Sc	4600 Evolution	A-	3.0	
Biochm	4270 Biochemistry	B	3.0	
Physcs	1210 College Physics 1	A	4.0	M
Psych	4570 Pediatric Neuropsychology	A	3.0	
UGRD Term: GPA Hrs Att Hrs Ern Qual Pt GPA				
UGRD CUM: 84.0 114.0 304.00 3.619				

Course Number	Course Title	Grade	Hours	Remarks
SUM 2015	Univ of MO-Col			Ugrd
Biological Sciences-BS Psychology-BA				
Psych	2220 Drugs and Behavior	A	3.0	
UGRD Term: GPA Hrs Att Hrs Ern Qual Pt GPA				
UGRD CUM: 87.0 117.0 316.00 3.632				
FALL 2015	Univ of MO-Col			Ugrd
Biological Sciences-BS Psychology-BS				
Biochm	4460 Cancer Biology	A	3.0	
Microb	3200 Medical Microbiology & Immunlg	A	4.0	
Psych	3020 Resrch Methds in Psych 2	A+	3.0	
Psych	4440 Sex Differences	A	3.0	
Rel St	2110 Religions of the World	A	3.0	
UGRD Term: GPA Hrs Att Hrs Ern Qual Pt GPA				
UGRD CUM: 103.0 133.0 380.00 3.689				
SPNG 2016	Univ of MO-Col			Ugrd
Biological Sciences-BS Psychology-BS Multicultural Studies-Cert				
Bio Sc	4988 Nerve Cells & Behavior	A+	3.0	
Phil	2440 Medical Ethics	A	3.0	
Physcs	1220 College Physics 2	A	4.0	M
Psych	4978 Clinical Psych Capstone	A	3.0	S,W
UGRD Term: GPA Hrs Att Hrs Ern Qual Pt GPA				
UGRD CUM: 116.0 146.0 432.00 3.724				
SUM 2016	Univ of MO-Col			Ugrd
Biological Sciences-BS Psychology-BS Multicultural Studies-Cert				
Math	1400 Calc Social/Life Sci 1	A+	3.0	M
Pea St	1050 Intro to Peace Studies	A+	3.0	W
UGRD Term: GPA Hrs Att Hrs Ern Qual Pt GPA				
UGRD CUM: 122.0 152.0 456.00 3.738				
FALL 2017	Univ of MO-Col			Ugrd
Withdrawn from the University as of 08-25-2017				

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MAY 22 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

Sherron V. Selman

University Registrar

Official Transcript

Name: **York, Abigail Annalee**
 Student ID: **16110797**
 Date of Birth: **[REDACTED]**
 Soc. Sec. Number: **[REDACTED]**

This transcript has been produced for:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Number	Course Title	Grade	Hours	Remarks
FALL 2018 Univ of MO-Col Meds				
Medicine-MD				
Med Id 5041	Structure & Function I	S	6.0	
Med Id 5042	Interviewing	S	3.0	
Med Id 5043	Structure & Function II	S	6.0	
Med Id 5044	Physical Examination	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 of MO-Col Meds				
Medicine-MD				
Med Id 5045	Structure & Function III	S	6.0	
Med Id 5046	Psychosoc Aspects	S	3.0	
Med Id 5047	Structure & Function IV	S	6.0	
Med Id 5048	Clin Epid/Prev Med	S	3.0	
Med Id 5051	Ambulatory Clin Exper 1	S	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 Univ of MO-Col Meds				
Medicine-MD				
Med Id 5215	Med Ed-Research		0.0	
GPA Hrs Att Hrs Ern Qual Pt GPA				
MEDS Term:	0.0	0.0	0.00	
MEDS CUM:	0.0	37.0	0.00	

Course Number	Course Title	Grade	Hours	Remarks
FALL 2019 Univ of MO-Col Meds				
Medicine-MD				
Med Id 5551	Pathophysiology 1	S	6.0	
Med Id 5552	Diag Tests/Med Dec	S	3.0	
Med Id 5553	Pathophysiology 2	S	6.0	
Med Id 5554	Psychopathology/Be	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 Univ of MO-Col Meds				
Medicine-MD				
Med Id 5555	Pathophysiology 3	S	6.0	
Med Id 5556	Clinical Practicum	S	3.0	
Med Id 5557	Pathophysiology 4	S	6.0	
Med Id 5558	Physician As Person	S	3.0	
Med Id 5561	Adv Physical Diagnosis 1	S	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 Univ of MO-Col Meds				
Medicine-MD				
In Med 6002	Medicine Clerkship	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 Univ of MO-Col Meds				
Medicine-MD				
Ob Gyn 6004	Ob/Gyn Clerkship	S	8.0	
Pschty 6005	Psychiatry Clerkship	LC	6.0	
Surrgy 6948	Ortho Surg Spine 2Wk	S	2.0	
GPA Hrs Att Hrs Ern Qual Pt GPA				
MEDS Term:	0.0	16.0	0.00	
MEDS CUM:	0.0	98.0	0.00	

SPNG 2021 Univ of MO-Col Meds				
Medicine-MD				
Ch Hth 6000	Child Health Clerkship	LC	8.0	
Neurol 6003	Neurology Clerkship	S	4.0	
Surrgy 6006	Surgery Clerkship	S	8.0	
GPA Hrs Att Hrs Ern Qual Pt GPA				
MEDS Term:	0.0	20.0	0.00	
MEDS CUM:	0.0	118.0	0.00	

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
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PRIMARY
SOURCE

Brenda V. Selman

University Registrar

Official Transcript

Name: York, Abigail Annalee
Student ID: 16110797
Date of Birth: [REDACTED]
Soc. Sec. Number: [REDACTED]

Course Number	Course Title	Grade	Hours	Remarks
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This transcript has been produced for:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Number	Course Title	Grade	Hours	Remarks
---------------	--------------	-------	-------	---------

SUM 2021		Univ of MO-Col	Meds		
		Medicine-MD			
Pth As	6608	Anatomy Elective	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		Univ of MO-Col	Meds		
		Medicine-MD			
F C Md	6001	Family Medicine Clerkshp	S	8.0	
Surgry	6655	Surgery Off-Site Electiv	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		Univ of MO-Col	Meds		
		Medicine-MD			
Ch Hth	6829	Pediatric Neurology	HN	5.0	
Med Id	5850	Compass	S	1.0	
Med Id	6397	Abs Academic Tutor M1/M2 Stdnt	HN	5.0	
Med Id	6399	Abs Case Writing	HN	5.0	
Med Id	6693	Simulation Prep for Internship	HN	5.0	
Surgry	6985	Neurosurgery A	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	

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AND SUPERVISION

PRIMARY
SOURCE

Deirdra V. Selman

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
- M = A course including a substantial amount of mathematics reasoning
- R = 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
- I = Incomplete
- IP = In Progress
- 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

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

- 0000 to 0999 skill development courses: courses that 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.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE



AMA Physician Profile

PREPARED FOR

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

PRIMARY SOURCE

Name and Mailing Address

Primary Office Address

ABIGAIL ANNALEE YORK

Phone (660) 734-4056

Birth date

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status MEMBER

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JUN 05 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

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

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

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

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

School: UNIVERSITY OF MISSOURI COLUMBIA SCHOOL OF MEDICINE

Degree Awarded: YES
Enrollment Date: 08/2018

Degree Type: MD
Degree Date: 05/2022

741642
SQ

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:	07/01/2023 - 06/30/2030
Status:	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™, 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

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

To:

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

PRIMARY
SOURCE

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

T 41642
HS

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 Maiden (if applicable)
Mailing Address: _____

City State Zip Code Telephone Number Social Security # _____

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)**
- Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545)** (issued by a foreign service post) or **Certification of Report of Birth (DS1350)** (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed)
- Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed)
- United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code “KIC” and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”)**
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94**

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Abigail York, MD Date 5/22/23
Subscribed and sworn before me this 22 day of May, 20 23.

Notary Public Megan Crane
Commission Number 18316416
My commission expires 8/29/2026

NOTARY SEAL

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

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

T 41642
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05/09/2023

ABIGAIL ANNALFF YORK



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

RE: MD Application #41642

Dear ABIGAIL YORK,

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.

- 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:

<https://secure.okmedicalboard.org/applicant/signin>

Your user name is AP58253830 (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

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.

EDUCATION STARTING WITH HIGH SCHOOL							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
08	2008	05	2012	Brookfield High School	Brookfield	MO	HS Diploma
EMPLOYMENT IF NEEDED TO FILL TIME GAP							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
OTHER - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING							
Start Month	Start Year	End Month	End Year	Other	City	State	
05	2012	08	2012	Summer Break	Brookfield	MO	

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OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

41642
 57

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)

Exam verification date
 PostGrad - Form 2 UNIVERSITY OF MISSOURI, COLUMBIA
 PostGrad - Form 2 COLLEGE OF MEDICINE OKC
 USMLE Exams Incomplete

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:209

Application for: **Resident** Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____
- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Significant Malpractice Issues
 - US Graduate
 - Graduated Medical School on time
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH 1 / 1 / _____
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE By 6-28-23
- 5) REQUESTS SPECIFIC CONSIDERATION OF:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	41561	REHAN ZAFAR
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:
 039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Number of Licenses Previously Granted to Graduates of this Medical School:7,359

Application for: Resident _____ Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less

- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ____ / ____ / ____

- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **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

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	6/15/21	5/12/23	1
Test 2:	USMLE 2CK	PASS	8/29/22	5/12/23	1
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

State: OK **Country:** UNITED STATES

Degree: BACHELOR OF SCIENCE IN
BIOCHEMISTRY

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:

Y

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:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	41561	REHAN ZAFAR
MEDICAL DOCTOR		

PRACTICE HISTORY				
Employed:		Supervisor:		
City:		State:	Country:	
Specialty:		From: /	To: /	Verified:
Comments:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
<p>OTHER DEFICIENCIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION</p> <p>Exam verification date</p> <p>PostGrad - Form 2 COLLEGE OF MEDICINE TULSA</p> <p>USMLE Exams Incomplete</p>

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 224 of 379

Received:04/19/2023

Applicant Name: ZAFAR, BEHAN

MD 41561



Date Of Birth: [REDACTED]

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

Sex: M

Race: Asian/Pacific Islander

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF OKLAHOMA	NORMAN	OK		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 City Ok 73190	Oklahoma City	OK	United States		8/2019	5/2023

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
COLLEGE OF MEDICINE TULSA	TULSA	OK	UNITED STATES	PSYCHIATRY		7/2023	/

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
								/

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

\$250/r

50

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/19/2023

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

Oklahoma State Board of Medical Licensure and Supervision

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

I attest 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.



Rehan Zafar

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)

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APR 19 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NOTARY

State of Oklahoma, County of Oklahoma

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

The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of April, 2023

Notary Public Signature *Edith Torres*

My Notary Commission Expires 4/9/2025



T41561 WB



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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

PRIMARY SOURCE

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 05/11/2023

Examinee: Zafar, Rehan
Alt Name(s):

Examinee ID: 5-476-295-0
Date of Birth: [REDACTED]

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

USMLE STEP 1

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

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
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.

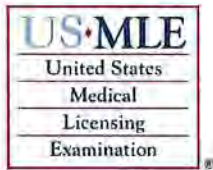
NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

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MAY 12 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T41561
LKC



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: Zafar, Rehan

Examinee ID: 5-476-295-0

Date of Birth: [REDACTED]

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.

PRIMARY SOURCE

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

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JUN 08 2023

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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Applicant's Name Rehan Zafar

Institution: University of Oklahoma College of Medicine City/State Oklahoma City, OK

Our records indicate that the above named applicant attended our medical school on the following dates:

From 8 / 19 / 2019 To May / 20 / 2023 and was awarded the degree Doctor of Medicine
Month Day Year 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 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 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

Please explain any "YES" response from above:

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: Teresa Scordino, M.D. Signature Teresa Scordino

Title of Signatory: Associate Dean for Student Affairs Date of Signature 5/31/23

Tel: 405-271-2316 Fax: 405-271-2287 E-Mail: Teresa-Scordino@ouhsc.edu

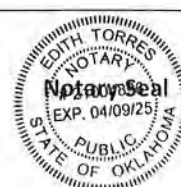
School
Seal

If no seal is available, this form must be notarized

Notary Public Edith Torres

Commission # 21004896

My commission expires: 4/9/2025



4/5/23
15

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PRIMARY SOURCE

Official Transcript

JUN 08 2023

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

Name : Rehan Zafar
Student ID: 1796973
Birthdate : [REDACTED]

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Spring 2020

----- Degrees Awarded -----

Degree : Doctor of Medicine
Confer Date : 2023-05-20
Plan : Medicine

----- External Degrees -----

University of Oklahoma
2019-05-10 BS in Biochemistry
Field of Study : Biochemistry

----- Academic Program History -----

Program : Medicine MD
2019-07-01 : Active in Program
2019-07-01 : Medicine - MD Major
2023-05-20 : Completed Program

----- Beginning of Medicine Record -----

Fall 2019

Course	Description	Attempted	Earned	Grade	Points
INDT 8110	Design/Analysis Clin Res	16.00	16.00	S	
INDT 8122	Clinical Medicine I	111.50	111.50	S	
INDT 8124	The Human Structure	130.00	130.00	S	
INDT 8125	Foundations of Medicine	151.00	151.00	S	
INDT 8244	PPSI	87.00	87.00	S	
INDT 8555	Req Orientation Documents I			0.00 CE	
INDT 9100	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

Course	Description	Attempted	Earned	Grade	Points
INDT 8132	IMI	68.00	68.00	S	
INDT 8140	Gastrointestinal & Hepatobil	85.00	85.00	S	
INDT 8148	Endo, Metab & Nutri Biochem	85.00	85.00	S	
INDT 8156	Blood, Hematopoiesis & Lymph	77.00	77.00	S	

TERM GPA : 0.000 GPH: 0.00 TOTALS : 315.00 315.00 0.000
OUHSC GPA : 0.000 GPH: 0.00 TOTALS : 834.50 834.50 0.000

Fall 2020

Course	Description	Attempted	Earned	Grade	Points
INDT 8264	Cardiovasc, Resp, Renal	164.00	164.00	S	
INDT 8266	PPS II: Clinical Ethics	35.00	35.00	S	
INDT 8272	Neurosciences	166.00	166.00	S	
INDT 8275	Clinical Medicine II	99.00	99.00	S	
INDT 8301	Enrichment Program: Humanities	16.00	16.00	S	

Course Topic(s): Addiction Medicine

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

Spring 2021

Course	Description	Attempted	Earned	Grade	Points
INDT 8280	Reproduction	98.00	98.00	S	
INDT 9200	MS2 Capstone	70.00	70.00	S	
INDT 9201	Joint, Skin, and Bone	40.00	40.00	S	

TERM GPA : 0.000 GPH: 0.00 TOTALS : 208.00 208.00 0.000
OUHSC GPA : 0.000 GPH: 0.00 TOTALS : 1522.50 1522.50 0.000

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

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



Lou Klein
4/15/23
10

REGISTRAR, OUHSC

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

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

GRADES USED AT OUHSC:

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

- A = Excellent (4 grade points)
- B = Good (3 grade points)
- C = Average (2 grade points)
- D = Poor (1 grade point) not considered passing in some programs
- F = Failing (0 grade points)

Other Symbols

- I = Incomplete (student lacks a test, project, paper, etc.)
- AU = Audit (no credit)
- W = Withdrawal
- AW = Administrative Withdrawal
- S = Satisfactory (GPA neutral, counted in the total number of attempted hours)
- U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)
- P = Passing (GPA neutral, counted in the total number of attempted hours)
- NP = No Pass (GPA neutral, counted in the total number of attempted hours)
- X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

- CE = Continuing Education
- EX = Exempt from a required course, student has earned equivalent credit
- R = Requirements successfully completed
- Y = Year-Long Course
- H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

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

Professional students are considered full-time unless otherwise indicated.

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

Regardless of campus, copies of OUHSC records may be obtained through the transcript request process at the OUHSC Office of Admissions and Records, 1105 N. Stonewall, LIB 121, Oklahoma City, OK 73117-1221. Questions regarding the transcript request process may be directed to (405) 271-2359 or FAX (405) 271-2480.

TO TEST FOR AUTHENTICITY: The face of this transcript is printed on burgundy security paper.

ADDITIONAL TESTS: When photocopied, a patent security statement containing the institutional name and the words COPY COPY 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!**

TERM DEFINITIONS:

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

TRANSCRIPT SUMMARY:

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

COURSE NUMBER:

- 1000 – 1999 = Freshman level courses
- 2000 – 2999 = Sophomore level courses
- 3000 – 3999 = Junior level courses
- 4000 – 4999 = Senior level courses
- 5000 – 6999 = Graduate level courses
- 5000 – 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses
- 7000 – 9999 = Professional degree courses

DEGREE HONORS:

- Distinction
- Special Distinction
- Outstanding Distinction

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

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JUN 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Official Transcript

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

PRIMARY SOURCE

Name : Rehan Zafar
Student ID: 1796973
Birthdate : [REDACTED]

JUN 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Summer II 2021

Summer II 2022

Course	Description	Attempted	Earned	Grade	Points
INDT 9301	Clinical Transitions	40.00	40.00	S	
MED 9250	Medicine Clerkship	320.00	320.00	B	960.000
TERM GPA :	3.000	GPH: 320.00	TOTALS :	360.00	360.00 960.000
OUHSC GPA :	3.000	GPH: 320.00	TOTALS :	1882.50	1882.50 960.000

Course	Description	Attempted	Earned	Grade	Points
INDT 9403	Subinternship Elective	160.00	160.00	A	640.000
Course Topic(s): PSBS Subinternship Elective					
INDT 9300	Capstone	160.00	160.00	S	
TERM GPA :	4.000	GPH: 160.00	TOTALS :	320.00	320.00 640.000
OUHSC GPA :	2.957	GPH: 1840.00	TOTALS :	3802.50	3802.50 5440.000

Fall 2021

Fall 2022

Course	Description	Attempted	Earned	Grade	Points
PSBS 9520	Psychiatry Clerkshp	240.00	240.00	B	720.000
FM 9540	Fam Med Clerkship	160.00	160.00	B	480.000
NEUR 9370	Neurology Clerkship	160.00	160.00	B	480.000
OPHT 9101	Ophthalmology Selective	80.00	80.00	S	
TERM GPA :	3.000	GPH: 560.00	TOTALS :	640.00	640.00 1680.000
OUHSC GPA :	3.000	GPH: 880.00	TOTALS :	2522.50	2522.50 2640.000

Course	Description	Attempted	Earned	Grade	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					
Course	Description	Attempted	Earned	Grade	Points
INDT 9407	Fourth Year Selective	80.00	80.00	S	
Course Topic(s): Directed Readings in PHARM Directed Readings in PHARM					

Spring 2022

Spring 2023

Course	Description	Attempted	Earned	Grade	Points
OBGY 9210	Obstet & Gyn Clerkship	240.00	240.00	C	480.000
PEDI 9650	Pediatric Clerkship	240.00	240.00	B	720.000
EM 9101	EM Selective	80.00	80.00	S	
DERM 9101	Dermatology Selective	80.00	80.00	S	
SURG 9760	Surgery Clerkship	320.00	320.00	B	960.000
TERM GPA :	2.700	GPH: 800.00	TOTALS :	960.00	960.00 2160.000
OUHSC GPA :	2.857	GPH: 1680.00	TOTALS :	3482.50	3482.50 4800.000

Course	Description	Attempted	Earned	Grade	Points
INDT 9405	Off-Campus Elective	160.00	160.00	S	
Course Topic(s): PSBS Off-Campus Elective					
INDT 9406	Special Studies Elective	160.00	160.00	S	
Course Topic(s): INDT Special Studies Elective					
INDT 9407	Fourth Year Selective	160.00	160.00	S	
Course Topic(s): Pharmacology Readings Pharmacology Readings					
Course	Description	Attempted	Earned	Grade	Points
INDT 9401	Outpatient Elective	160.00	160.00	S	
Course Topic(s): PSBS Outpatient Elective					
INDT 9406	Special Studies Elective	160.00	160.00	S	
Course Topic(s): INDT Special Studies Elective					
INDT 9407	Fourth Year Selective	160.00	160.00	S	
Course Topic(s): Pharmacology Readings Pharmacology Readings					

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



Lou Klein

REGISTRAR, OUHSC

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

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

GRADES USED AT OUHSC:

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

- A = Excellent (4 grade points)
- B = Good (3 grade points)
- C = Average (2 grade points)
- D = Poor (1 grade point) not considered passing in some programs
- F = Failing (0 grade points)

Other Symbols

- I = Incomplete (student lacks a test, project, paper, etc.)
- AU = Audit (no credit)
- W = Withdrawal
- AW = Administrative Withdrawal
- S = Satisfactory (GPA neutral, counted in the total number of attempted hours)
- U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)
- P = Passing (GPA neutral, counted in the total number of attempted hours)
- NP = No Pass (GPA neutral, counted in the total number of attempted hours)
- X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

- CE = Continuing Education
- EX = Exempt from a required course, student has earned equivalent credit
- R = Requirements successfully completed
- Y = Year-Long Course
- H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

- Summer (Undergraduate) = 6 semester hours
- Summer (Graduate) = 4 semester hours
- Fall (Undergraduate) = 12 semester hours
- Fall (Graduate) = 9 semester hours
- Spring (Undergraduate) = 12 semester hours
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NORMAN/OKLAHOMA CITY/TULSA SCHUSTERMAN CAMPUSES: Transcripts for all undergraduate and graduate students who were enrolled at OUHSC prior to Fall 1979 are located in the Office of Admissions and Records on the Norman campus. Work completed on the Norman campus prior to enrollment at OUHSC is maintained on the Norman campus.

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TRANSCRIPT SUMMARY:

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

COURSE NUMBER:

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- 5000 – 6999 = Graduate level courses
- 5000 – 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses
- 7000 – 9999 = Professional degree courses

DEGREE HONORS:

- Distinction
- Special Distinction
- Outstanding Distinction

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

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JUN 08 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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!**

PRIMARY SOURCE

Official Transcript

RECEIVED

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

Name : Rehan Zafar
 Student ID: 1796973
 Birthdate : [REDACTED]

JUN 08 2023

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

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						
OUHSC	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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Lou Klein

REGISTRAR, OUHSC

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

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- Special Distinction
- Outstanding Distinction

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



AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

REHAN ZAFAR

Primary Office Address

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

PRIMARY SOURCE

Birth date

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

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AMA membership status

MEMBER

JUN 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

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

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

T41561 SJ



Degree Awarded: YES
Enrollment Date: 08/2019

Degree Type: MD
Degree Date: 05/2023

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

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

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

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

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

Sponsoring Institution: UNIVERSITY OF OKLAHOMA 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™, 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: Rehan Zafar

First Middle Last Maiden (if applicable)

Mailing Address: _____

Street Address or Post Office Box

City State Zip Code Telephone Number Social Security _____

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Rehan Zafar

Date 04/10/2023

Subscribed and sworn before me this 10 day of April, 20 23.

Notary Public Edith Torres

Commission Number 01004896

My commission expires 4/9/2025



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APR 19 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

T 41561
MS

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

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APR 19 2023

OKLAHOMA STATE BOARD
 OF MEDICAL LICENSURE
 AND SUPERVISION

To Request Examination Scores	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wisser Road Eules, 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.
 9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
 10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3)** – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

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

Rehan Zafar
 Name of Applicant (type or print)

Rehan Zafar
 Signature of Applicant


04/03/2023
 Date

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

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

T 4/5/23

05/09/2023

REHAN ZAFAR


**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP74994248
Password:Last 4 SSN

RE: MD Application #41561

Dear REHAN ZAFAR,

**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
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 AP74994248 (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 41561 REHAN ZAFAR
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

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:7,275

Application for: Resident Full License _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS _____

2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____

- Passed USMLE
- No DUIs or Legal Issues
- No Significant Malpractice Issues
- US Graduate
- Graduated Medical School on time

3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___/___/___

4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE BY 6-12-23

5) REQUESTS SPECIFIC CONSIDERATION OF:

**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 2nd 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.

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

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 _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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

Note: **PASS** means higher than 75

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

PRE-MED EDUCATION

School Name: DAV PUBLIC SCHOOL

City: LUDHIANA

State: Country: INDIA

Degree:

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 MEE

From: 6 / 2014

To: 9 / 2021

Diploma Ver'd:

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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:

From: 7 / 2023 **To:** 6 / 2024

ACGME Ver'd:

Comments:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 MD 43616 SHIVAANSH AGGARWAL
 MEDICAL DOCTOR

PRACTICE HISTORY

Employed: DAYANAND MEDICAL COLLEGE AND HOSPITAL City: LUDHIANA Specialty: NEUROLOGY Comments: MEDICAL OFFICER	Supervisor: State: Country: INDIA From: 10/2022 To: 4/2023 Verified:
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Employed: LAKE AMERICA FAMILY PHYSICIANS City: CLERMONT Specialty: FAMILY MEDICINE Comments: HANDS-ON CLINICAL EXTERN	Supervisor: State: FL Country: UNITED STATES From: 8/2022 To: 9/2022 Verified:
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Employed: SYNAPSE NEUROLOGY City: CLERMONT Specialty: NEUROLOGY Comments: HANDS-ON CLINICAL EXTERN	Supervisor: State: FL Country: UNITED STATES From: 6/2022 To: 7/2022 Verified:
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Employed: DAYANAND MEDICAL COLLEGE AND HOSPITAL City: LUDHIANA Specialty: NEUROLOGY Comments: MEDICAL OFFICER	Supervisor: State: Country: INDIA From: 1/2022 To: 5/2022 Verified:
--	---

Employed: HIALEAH HOSPITAL City: MIAMI Specialty: NEUROLOGY Comments: HANDS-ON CLINICAL EXTERN	Supervisor: State: FL Country: UNITED STATES From: 8/2021 To: 8/2021 Verified:
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Employed: DAYANAND MEDICAL COLLEGE AND HOSPITAL City: LUDHIANA Specialty: CARDIOLOGY Comments: RESEARCH ASSISTANT	Supervisor: State: Country: INDIA From: 5/2020 To: 8/2021 Verified:
--	---

Employed: DAYANAND MEDICAL COLLEGE AND HOSPITAL City: LUDHIANA Specialty: NEUROLOGY Comments: RESEARCH ASSISTANT	Supervisor: State: Country: INDIA From: 7/2019 To: 12/2021 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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

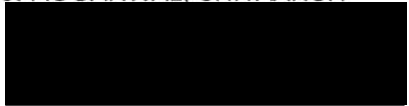
APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 04/17/2024

Foreign Graduate

Applicant Name: AGGARWAL, SHIVAANSH

MD 43616



Date Of Birth: [Redacted]

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

Sex: M

Race: Asian/Pacific Islander

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
HS	DAV PUBLIC SCHOOL	LUDHIANA		INDIA	3/2012	3/2014			

Medical School Name	City	State	Country	Comments	From	To
Dayanand Med Coll & Hosp, Punjab Univ, Ludhiana, Punjab, India	Punjab		India		6/2014	6/2021

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
QUINNIPIAC UNIVERSITY FRANK H. NETTER MD SOM ST. VINCENT'S MEDICAL CENTER	BRIDGEPORT	CT	UNITED S	INTERNAL MEDICINE		7/2023	6/2024

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	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 Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
CT	74647		U	6/19/23	6/30/26

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

Foreign Graduate

BSU

Oklahoma State Board of Medical Licensure and Supervision

PAGE 251 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/17/2024

Foreign Graduate

Questions Answered 04/12/2024

	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 a license 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, or training program?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you 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
N. Has any disciplinary action been taken on any license?	N
O. 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

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

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 denial, revocation, or other disciplinary sanction of my license or permit to practice.

RECEIVED

APR 23 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



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 CT, 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 18th day of April, 2024

Notary Public Signature Diane L. Slosser My Notary Commission Expires 4/30/2027

NOTARY
SEAL

Diane L. Slosser
NOTARY PUBLIC
State of Connecticut
My Commission Expires 04/30/2027

T43616
5)



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
Alt Name(s):

Examinee ID: 1-081-894-6
Date of Birth: [REDACTED]

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
12/20/2019	Pass	239	(194)	

PRIMARY SOURCE

USMLE STEP 2				
<i>Clinical Knowledge (CK)</i>				
Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/02/2021	Pass	239	(209)	

USMLE STEP 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.

RECEIVED

APR 15 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T43616
57



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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Aggarwal, Shivaansh

Examinee ID: 1-081-894-6

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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APR 20 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Email form to: OKTRAINING@okmedicalboard.org

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

Applicant's Name Dr. Shivaansh Aggarwal

Institution: Dayanand Medical College & Hospital City/State Ludhiana

Our records indicate that the above named applicant attended your medical school on the following dates:

From 06/21/2014 To 06/30/2021
Month Day Year Month Day Year

Awarded degree of M.B.B.S on 09/09/2021
Month Day Year

PRIMARY
SOURCE

- Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain. YES NO
- Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain. YES NO
- Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below. YES NO
- Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below. YES NO
- Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below. YES NO

Please explain any "YES" response from above: He has taken approved extension during his Internship - 1. 1st Jul, 2019 - 24 Dec, 2019 - for the preparation of Step-1 Exam and volunteered the research project on "Factors affecting adherence in Parkinson's Disease". 2. 1 Apr, 20 to 30 Apr, 20 - Covid-19 Lockdown 3. 11 Jun, 2020 - 17 May, 2021 - for medical electives in USA and preparation of USMLE Step-2 exam.

Completion of the following is certification that the information above is an accurate account of this individual's records and are true and correct.

Name: Dr. G. S. Wander Signature: [Signature]
 Title of Signatory: Principal (Dean) Signature Date: 20 Apr, 2024
 Phone: +91161-468-7501 Fax: +911612302620 E-Mail: principal@dmch.edu

Revised 03/2024

T43616
SJ



Dayanand Medical College & Hospital

Ludhiana-141001 (India)

Ref. No. DMCH/ UG/57/2014Dated 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	Dates of Clinical Postings		Total Weeks
		From	To	
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
		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

Principal : 0161-4687501
Dean Academics : 0161-4687503
Medical Supdt. : 0161-4687504



Dayanand Medical College & Hospital

Ludhiana-141001 (India)



Ref. No. DMCH/ UG/57/2014

Dated 17 Sep 202

Regarding: **Dr. Shivaansh Aggarwal**

5.	Community Medicine	10 Aug 2015 26 Apr 2017	18 Sep 2015 21 May 2017	09 Weeks
		Weekly field visit in MBBS Final Prof. (Part-I)		140 hrs
6.	Ophthalmology	23 Mar 2016 10 Aug 2017	15 Apr 2016 04 Sep 2017	07 Weeks
7.	ENT	16 Jan 2016 31 Mar 2017	27 Jan 2016 25 Apr 2017	05 Weeks
8.	Dermatology	11 Mar 2016 17 Jun 2017 08 Aug 2017	22 Mar 2016 10 Jul 2017 09 Aug 2017	05 weeks
9.	Orthopaedics	04 Jan 2016 04 Jan 2017 22 Feb 2018	15 Jan 2016 29 Jan 2017 19 Mar 2018	09 Weeks
10.	TB/Chest	28 Feb 2016	10 Mar 2016	02 Weeks
11.	Psychiatry	28 Jan 2016 15 Feb 2016	07 Feb 2016 15 Feb 2016	02 Weeks
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

Sandeep Kaushal

Dr. Sandeep Kaushal
Dean Academics



Dr. Sandeep Puri

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



Dayanand Medical College & Hospital

Ludhiana-141001 (India)



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. 11530557

Subjects	Marks Obtained	Maximum Marks	Total Marks
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. 13740557

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)

Principal (Dean)
Dayanand Medical College & Hospital
Ludhiana, Punjab (India) : 0161-4687503
Medical Supdt. : 0161-4687504

EPABX : 0161-4687700 (30 Lines)
FAX : 0161-2302620
Website : www.dmch.edu



Dayanand Medical College & Hospital

Ludhiana-141001 (India)

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 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.

SUBJECTS :-	HOURS
• Human Anatomy, Neuro Anatomy, Embryology & Histology	: 760
• Human Physiology including Bio-Physics	: 560
• Biochemistry	: 300
• Pathology, Microbiology, Immunology and Bacteriology	: 700
• Forensic Medicine & Toxicology	: 100
• Pharmacology, Therapeutics	: 360
• Ophthalmology	: 322
• Oto-Rhino-Laryngology	: 266
• Community Medicine (Social & Preventive Medicine) including Nutrition and Introduction to Humanities & Family Medicine	: 504
• Radio-diagnosis & Radiotherapy	: 56
• Psychiatry including human Sexuality/Partner abuse detection & treatment	: 56
• Dermatology & Sexually Transmitted Diseases	: 126
• Pediatrics including Human Child abuse detection and treatment	: 308
• Obstetrics & Gynaecology	: 752
• Medicine - including Tropical Medicine, Neurology, Geriatric Medicine Physical Medicine, Gastroenterology, Cardiology, Endocrinology, Nephrology, Rheumatology, Chest Diseases, Oncology & Casualty	: 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	: 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.



(Signature)
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



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia, PA 19104-2685 USA
215-386-5900 | 215-386-9767 FAX
www.ecfm.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: [REDACTED]
ECFMG Certified: Yes
Certificate Issue Date: 01 Dec 2021
English Test Valid Through: 31 Dec 2024
Clinical Skills Assessment Valid Through: 31 Dec 2024

PRIMARY
SOURCE

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	20 Dec 2019	*	*
USMLE Step 2 CK	02 Jul 2021	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
ECFMG Clinical Skills Pathway **	N/A

** This individual met the clinical and communication skills requirements, including English language proficiency, for ECFMG Certification through one of the 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.ecfm.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.

[†]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.

T 43616
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State of Connecticut

PRIMARY SOURCE

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

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APR 29 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T43616
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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
EVIDENCE OF STATUS – PART B

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full Legal Name: Shivaansh Aggarwal
First Middle Last Maiden (if applicable)

Mailing Address: [REDACTED]
Street Address or Post Office Box

[REDACTED] Social Security #: [REDACTED]
City State Zip Code Telephone Number

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

If you are a qualified alien, please submit a notarized copy of the original, unexpired documents. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:		RECEIVED
<input checked="" type="checkbox"/>	INS Form I-94	
<input type="checkbox"/>	INS Form I-688B	
Asylee:		APR 23 2024 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"	
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "AS"	
<input type="checkbox"/>	Grant letter from the Asylum Office of INS	
<input type="checkbox"/>	Order of an immigration judge granting asylum	
Refugee:		
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under §207 of the INA	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"	
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"	
<input type="checkbox"/>	INS Form I-571 (Refugee Travel Document)	
Alien Paroled into the U.S. for at least One Year:		
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)	
Alien Whose Deportation or Removal Was Withheld:		
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"	
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A10"	
<input type="checkbox"/>	Order from an Immigration Judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA	
Alien Granted Conditional Entry:		
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"	
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"	
Cuban/Haitian Entrant:		
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6	
<input type="checkbox"/>	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7	
<input type="checkbox"/>	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA	
Alien Who Has Been Battered or Subjected to Extreme Cruelty:		
<input type="checkbox"/>	INS petition and appropriate supporting documentation	
Other Document (please list)		
<input type="checkbox"/>		

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Shivaansh Date 04/18/2024

Subscribed and sworn before me this 18th day of April, 20 24

Notary Public Diane L. Slosser

Commission Number _____
 My commission expires SNPC.0148/45

NOTARY SEAL
 Diane L. Slosser
 NOTARY PUBLIC
 State of Connecticut
 My Commission Expires 04/30/2027



743616
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TIME DEFICIENCY FORM

Name: Shivaansh Aggarwal	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.

EDUCATION STARTING WITH HIGH SCHOOL							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
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	Connecticut	Internal Medicine (F

EMPLOYMENT IF NEEDED TO FILL TIME GAP							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
July	2019	December	2021	Dayanand Medical College and Hospital, Dept.	Ludhiana	Punjab	Research Assistant
May	2020	August	2021	Dayanand Medical College and Hospital, Dept.	Ludhiana	Punjab	Research Assistant
August	2021	August	2021	Hialeah Hospital	Miami	Florida	Hands-on Clinical E
January	2022	May	2022	Dayanand Medical College and Hospital, Dept.	Ludhiana	Punjab	Medical Officer
June	2022	July	2022	Synapse Neurology	Clermont	Florida	Hands-on Clinical E
August	2022	September	2022	Lake America Family Physicians	Clermont	Florida	Hands-on Clinical E
October	2022	April	2023	Dayanand Medical College and Hospital, Dept.	Ludhiana	Punjab	Medical Officer

OTHER - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING							
Start Month	Start Year	End Month	End Year	Other	City	State	
April	2020	April	2020	Compulsory Lockdown due to covid (stayed at home and worked	Ludhiana	Punjab	

RECEIVED

APR 23 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T43616
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04/30/2024

SHIVAANSH AGGARWAL


**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP84483839
Password:Last 4 SSN

RE: MD Application #43616

Dear SHIVAANSH AGGARWAL,

**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 AP84483839 (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

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 43282 TANIA GHORBAN AZAR
 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	PASS	12/4/20	3/20/24	1
Test 3:	USMLE 2	PASS	3/4/22	3/20/24	1
Note: PASS means higher 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**Degree:** BACHELORS OF SCIENCE IN
BIOCHEMISTRY AND CELL
BIOLOGY**From:** 9/2015 **To:** 12/2017 **Verified:****School Name:** SANTA MONICA COMMUNITY COLLEGE**City:** SANTA MONICA**State:** CA **Country:** UNITED STATES**Degree:** NA**From:** 8/2013 **To:** 8/2015 **Verified:****MEDICAL SCHOOL EDUCATION****Name:** American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille**Foreign Name:****City:** St Maarten**State/Country:** Netherlands Antilles**Degree:** DOCTOR OF MEDICINE**From:** 1 / 2019**To:** 12 / 2022**Diploma Ver'd:**

Y

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 MD 43282 TANIA GHORBAN AZAR
 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: 7 / 2024	To: /	
ACGME Ver'd:			
Comments:			
Facility: UNITY HEALTH WHITE COUNTY MEDICAL CENTER	Specialty: TRANSITIONAL YEAR		
Res. Fellowship:			
City: SEARCY	State: AR	Country: UNITED STATES OF AM	
Verified:	From: 6 / 2023	To: 6 / 2024	
ACGME Ver'd:			
Comments:			

PRACTICE HISTORY			
Employed: NONE	Supervisor:		
City: LOS ANGELES	State: CA	Country: UNITED STATES	
Specialty: TRAVEL, RESIDENCY MATCH	From: 12 / 2022	To: 6 / 2023	Verified:
Comments:			
Employed: NONE	Supervisor:		
City: LOS ANGELES	State: CA	Country: UNITED STATES	
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

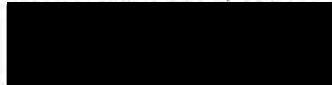
PAGE 271 of 379

Received: 03/07/2024

Foreign Graduate

Applicant Name: GHORBAN AZAR, TANIA

MD 43282



Date Of Birth: [Redacted]

Place Of Birth (City, State): TEHRAN, IRAN

Sex: F

Race: Other

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF CALIFORNIA SAN DIEGO	LA JOLLA	CA		9/2015	12/2017	BACHELORS OF SCIENCE IN BIOCHEMISTRY AND CELL BIOLOGY		

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	To
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	To	Verif
UNITY HEALTH WHITE COUNTY MEDICAL CENTER	TRANSITIONAL YEAR RESIDENT		SEARCY	CA		6/2023	0/0	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

\$ 250⁰⁰



Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

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Received:03/07/2024

Foreign Graduate

Questions Answered 02/25/2024	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
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 273 of 379

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

MAR 25 2024

OKTRAINING@okmedicalboard.org

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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.



[Handwritten Signature]
Applicant's signature (must be signed in the presence of a notary)

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

3/21/2024
Date of signature (must correspond to the date of notarization)



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 before me by the applicant on this 21 day of March, 2024

Notary Public Signature Linda M Voyles My Commission Expires 6/18/2030



T 43282



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 Wisser 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
Alt Name(s): Azar, Tania Ghorban

Examinee ID: 1-106-247-8
Date of Birth: [REDACTED]

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 STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/04/2022	Pass	253	(209)	

USMLE STEP 3

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.

RECEIVED
MAR 20 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T 43282
W



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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Ghorban Azar, Tania

Examinee ID: 1-106-247-8

Date of Birth: [REDACTED]

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 15 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

Applicant's Name Tania Ghorban Azar

Institution: American University of the Caribbean School of Medicine City/State Cupecoy, St. Maarten

Our records indicate that the above named applicant attended your medical school on the following dates:

From 01 / 07 / 2019 To 12 / 16 / 2022
Month Day Year Month Day Year

Awarded degree of Doctor of Medicine on 12 / 16 / 2022
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 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 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

Please explain any "YES" response from above: _____

An approved Leave of Absence was taken during the period 08/20- 12/20, to sit and study for USMLE.

Completion of the following is certification that the information above is an accurate account of this individual's records and are true and correct.

Name: Valdie DeJean Signature Valdie Dejean

Title of Signatory: Valdie Dejean Signature Date 03/15/2024

Phone: 3054460600 Fax: 3054466791 E-Mail: Aucregistrar@aucmed.edu

T43282
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PRIMARY SOURCE

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MAR 28 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE

Name: Ghorban Azar, Tania	Entrance Date: 01/07/2019	Final Academic Standing: GS
Student ID: D20013059	Confer Date: 12/16/2022	Medical Sciences Rank: 6 out of 110
Birth Date: [REDACTED]	Exit Reason: Graduated	Overall GPA: 92.2
Print Date: Mar 25, 2024	Exit Date: 12/16/2022	Degree Awarded: Doctor of Medicine

Medical Sciences

January 2019 Semester: Dean's List

Course #	Description	Attempted	Earned	Grade
114	Molecular & Cell Biology I	7.00	7.00	H
140	Gross Anatomy	7.00	7.00	P
150	Histology	3.00	3.00	P
160	Embryology	1.00	1.00	P
170	ICM I	1.00	1.00	P
Term Totals:		19.00	19.00	
Academic Standing: GS		Division Totals:	19.00	19.00

Course #	Description	Attempted	Earned	Grade
323	Physiology II	5.00	5.00	H
333	Medical Microbiology	5.00	5.00	P
346	Pathology I	7.00	7.00	H
371	ICM III	1.00	1.00	P
Term Totals:		18.00	18.00	
Academic Standing: GS		Division Totals:	55.00	55.00

Medical Sciences

May 2019 Semester: Dean's List

Course #	Description	Attempted	Earned	Grade
221	Physiology I	5.00	5.00	P
237	Immunology-Infection	5.00	5.00	H
262	Molecular & Cell Biology II	6.00	6.00	H
270	Biostatistics	1.00	1.00	H
280	ICM II	1.00	1.00	P
Term Totals:		18.00	18.00	
Academic Standing: GS		Division Totals:	37.00	37.00

Medical Sciences

January 2020 Semester: Dean's List

Course #	Description	Attempted	Earned	Grade
421	Medical Pharmacology	6.00	6.00	H
430	Neuroscience	5.00	5.00	H
452	Pathology II	7.00	7.00	H
490	ICM IV.1	1.00	1.00	P
Term Totals:		19.00	19.00	
Academic Standing: GS		Division Totals:	74.00	74.00

Medical Sciences

May 2020 Semester:

Course #	Description	Attempted	Earned	Grade
480	Medical Ethics	1.00	1.00	H
521	Behavioral Sciences	5.00	5.00	H

Medical Sciences

September 2019 Semester: Dean's List

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

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MAR 28 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE

Name: Ghorban Azar, Tania	Entrance Date: 01/07/2019	Final Academic Standing: GS
Student ID: D20013059	Confer Date: 12/16/2022	Medical Sciences Rank: 6 out of 110
Birth Date: [REDACTED]	Exit Reason: Graduated	Overall GPA: 92.2
Print Date: Mar 25, 2024	Exit Date: 12/16/2022	Degree Awarded: Doctor of Medicine

538	ICM VI	3.00	3.00	P
543	ICM V.1	6.00	6.00	P
Term Totals:		15.00	15.00	
Academic Standing:	GS	Division Totals:	89.00	89.00

Clinical Sciences
September 2020 Semester:

Course #	Description	Attempted	Earned	Grade
Leave: J	08/20-12/20 - Reason: Step 1 Study Short Term	0.00	0.00	
Term Totals:		0.00	0.00	
Academic Standing:	Division Totals:	0.00	0.00	

Clinical Sciences
January 2021 Semester:

Course #	Description	Attempted	Earned	Grade
2000	Surgery Core	11.00	11.00	H
Term Totals:		11.00	11.00	
Academic Standing:	Division Totals:	11.00	11.00	

Clinical Sciences
May 2021 Semester:

Course #	Description	Attempted	Earned	Grade
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1000	Medicine Core	1.00	1.00	H
2000	Surgery Core	1.00	1.00	H
4000	Pediatrics Core	6.00	6.00	H
5000	Psychiatry Core	6.00	6.00	H
Term Totals:		14.00	14.00	
Academic Standing:	Division Totals:	25.00	25.00	

Clinical Sciences
September 2021 Semester:

Course #	Description	Attempted	Earned	Grade
1000	Medicine Core	11.00	11.00	H
3000	OB/GYN Core	6.00	6.00	H
Term Totals:		17.00	17.00	
Academic Standing:	Division Totals:	42.00	42.00	

Clinical Sciences
January 2022 Semester:

Course #	Description	Attempted	Earned	Grade
1044	Medicine (Radiology)	4.00	4.00	H
1054	Medicine (Sub-I)	4.00	4.00	P
Term Totals:		8.00	8.00	
Academic Standing:	Division Totals:	50.00	50.00	

Clinical Sciences

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 Statures 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



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

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

Issue Date: 20 Mar 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.

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MAR 21 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 1-106-247-8

Applicant's Name: Tania Ghorban Azar

Applicant's Date of Birth: [REDACTED]

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

** 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

Degree Year: 2022 MAARTEN

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.ecfm.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.

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MAR 19 2024

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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

EVIDENCE OF STATUS – PART A

Full Legal Name: Tamara Ghorban Azar
First Middle Last Maiden (if applicable)

Mailing Address: [REDACTED]
Street Address or Post Office Box

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
City State Zip Code Telephone Number

Social Security #: [REDACTED]

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport** (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545)** (issued by a foreign service post) or **Certification of Report of Birth (DS1350)** (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")**
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94**

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Signature] Date 3/19/2024

Subscribed and sworn before me this 19 day of March, 2024.

Notary Public Linda M. Voyles

Commission Number 12711725

My commission expires 6/18/30



T43282
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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405)962-1400 Email: OKTRAINING@okmedicalboard.org

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MAR 25 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

To Request Examination Scores	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wisser Road Euleess, 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.
 9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
 10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. **Temporary Licensure (59 O.S. § 493.3)** – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

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

Tania Ghordan Azar
Name of Applicant (type or print)

Signature of Applicant

3/21/24
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.

T 43282
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TIME DEFICIENCY FORM

Name: Tania Ghorban Azar Application # _____

RECEIVED

MAR 25 2024

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.

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

EDUCATION STARTING WITH HIGH SCHOOL

Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
✓ August	2013	August	2015	Santa Monica Community college	Santa Monica	CA	N/A
✓ September	2015	December	2017	UCSD - transferred from SMC to UCSD	La Jolla	CA	B.S. biochemis and cell biology
✓ January	2018	December	2019	MCAT	Los Angeles	CA	
January	2019	December	2022	American university of Caribbean School of Medical sciences	St Martin		MD

EMPLOYMENT IF NEEDED TO FILL TIME GAP

Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title

OTHER - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING

Start Month	Start Year	End Month	End Year	Other	City	State
✓ December	2022	June	2023	Travel, Match to residency	Los Angeles	CA

T 43288
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Kenna L. Shaw

From: tania ghorbanazar [REDACTED]
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

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APR 02 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T43282
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03/25/2024

TANIA GHORBAN AZAR



**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP32090040
Password:Last 4 SSN

RE: MD Application #43282

Dear TANIA GHORBAN AZAR,

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.

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 AP32090040 (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 _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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

Endorsed By: USMLE

Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 43759
Sex: M
Ethnic Origin: 2

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1: USMLE 3	PASS	3/25/24	6/19/24	1
	Test 2: USMLE 1	PASS	7/9/2021	6/19/24	1
	Test 3: USMLE 2CK	PASS	8/15/22	6/19/24	1
Note: PASS means higher than 75					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: GEORGETOWN UNIVERSITY	State: DC	Country: UNITED STATES	
City: WASHINGTON, DC	From: 8/2017	To: 6/2018	Verified:
Degree:			
School Name: UT AUSTIN	State: TX	Country: UNITED STATES	
City: AUSTIN	From: 8/2012	To: 6/2016	Verified:
Degree:			
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

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43759 AYOOLUWA IBITAYO
 MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: GRIFFIN MEMORIAL HOSPITAL Res. Fellowship: Residency City: NORMAN Verified: ACGME Ver'd: Comments:	Specialty: PSYCHIATRY State: OK Country: UNITED STATES From: 7 / 2024 To: /
Facility: CAPE FEAR Res. Fellowship: City: FAYETTEVILLE Verified: ACGME Ver'd: Comments:	Specialty: State: NC Country: UNITED STATES OF AM From: 6 / 2023 To: 6 / 2024

PRACTICE HISTORY

Employed: NONE City: THE WOODLANDS Specialty: N/A Comments: UNEMPLOYED	Supervisor: State: TX Country: UNITED STATES From: 4 / 2019 To: 8 / 2019 Verified:
Employed: LONE STAR BEHAVIORAL HEALTH City: CYPRESS Specialty: PSYCHIATRIC TECHNICIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 / 2018 To: 4 / 2019 Verified:
Employed: NONE City: THE WOODLANDS Specialty: N/A Comments: UNEMPLOYED	Supervisor: State: TX Country: UNITED STATES From: 6 / 2018 To: 10 / 2018 Verified:
Employed: NONE City: THE WOODLANDS Specialty: N/A Comments: UNEMPLOYED	Supervisor: State: TX Country: UNITED STATES From: 6 / 2016 To: 8 / 2017 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NC	TRAINING RTL23-1195	A	6/29/23	10/14/24	6/18/24

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
MD	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

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 05/03/2024

Foreign Graduate

Applicant Name: IBITAYO, AYOOLUWA

MD 43759



Date Of Birth: [REDACTED]

Place Of Birth (City, State): DETROIT, MI

Sex: M

Race: Black

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
GD	GEORGETOWN UNIVERSITY	WASHINGTON	DC		8/2017	6/2018			
UG	UT AUSTIN	AUSTIN	TX		8/2012	6/2016			

Medical School Name	City	State	Country	Comments	From	To
St George's Univ, Sch Of Med, St George's, Grenada	St George's		Grenada		8/2019	6/2023

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
CAPE FEAR	FAYETTEVILLE	NC	UNITED S			6/2023	6/2024

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
LONE STAR BEHAVIORAL HEALTH	PSYCHIATRIC TECHNICIAN		CYPRESS	TX		10/2018	4/2019	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam					
Exam	State	Score	Date Taken	#	
USMLE					

2250/

57

Oklahoma State Board of Medical Licensure and Supervision

PAGE 293 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/03/2024

Foreign Graduate

Questions Answered 05/02/2024

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 a license 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, or training program?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you 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
N.	Has any disciplinary action been taken on any license?	N
O.	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

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

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.

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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

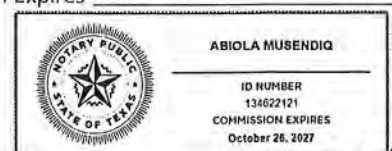
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, 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 18th day of June, 2024

Notary Public Signature Abiola Musendiq My Notary Commission Expires 10/26/2027

NOTARY
SEAL

Electronically signed and notarized online using the Proof platform.



TU3759 UCL



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 Wisser 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
Alt Name(s):

Examinee ID: 1-119-692-0
Date of Birth: [REDACTED]

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
07/09/2021	Pass	222	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/15/2022	Pass	217	(214)	

USMLE STEP 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.

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JUN 19 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

T43759
UKC



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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Ibitayo, Ayooluwa Toroitich

Examinee ID: 1-119-692-0

Date of Birth: [REDACTED]

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.



St. George's University
Grenada, West Indies

Record of: Ayooluwa Toroitich Ibitayo
Current Name: Ayooluwa Toroitich Ibitayo

Issued To: Griffin Memorial Hospital
Parchment DocumentID: TE0B5NGF

Date Issued: 18-JUN-2024

Date of Birth: [REDACTED]

Student ID: A01022149

Level: Doctor of Medicine

Printed from a Certified Digital Credential. Original has no Watermark.

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 26-MAY-2023				MEDI 795N	Internal Medicine - Core	24.00 A-	2208.00
Degrees Awarded Doctor of Medicine 26-MAY-2023				OBG 795N	Ob/Gyn - Core	12.00 A-	1104.00
Primary Degree Program : Doctor of Medicine				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 Grade:A			
				Cuml EhRs: 164.00 GPA-Hrs: 158.00 QPts:13424.89			
SUBJ NO.	COURSE TITLE	CRED GRD	PTS R	2022-2023 Clinical Session			
INSTITUTION CREDIT:				CARV 700N	Cardiovascular Disease	4.00 F*	0.00
August 2019 Session				MEDR 700N	Medicine Research	4.00 P	0.00
BPM 500	Basic Principles of Medicine I	17.00 HP	1450.10	NROL 700N	Neurology	3.00 P	0.00
Term EhRs: 17.00 GPA-Hrs: 17.00 QPts: 1450.10 Grade:HP				PCCM 700N	Pediatrics Critical Care	4.00 P	0.00
Cuml EhRs: 17.00 GPA-Hrs: 17.00 QPts: 1450.10				PED 700N	Pediatrics - Elective	4.00 P	0.00
January 2020 Session				PED 785N	Pediatrics Sub I	4.00 P	0.00
BPM 501	Basic Principles of Med II	17.00 PS	1218.56	PSY 700N	Psychiatry - Elective	5.00 P	0.00
Term EhRs: 17.00 GPA-Hrs: 17.00 QPts: 1218.56 Grade:PS				PSY 700N	Psychiatry - Elective	4.00 P	0.00
Cuml EhRs: 34.00 GPA-Hrs: 34.00 QPts: 2668.66				PSY 795N	Psychiatry - Core	12.00 A+	1200.00
August 2020 Session				PJLM 700N	Pulmonary Disease	4.00 P	0.00
BPM 502	Basic Principles of Med III	8.00 PS	621.84	Term EhRs: 44.00 GPA-Hrs: 12.00 QPts: 1200.00 Grade:A+			
PCM 500	Principles of Clinical Med I	21.00 PS	1638.63	Cuml EhRs: 208.00 GPA-Hrs: 170.00 QPts:14624.89			
Term EhRs: 29.00 GPA-Hrs: 29.00 QPts: 2260.47 Grade:PS				***** TRANSCRIPT TOTALS *****			
Cuml EhRs: 63.00 GPA-Hrs: 63.00 QPts: 4929.13				Earned Hrs GPA Hrs Points			
January 2021 Session				TOTAL INSTITUTION	208.00	170.00	14624.89
PCM 501	Principles of Clinical Med II	23.00 PS	1727.76	TOTAL TRANSFER	0.00	0.00	0.00
Term EhRs: 23.00 GPA-Hrs: 23.00 QPts: 1727.76 Grade:PS				OVERALL	208.00	170.00	14624.89
Cuml EhRs: 86.00 GPA-Hrs: 86.00 QPts: 6656.89				***** END OF TRANSCRIPT *****			
2021-2022 Clinical Session							
FMED 775N	Family Medicine - Primary Care	6.00 P	0.00				
***** CONTINUED ON NEXT COLUMN *****							

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JUN 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY SOURCE

Mary Belotzerk

Gary Belotzerkovsky, University Registrar

743759
UCC



St. George's
University
Grenada, West Indies

ST. GEORGE'S UNIVERSITY TRANSCRIPT LEGENDS

SCHOOL OF MEDICINE

Prior to Fall 1997

A	Excellent
B	Good
C	Satisfactory
F	Failure
P	Pass
I	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 remediated course remained on the transcript but quality points were excluded from the Grade Point Average.

Effective Fall 1997

A	Excellent
B	Good
C	Satisfactory
F	Failure
P	Pass
I	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

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

Beginning with Spring 2011 New Matriculants

BASIC SCIENCES	CLINICAL SCIENCES
A+	97-100
A	93-96
A-	90-92
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	73-76
C-	70-72
F	0-69

Students Who Matriculated Prior to August 2019

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

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
Fail (F)	69

P	Pass
F*	Fail (not calculated into MWPG)
I	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
CR	Credit remediation ¹
EP	Exam pending ²

¹ Effective as of Fall 2016

² Effective as of August 2021

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.

$$\text{Quality Points} = [\text{Course Numeric Grade} \times \text{Course Credits}]$$

$$\text{Mean Weighted Percentage Grade (MWPG)} = [\text{Total Quality Points} \div \text{Total Hours}]$$

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

SCHOOL OF VETERINARY MEDICINE

Fall 1999

A	4.00
B	3.00
C	2.00
D	1.00
F	0.00
P	Pass
I	Incomplete
E	Exemption
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal

Effective Fall 2000

A	4.00
B+	3.50
B	3.00
C+	2.50
C	2.00
D+	1.50*
D	1.00*
F	0.00
P	Pass
I	Incomplete
E	Exemption
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal
NG	No recorded grade
IP	In progress

*Requires remediation.

Effective Fall 2000, all successfully remediated 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

A	4.00
A-	3.75
B+	3.25
B	3.00
B-	2.75
C+	2.25
C	2.00
D	1.00
F	0.00
I	Incomplete
E	Exemption
S	Satisfactory
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal

Effective Fall 1997

A+	*
A	4.00
B+	3.50
B	3.00
C+	2.50
C	2.00
D	1.00
F	0.00
I	Incomplete
E	Exemption
S	Satisfactory
T	Transfer
U	Unsatisfactory
W	Withdrawal
AU	Audit
CC	Continued course
NG	No recorded grade
IP	In progress

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

SCHOOL OF GRADUATE STUDIES

A	4.00
B	3.00
C	2.00
F	0.00
P	Pass
I	Incomplete
T	Transfer
W	Withdrawal
WP	Passing at time of withdrawal
WF	Failing at time of withdrawal
CC	Continued course
NG	No recorded grade
IP	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 credit hours.

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

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JUN 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PRIMARY SOURCE



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

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

RECEIVED

JUN 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

USMLE®/ECFMG Identification Number: 1-119-692-0

Applicant's Name: Ayooluwa Toroitich Ibitayo

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 22 Jun 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	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

** 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
SOURCE

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.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.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405)962-1400 Email: OKTRAINING@okmedicalboard.org

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

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

Ayooluwa Ibitayo _____ 6/18/2024
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.

RECEIVED

JUN 18 2024

TU3759
LKC

05/16/2024

AYOOLUWA IBITAYO
[REDACTED]

RE: MD Application #43759

**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP82076857
Password:Last 4 SSN

Dear AYOOLUWA IBITAYO,

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.

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:

<https://secure.okmedicalboard.org/applicant/signin>

Your user name is AP82076857 (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	43655	MIRAZIZ ISMOILOV
MEDICAL DOCTOR		

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 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 FLORIDAATLANTIC UNIVERSITY
 PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Last Medical School Attended:

912-22 Tashkent Medical Academy, Tashkent, Uzbekistan (since 2005)

Number of Licenses Previously Granted to Graduates 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 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: TASHKENT MEDICAL ACADEMY FACULTY OF MEDICINE TASHKENT

LOCATION: UKRAINE

ALTERNATE NAMES

SCHOOL DETAILS

School type: _____

Year instruction started: _____

Operational status: _____

Additional information: _____

PROGRAM DETAILS

Year instruction began: 2005

Curriculum duration: 6 YEARS

Language(s) of instruction: UZBEK, RUSSIAN, ENGLISH

Entrance exam: IS REQUIRED IS NOT REQUIRED INFORMATION NOT PROVIDED

Additional information: _____

SPONSOR NOTES

Graduation Years: _____ to _____ ; _____ to _____ ; 2005 to CURRENT

Additional Information: _____

Listed on approved list by California Medical Board: YES NO

The total number of graduates from this medical school who are licensed by the Oklahoma Board:

0 1 2 3 4 5

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43655 MIRAZIZ ISMOILOV
 MEDICAL DOCTOR

Practice Address:

May 02, 2024

Status:

Res: TR

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
Test 3:	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

State: Country: UZBEKISTAN

Degree: MEDICAL NURSE

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

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43655 MIRAZIZ ISMOILOV
 MEDICAL DOCTOR

POST GRADUATE EDUCATION	
Facility: COLLEGE OF MEDICINE OKC Res. Fellowship: Residency City: OKLAHOMA CITY Verified: ACGME Ver'd: Comments:	Specialty: NUCLEAR MEDICINE State: OK Country: UNITED STATES From: 7 / 2024 To: /
Facility: FLORIDA ATLANTIC UNIVERSITY Res. Fellowship: City: BOCA RATON Verified: ACGME Ver'd: Comments:	Specialty: GENERAL SURGERY State: FL Country: UNITED STATES OF AM From: 7 / 2023 To: 6 / 2024
Facility: TASHKENT MEDICAL ACADEMY Res. Fellowship: City: TASHKENT Verified: Waived ACGME Ver'd: Comments:	Specialty: DIAGNOSTIC RADIOLOGY State: Country: UZBEKISTAN From: 9 / 2020 To: 9 / 2022

PRACTICE HISTORY	
Employed: NONE City: TASHKENT Specialty: PREPARATIO FUR USMLE EXAMS Comments:	Supervisor: State: Country: UZBEKISTAN From: 9 / 2022 To: 7 / 2023 Verified:
Employed: NONE City: TASHKENT Specialty: PREPERATION FOR USMML E STEP 1 Comments:	Supervisor: State: Country: UZBEKISTAN From: 4 / 2020 To: 9 / 2020 Verified:
Employed: NONE City: TASHKENT Specialty: PREPARATION FOR MEDICAL SCHOOL EXAMS Comments:	Supervisor: State: Country: UZBEKISTAN From: 9 / 2013 To: 9 / 2014 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
FL	RESIDENT TRN38185	A	6/13/23	6/30/25	4/15/24

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

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 REFLECT INCOMPLETE AND INCOMING POSTGRAD FORM 2 WILL REMAIN ON
DEFICIENCY LIST FOR TRAINING LICENSE

PostGrad - Form 2 FLORIDAATLANTIC UNIVERSITY

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 04/21/2024

Foreign Graduate

Applicant Name: ISMOILOV, MIRAZIZ

MD 43655



Date Of Birth: [REDACTED]

Place Of Birth (City, State): TASHKENT, UZBEKISTAN

Sex: M

Race: Caucasian

Education

Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	TURSUNHODJA EVA TASHKENT MEDICAL COLLAGE	TASHKENT		UZBEKISTAN	9/2010	7/2013	MEDICAL NURSE		

Medical School Name	City	State	Country	Comments	From	To
Tashkent Medical Academy, Tashkent, Uzbekistan (since 2005)	Tashkent		Uzbekistan		9/2014	4/2020

Post-Graduate

Facility	City	St	Country	Specialty	Comments	From	To
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	To	Verif
								/

Other/ Out-Of-State Licenses

State	License #	Profession	Status	Issue Date	Exp Date
FL	TRN38185		U	6/13/23	6/30/25

MD Exam

Exam	State	Score	Date Taken	#
USMLE				

Foreign Graduate

\$250/-

(S)

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 312 of 379

Received:04/21/2024

Foreign Graduate

Questions Answered 04/20/2024

	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 a license 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, or training program?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you 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
N. Has any disciplinary action been taken on any license?	N
O. 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

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

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 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.



M. Ismoilov

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

Miraziz Ismoilov

Applicant's 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

State of FL, 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) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 21 day of May, 2024

Notary Public Signature: *Stacy Merritt* My Notary Commission Expires: 9/17/24



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

PRIMARY SOURCE

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 05/21/2024

Examinee: Ismoilov, Miraziz
Alt Name(s):

Examinee ID: 1-057-905-0
Date of Birth: [REDACTED]

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
03/07/2021	Pass	250	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
02/24/2022	Pass	245	(209)	

USMLE STEP 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.

RECEIVED

MAY 22 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

T43656
5)



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 Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Ismoilov, Miraziz

Examinee ID: 1-057-905-0

Date of Birth: [REDACTED]

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.

RECEIVED

APR 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

Applicant's Name Miraziz Ismoilov

Institution: Tashkent Medical Academy City/State Tashkent, Uzbekistan

Our records indicate that the above named applicant attended your medical school on the following dates:

From 09 / 01 / 2014 To 04 / 01 / 2020
Month Day Year Month Day Year

Awarded 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 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 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

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.

Name: Boymuradov Shuhrat Signature [Signature]
Title of Prorector of education Signature Date 04.16.2024
Phone: +998 (78) 150-78-01 Fax: _____ E-Mail: diplom@tma.uz

Revised 03/2024

743658
57

APR 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Form 2 (MD)

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

PRIMARY SOURCE

Email form to: Licensing@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 Miraziz Ismoilov

Institution: Tashkent Medical Academy City/State Tashkent/ Uzbekistan

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty <u>Diagnostic Radiology</u>	From: <u>09/01/2020</u>	To: <u>09/01/2022</u>
<input type="checkbox"/> Internship	<input checked="" type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS		
Accredited By:	<input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input checked="" type="checkbox"/> None of these		

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty _____	From: / /	To: / /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS		
Accredited By:	<input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> None of these		

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty _____	From: / /	To: / /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS		
Accredited By:	<input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> None of these		

Training Level: (e.g. 1, 2, 3, etc.)	Specialty/Subspecialty _____	From: / /	To: / /
<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Chief Residency	<input type="checkbox"/> Fellowship
<input type="checkbox"/> Research	Successfully Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS		
Accredited By:	<input type="checkbox"/> ACGME <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> None of these		

- Did this individual ever take a leave of absence or break from his/her training? YES NO
- Was this individual ever placed on probation? YES NO
- Was this individual ever disciplined or placed under investigation? YES NO
- Were there any negative reports for behavioral reasons ever filed by instructors? YES NO
- Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please attach separate document for "YES" response(s) from above

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: Munajat Ismailova Signature Munajat Ismailova
 Title of _____
 Signatory: Program director Signature Date 04/10/2024
 Phone: +998711502875 Fax: _____ E-Mail: munajat1977@mail.ru
diplom@tma.uz

Revised 03/2024

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EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

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

Issue Date: 21 May 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.

**PRIMARY
SOURCE**

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MEDICAL LICENSURE
AND SUPERVISION

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 1-057-905-0

Applicant's Name: Miraziz Ismoilov

Applicant's Date of Birth: [REDACTED]

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

** 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 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.ecfm.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.

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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:

PROFESSION:	Registration For Resident/hse Physician
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,

Gwendolyn B. Freeman
Operations and Management Consultant Manager



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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

EVIDENCE OF STATUS – PART A

Full Legal Name: Miraziz Jsmoilov

First Middle Last Maiden (if applicable)

Mailing Address: [REDACTED]

Street Address or Post Office Box

[REDACTED] Social Security #: [REDACTED]

City State Zip Code Telephone Number

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

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

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (Issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence:
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Signature] Date 04/09/2024

Subscribed and sworn before me this 04-12 day of April, 2024

Notary Public [Signature]

Commission Number HH293706

My commission expires July 27/2026

NOTARY SEAL



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Name: Miraziz Ismoilov	Application # #43655
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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.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
09	2013	09	2014	Preparation for medical school exams	Tashkent	Uzbekistan	
09	2022	07	2023	Preparation for USMLE exams	Tashkent	Uzbekistan	
04	2020	09	2020	Preparation to USMLE Step 1	Tashkent	Uzbekistan	

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3. TA'LIM DARAJASI HAQIDA MA'LUMOTLAR / INFORMATION ON THE LEVEL OF EDUCATION

3.1 Ta'lim darajasi/Level of education

Bakalavr / Bachelor

3.2 Ta'limning kunduzgi shakli bo'yicha dasturni o'zlashtirish muddati/Length of full-time programme

6 Yil / 6 Year

3.3 O'qishga kiruvchilarga qo'yiladigan talab(lar)/Admission requirement(s)

O'rta (to'liq) umumiy ta'lim yoki o'rta maxsus, kasb-hunar ta'limi to'g'risidagi davlat tomonidan tasdiqlangan namunadagi diplom va kirish sinovlaridan muvaffaqiyatli o'tish. / 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 tavsifi/Curriculum description

Davolash ishi ta'lim yo'nalishi bo'yicha bakalavrlar tayyorlovchi oliy ta'limning o'quv reja va fan dasturi asosida amalga oshiriladi, uning nazariy va amaliy mashg'ulotlarini to'liq o'zlashtirgan, yakuniy davlat attestatsiyasidan muvaffaqiyatli o'tgan shaxsga «bakalavr» maakasi (darajasi) hamda oliy ma'lumot to'g'risidagi davlat namunasidagi rasmiy hujjat(lar) beriladi. O'zlashtirish me'yori muddati - 6 yil. Sog'liqni saqlashni birlamchi tizimida tibbiy faoliyatni tashkil etish; aholi salomatligini muhofaza qilish va sog'lom turmush tarzini targ'ibot qilish; aholi orasida keng tarqalgan o'tkir va surunkali kasalliklar bo'yicha barcha turdagi profilaktik chora-tadbirlarni ishlab chiqish va tadbir etish; yuqumli kasalliklarni oldini olish va epidemiya, pandemiyalar sharoitida zarur bo'lgan chora - tadbirlarni ishlab chiqish hamda amalga oshirish; shoshilinch yordam ko'lamini bo'yicha zarur nazariy va amaliy bilimlarga ega bo'lish hamda amaliyotda qo'llash; tibbiyot sohasida dolzarb bo'lgan kasalliklar hamda muammolar bo'yicha zamonaviy ma'lumot, bilimlarga ega bo'lish va faoliyati davomida ular to'g'risidagi ma'lumotlar bilan muntazam tanishib borish va qo'llash; aholi orasida keng tarqalgan kasalliklar bo'yicha zamonaviy tashxislash va davolash standartlarini maqsadga yo'naltirilgan holda amaliyotda qo'llash; dispanserizatsiya va reabilitatsiya choralarini talab qilinadigan holatlarda, ularni aholiga zarur bo'lgan darajada qo'llash chora-tadbirlarini o'z vaqtida amalga oshirish; aholini ijtimoiy muhofaza qilishda uning uchun mas'ul bo'lgan tashkilotlar bilan hamkorlikda mavjud resurslardan unumli foydalanish; sog'liqni saqlash birlamchi tizimining mehnat resurslaridan oqilona foydalanish va ularni samarali boshqarishda ishtirok etish; tibbiyot sohasida dolzarb bo'lgan muammolar bo'yicha ilmiy-tadqiqot faoliyati va innovatsion loyihalarni talab darajasida olib borishda ishtirok etish. Davolash ishi bakalavrlar ta'lim yo'nalishi o'quv rejasi va fanlar dasturlari umumiy o'rta va o'rta maxsus, kasb-hunar ta'limi bilan uzluksizlik va uzviylik ta'minlanishini inobatga olgan holda ishlab chiqilishi va talabalarning quyidagi majburiy fanlar bloklarini o'zlashtirishini nazarda tutishi zarur: gumanitar va ijtimoiy-iqtisodiy; matematik va tibbiy-ilmiy, umumkasbiy, ixtisoslik; qo'shimcha. Kasb faoliyati ko'nikmalarini egallash 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

Talabaniy 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 nomi / Name of the course (module)	Saatlarning umumiy miqdori / Total hours in the curriculum	Baholash/Grade (tryting, ball, kredit, baho / rating, score, credit, mark)
1	O'zbekiston 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	Madaniyatshtunoslik / Cultural studies	58	41.18 / 71
6	Iqtisodiyot 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. O'zbekistonda 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 axborot 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 kimyo / 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	194	153.26 / 79
24	Mikrobiologiya, virusologiya va immunologiya / Microbiology, virology and immunology	194	153.26 / 79
25	Gigiyena va ekologiya. Harbiy gigiyena / Hygiene, and ecology. MH	112	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 tibbiyoti va tibbiyot huquqi / Forensic medicine, medical law	85	64.60 / 76
29	Farmakologiya / Pharmacology	228	173.28 / 76
30	Jamoa salomatligi va sog'liqni 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 propedeutikasi / Propaedeutics of internal diseases	258	198.56 / 77
34	Ichki kasalliklar / Internal illnesses	372	308.76 / 83
35	Fiziatriya / Phthisiology	86	69.66 / 81
36	Xalq tibbiyoti, shifokor nazorati, davolovchi jismoniy tarbiya va fizioterapiya / Traditional medicine, medical supervision, Healing fitness and 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	Kasb kasalliklari / Occupational diseases	86	68.80 / 80
40	Klinik farmakologiya / Clinical pharmacology	172	144.48 / 84
41	Yuqumli kasalliklar. Bolalar yuqumli kasalliklari / Infectious diseases. Children's infectious diseases	259	201.24 / 78
42	Teri tanosil kasalliklari. OITS / Dermatovenereologic 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	170.64 / 79
45	Bolalar kasalliklari. Neonatologiya / Pediatrics Neonatology	515	386.25 / 75
46	Nur diagnostikasi va terapiyasi / Radiation diagnostics and therapy	58	43.50 / 75
47	Tibbiy genetika / Medical genetics	56	43.68 / 78
48	Klinik allergologiya / Clinical Allergology	54	44.82 / 83
49	Operativ jarrohlik va topografik anatomiya / Operative Surgery and Topographic Anatomy	174	132.24 / 76
50	Umumiy jarrohlik / General surgery	202	157.56 / 78

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51	Xirurgik kasalliklar / Surgery diseases	360	262.80 / 73
52	Akusherlik va ginekologiya / Obstetrics and gynecology	232	199.52 / 86
53	Xalqaro tibbiyot / Emergency Medicine	54	40.50 / 73
54	Sheharchilik bolalar. Tex tibbiy yordam / Emergency conditions, Emergency	90	72.00 / 80
55	Nevrologiya / Neurology	58	47.58 / 82
56	Bolalar jarrohiyasi / Pediatric surgery	102	80.58 / 79
57	Urologiya / Urology	58	46.98 / 81
58	Traumatologiya va ortopediya. Hachiy dala jarrohiyasi. Bolalar traumatologiyasi / Traumatology and orthopedics. VFS Pediatric traumatology	193	144.75 / 75
59	Onkologiya. Bolalar 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	Oftalmologiya / Ophthalmology	120	88.80 / 74
63	Tanlov fanlari / Selected items	340	250.58 / 74
64	Ichki kasalliklar, Rehabilitologiya / Subject of speciality - Internal illnesses, Rehabilitology	540	442.80 / 82
65	Jismoniy fan - Xirurgik kasalliklar / Subject of speciality - Surgical diseases	309	223.57 / 73
66	Jismoniy fan - Akusherlik va ginekologiya / Subject of speciality - Obstetrics and gynecology.	307	264.02 / 86
JAMI / TOTAL		10978	8596.29 / 78.30
Kurs ishlari / Coursework			
Malakaviy amaliyot / Qualification practice			
1	Malakaviy amaliyot-1 / Qualifying practice-1	72	86 / 119
2	Malakaviy amaliyot-2 / Qualifying practice-2	72	72 / 100
3	Malakaviy amaliyot-3 / Qualifying practice-3	144	80 / 56
4	Malakaviy amaliyot-4 / Qualifying practice-4	180	96 / 48
5	Malakaviy amaliyot-5 / Qualifying practice-5	144	80 / 56
6	Malakaviy amaliyot-6 / Qualifying practice-6	72	79 / 110
Yakuniy davlat attestatsiyalari / Final state attestation			
1	Chet tili / Foreign language		74 / 0
2	Gumanitar va ijtimoiy-iqtisodiy fanlar / Humanities and socio-economic sciences		86 / 0
3	Yo'nalish fanlaridan integratsiyalashgan Davlat attestatsiyasi / Integrated State Certification in Field sciences		91.2 / 0
Bitiruv malakaviy ishi (magistrlk dissertatsiyasi) / Graduation qualification work (master's) dissertation			

4.4 Oliy ta'lim muassasasida baholash tizimi/Grading system at higher education institution

Oliy ta'lim muassasasida baholash tizimi quyidagicha: "a" (100-100 b.), "yaxshi" (71-85 b.), "qoniqarli" (55-70 b.), "qoniqsiz" (54 b. dan kam) / Degree with Honours is awarded to those having completed the programme with no less than 85 percent "excellent" marks and all the remaining "good" marks

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

5.1 Ta'limni davom ettirish imkoniyatlari / Access to further study
Berilgan mutaxassislik magistraturada o'qishni davom 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 mutaxassislik 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. QO'SHIMCHA MA'LUMOTLAR / ADDITIONAL INFORMATION

Toshkent tibbiyot akademiyasiga O'zbekiston Respublikasi Vazirlar Mahkamasini huzuridagi Ta'lim sifatini nazorat qilish Davlat inspeksiyasi tomonidan 2019 yil 18 dekabrda; OT №5000012 seriyali davlat akkreditasiyasi haqidagi sertifikat 11-son bilan berilgan. / The Tashkent Medical Academy has been awarded the State Accreditation Certificate of 5000012 series No. 11 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

Rektor / Rector

TUYCHIYEV LAZIZ NADIROVICH

Diplomga ilova/Diploma supplement
B 00050099Ro'yxat raqami/
Registration number
15341Berilgan vaqti/
Date of issue
17.04.2020O'ZBEKISTON RESPUBLIKASI
REPUBLIC OF UZBEKISTAN№ **B 00050099**

DIPLOMGA ILOVA

DIPLOMA
SUPPLEMENT(diplomsiz ilova haqiqiy
hisoblanmaydi/not valid without
diploma about the degree)

2 Farobiy str., Tashkent 100109

Oliy ta'lim muassasasining
rekvizitlari: pochta manzili, shahar,
ko'cha, uy raqami, telefonlari,
elektron pochta manzili100109 Toshkent sh., Farobiy
ko'chasi-2Requisites of higher education
institution: postal address, city,
street, house number, telephone
number, e-mail address
+998 78 150 7828
info@tma.uz
www.tma.uz1. DIPLOM SOHIBI HAQIDA MA'LUMOTLAR /
INFORMATION ABOUT THE DEGREE HOLDER1.1 Familiyasi/Surname
ISMOILOV / ISMOILOV 1.2 Ismi, otasining ismi/Name, other name
**MIRAZIZ XUSAN O'G'LI /
MIRAZIZ**1.3 Tug'ilgan sana/Date of birth
1.4 Talabning identifikatsion raqami va kodi/
Student's identification number and code
317099503300371.5 Avvalgi ta'lim haqida hujjat/Previous education document
2010 - 2013, M.S.Tursunxojayeva 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, 17.04.2020Davlat attestatsiya komissiyasining qarori/Decision of the State Attestation
Commission
16.04.20202.2 Ta'lim yo'nalishi, mutaxassisligi/Field of study, specialization
5510100 - Davolash ishi / 5510100 - General medicine2.3 Kvalifikatsiyasi/Qualification
Umumiy amaliyot shifokori / General practitioner2.4 Diplom bergan oliy ta'lim muassasasining nomi, tashkiliy-huquqiy shakli,
ta'lim muassasasining turi/Awarding institution
Davlat / State2.5 Avval tahsil olgan oliy ta'lim muassasasining nomi va tashkiliy-huquqiy shakli,
o'qitish davri/Former Institution administered studies2.6 Ta'lim (imtihon) til(lar)i/Language(s) of instruction (examination)
Rus/Russian

05/02/2024

MIRAZIZ ISMOILOV
[REDACTED]

**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP88907601
Password:Last 4 SSN

RE: MD Application #43655

Dear MIRAZIZ ISMOILOV,

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

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

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

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

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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

ALTERNATE NAMES: Trường Đại học Y Dược Huế

Hue Medical College (1957 - 2007)

SCHOOL DETAILS

School type: Public

Year instruction started: 1957

Operational status: Currently operational

Additional information:

PROGRAM DETAILS

Year instruction began: 1957

Curriculum duration: 6 years

Language(s) of instruction: Vietnamese

Entrance exam: IS REQUIRED IS NOT REQUIRED INFORMATION NOT PROVIDED

Additional information:

SPONSOR NOTES

Graduation Years: to ; to ; 1963 to CURRENT

Additional Information:

Listed on approved list by California Medical Board: YES NO

The total number of graduates from this medical school who are licensed by the Oklahoma Board:

0 1 2 3 4 5

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	01/25/21	3/21/24	1
Test 2:	USMLE 1	PASS	05/30/19	3/21/24	1
Test 3:	USMLE 3	PASS	12/09/21	3/21/24	1
Note: PASS means higher than 75					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: HUE UNIVERSITY OF MEDICINE AND PHARMACY					
City: HUE		State:		Country: VIETNAM	
Degree:		From: 9/2014		To: 10/2020 Verified:	
<hr/>					
School Name: PHAN CHAU TRINH HIGH SHCOOL					
City: DANANG		State:		Country: VIETNAM	
Degree: DIPLOMA		From: 3/2014		To: 9/2014 Verified:	
<hr/>					
MEDICAL SCHOOL EDUCATION					
Name: Hue Univ. Of Medicine and Pharmacy (fmlly 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	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

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
CENTER PROGRAM

Specialty: INTERNAL MEDICINE

Res. Fellowship:

City: BRONX

State: NY **Country:** UNITED STATES OF AM

Verified:

From: 7 / 2023 **To:** 6 / 2024

ACGME Ver'd:

Comments:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type	Number	Name
MD	43363	QUOC BAO NGUYEN

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: [REDACTED]

Place Of Birth (City, State): DA NANG, VIETNAM

Sex: M

Race: Asian/Pacific Islander

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
GD	HUE UNIVERSITY OF MEDICINE AND PHARMACY	HUE		VIETNAM	9/2014	10/2020			

Medical School Name	City	State	Country	Comments	From	To
UNIV OF HUE, FAC OF MED, HUE, VIET NAM	Hue		Vietnam		9/2014	10/2020

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
LINCOLN MEDICAL AND MENTAL HEALTH CENTER PROGRAM	BRONX	NY	UNITED S	INTERNAL MEDICINE		7/2023	6/2024

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
/								

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam					
Exam	State	Score	Date Taken	#	
USMLE					

82507

5)

Oklahoma State Board of Medical Licensure and Supervision

PAGE 334 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/21/2024

Foreign Graduate

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

Foreign Graduate

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?

No

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

I attest 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 signed photo.

Send this form to:

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

RECEIVED
MAR 25 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

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 25th day of March, 2024

Notary Public Signature
Notarized remotely online using communication technology via Proof.

My Notary Commission Expires 09/30/2026

T43363
57



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 Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

PRIMARY
SOURCE

Recipient: OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Date: 03/21/2024

Examinee: Nguyen, Quoc Bao
Alt Name(s): Nguyen, Bao Quoc

Examinee ID: 1-057-245-1
Date of Birth: [REDACTED]

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
05/30/2019	Pass	225	(194)	

USMLE STEP 2				
<i>Clinical Knowledge (CK)</i>				
Test Date	Pass/Fail	Score	Minimum Pass	Comments
01/25/2021	Pass	244	(209)	

USMLE STEP 3				
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.

RECEIVED

MAR 21 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

43363
SD



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: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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 by the institution and sent directly from the institution.

RECEIVED

APR 08 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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:

From 08 /25 /2014 To 10 /02 /2020
Month Day Year Month Day Year

Awarded degree of DOCTOR OF MEDICINE on 10 /02 /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 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 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

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.



Name: NGUYEN VU QUOC HUY
Title of Signatory: RECTOR

Signature: _____
Signature Date: April 4th, 2024

Phone: +84 23 43822873 Fax: _____

E-Mail: stir@huemed.upiv.edu.vn

T43363
57

HUE UNIVERSITY OF
MEDICINE AND PHARMACY

THE SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness

PRIMARY
SOURCE

ACADEMIC TRANSCRIPT

Name: NGUYEN QUOC BAO

Date of birth: [REDACTED]

Sex: Male

Register No. 0650/YK.2020

Field of Study: Medicine

Academic course: 2014 - 2020

RECEIVED
APR 08 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

No.	Course Title	Unit	Credit	Grade	No.	Course Title	Unit	Credit	Grade
1	Marxism-Leninism	I	3	6	45	Community practice	I	2	8
2	Biophysics	I	4	5	46	Preclinical medicine	I	2	6
3	Biology	I	3	8	47	Health Organization and Management	I	2	6
4	Anatomy	I	3	7	48	Anesthesia & Intensive Care	I	2	7
5	Informatics	I	2	7	49	Radiology	I	3	7
6	Demography	I	2	7	50	Preclinical medicine	II	2	7
7	Marxism-Leninism	II	5	7	51	Obstetrics & Gynecology	I	4	7
8	Chemistry	I	5	6	52	Obstetrics & Gynecology	II	4	7
9	Genetics	I	3	7	53	Pediatrics	I	4	6
10	Anatomy	II	3	8	54	Pediatrics	II	4	7
11	Histology & Embryology	I	4	8	55	Research Methodology	I	2	6
12	Informatics	II	2	9	56	Health Economics	I	2	7
13	Ho Chi Minh Ideology	I	3	5	57	Hematology	I	2	6
14	Parasitology	I	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	I	3	7	62	Surgery	II	4	8
19	Anatomy	III	4	8	63	Infectious Diseases	I	5	7
20	Medical Psychology & Ethics	I	3	7	64	Traditional Medicine	I	4	7
21	Foreign language	I	5	9	65	Tuberculosis	I	3	7
22	Physiology	II	2	8	66	Odonto-Stomatology	I	3	6
23	Microbiology	I	4	8	67	Otolaryngology	I	3	8
24	Health Information & Education	I	2	8	68	Internal Medicine	V	3	6



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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	II	4	5		72	Ophthalmology	I	3	7
29	Pathophysiology and Immunology	II	2	8		73	Dermatology	I	3	7
30	Practical surgery	I	2	5		74	Rehabilitation	I	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	I	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	7
Graduation Examination										
1	Theory of Basic Sciences and Public Health	I	5	5						
2	Clinical Medicine: Theory	I	5	6						
3	Clinical Medicine: Practice	I	5	7.5						
COURSE ACADEMIC RESULTS										
	Cumulative GPA:			6.87						
	Course study ranking:			Average-Good grade						
	Course conduct ranking:			Very good						

PRIMARY SOURCE

Thua Thien Hue, July 9th, 2021

Professor Nguyễn Vũ Quốc Huy, M.D., Ph.D.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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: [REDACTED]

Year of graduation: 2020

Degree classification: **Average good**

Thừa Thiên Huế, 02 October 2020

PRIMARY
SOURCE

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

BẰNG BÁC SĨ
Y KHOA

Cho: **NGUYỄN QUỐC BẢO**

Ngày sinh: [REDACTED]

Năm tốt nghiệp: 2020

Hạng tốt nghiệp: **Trung bình khá**

Thừa Thiên Huế, ngày 02 tháng 10 năm 2020



Số hiệu: **C 0000650**

Số vào sổ cấp bằng: **0650/YK.2020**

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GS.TS. **NGUYỄN VŨ QUỐC HUY**



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

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

Issue Date: 26 Mar 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: 1-057-245-1

Applicant's Name: Quoc Bao Nguyen

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes ✓

Certificate Issue Date: 22 Oct 2021

English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

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PRIMARY
SOURCE

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

** 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.ecfm.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.

* 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.

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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
EVIDENCE OF STATUS – PART B

Full Legal Name: QUOC BAO NGUYEN

First Middle Last Maiden (if applicable)

Mailing Address: [REDACTED]

Street Address or Post Office Box

[REDACTED] Social Security #: [REDACTED]

City State Zip Code Telephone Number

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

If you are a qualified alien, please submit a notarized copy of the original, unexpired documents. Place a checkmark below to indicate the document that will be submitted.

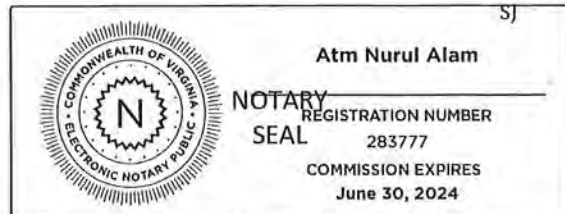
Immigrant or Non-Immigrant Visa Status:	
<input checked="" type="checkbox"/>	INS Form I-94
<input type="checkbox"/>	INS Form I-688B
Asylee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "AS"
<input type="checkbox"/>	Grant letter from the Asylum Office of INS
<input type="checkbox"/>	Order of an immigration judge granting asylum
Refugee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under §207 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<input type="checkbox"/>	INS Form I-571 (Refugee Travel Document)
Alien Paroled into the U.S. for a least One Year:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
Alien Whose Deportation or Removal Was Withheld:	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A10"
<input type="checkbox"/>	Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA
Alien Granted Conditional Entry:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
Cuban/Haitian Entrant:	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
<input type="checkbox"/>	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
<input type="checkbox"/>	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA
Alien Who Has Been Battered or Subjected to Extreme Cruelty:	
<input type="checkbox"/>	INS petition and appropriate supporting documentation
Other Document (please list)	
<input checked="" type="checkbox"/>	Passport, DS-2019

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Quoc Bao Nguyen Date 03/25/2024
Quoc Bao Nguyen

Subscribed and sworn before me this 25th day of March, 2024. Received 3/25/2024 T43363

Notary Public Atm Nurul Alam
Electronic Notary Public
Commission Number 283777
My commission expires 06/30/2024



Notarized remotely online using communication technology via Proof.

TIME DEFICIENCY FORM

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MAR 26 2024

Name: Quoc Bao Nguyen

DOB: [REDACTED]

Email: [REDACTED]

OKLAHOMA STATE BOARD OF
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EDUCATION STARTING WITH HIGH SCHOOL							
START MONTH	START YEAR	END MONTH	END YEAR	NAME OF INSTITUTION	CITY	STATE	DEGREE
08	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)

OTHER – UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELLING						
START MONTH	START YEAR	END MONTH	END YEAR	OTHER	CITY	STATE
10	2020	03	2021	Unemployed		
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		

T43303
3)

Name: QUOC BAO NGUYEN	Application # 43363
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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.

EDUCATION

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 HISTORY

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 Reside Internal Medi

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AND SUPERVISION

OTHER ACTIVITY

Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State
10	2020	07	2023	Unemployed		

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Name: QUOC BAO 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.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
09	2014	10	2020	Hue University of Medicine and Pharmacy	Hue	Vietnam	Doctor of Medicine

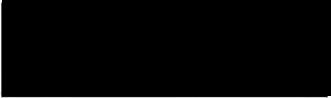
WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
07	2023	06	2024	Lincoln Medical Hospital	Bronx	NY	Medical Resident Internal Medicine

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 AND SUPERVISION

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
03	2014	09	2014	Complete high school education	Danang	Vietnam	
10	2020	03	2021	Unemployed	Danang	Vietnam	
08	2021	06	2022	Unemployed	Danang	Vietnam	
09	2022	02	2023	Unemployed	Danang	Vietnam	
03	2023	06	2023	Unemployed	Danang	Vietnam	

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04/03/2024

QUOC BAO NGUYEN


**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP88558592
Password:Last 4 SSN

RE: MD Application #43363

Dear QUOC BAO NGUYEN,

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.

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:

<https://secure.okmedicalboard.org/applicant/signin>

Your user name is AP88558592 (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	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 CES Escuela de Medicina

LOCATION: Columbia

ALTERNATE NAMES: Instituto de Ciencias de la Salud

SCHOOL DETAILS

School type: Private

Year instruction started: 1977

Operational status: Currently operational

Additional information: _____

PROGRAM DETAILS

Year instruction began: 2015

Curriculum duration: 6 years

Language(s) of instruction: Spanish; Castilian

Entrance exam: IS REQUIRED IS NOT REQUIRED INFORMATION NOT PROVIDED

Additional information: _____

SPONSOR NOTES

Graduation Years: _____ to _____ ; 1982 to CURRENT

Additional Information: _____

Listed on approved list by California Medical Board: YES NO

The total number of graduates from this medical school who are licensed by the Oklahoma Board:

0 1 2 3 4 5

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

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	PASS	08/03/21	4/15/24	1
Test 3:	USMLE 2	PASS	09/14/20	4/15/24	1
Note: PASS means higher 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

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

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

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Received: 04/02/2024

Foreign Graduate

Applicant Name: VELASQUEZ, FELIPE

MD 43472



Date Of Birth: [REDACTED]

Place Of Birth (City, State): MEDELLIN, COLOMBIA

Sex: M

Race: Hispanic

Education									
Type	Name	City	ST	Country	From	To	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 DE MED, MEDELLIN, COLOMBIA	Medellin		Colombia		1/2012	12/2017

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
GRIFFIN HOSPITAL	DERBY	CT	UNITED S	INTERNAL MEDICINE		7/2023	6/2024

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
GRIFFIN HOSPITAL	INTERNAL MEDICINE PRELIMINARY YEAR		DERBY		CT	7/2023	0/0	
THOMAS JEFFERSON UNIVERSITY HOSPITAL	RESEARCH SCHOLAR		PHILADELPHIA		PA	6/2022	6/2023	
SOMER CLINIC	PRIMARY CARE PHYSICIAN		RIO NEGRO		COLOMBIA	2/2018	8/2019	

Other/ Out-Of-State Licenses						
State	License #	Profession	Status	Issue Date	Exp Date	
CT		Internal medicine, preliminary	U	7/1/23	6/30/24	

MD Exam					
Exam	State	Score	Date Taken	#	
USMLE					

Foreign Graduate

\$250/-

SJ

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

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Received:04/02/2024

Foreign Graduate

Questions Answered 04/01/2024	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
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S. Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U. Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V. Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Foreign Graduate

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?

No

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.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



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)

NOTARY

State of Florida, County of Broward

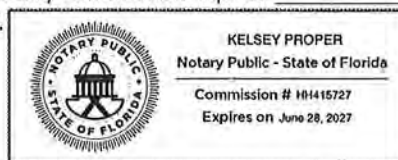
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) 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 15th day of April, 2024

Notary Public Signature [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



T43472
57



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 Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

PRIMARY SOURCE

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: [REDACTED]

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
05/04/2020	Pass	254	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/14/2020	Pass	263	(209)	

USMLE STEP 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.

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MEDICAL LICENSURE
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This document was prepared by
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400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Velasquez, Felipe

Examinee ID: 1-089-908-6

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

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

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

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Form 1 (MD)

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

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Applicant's Name: Felipe Velasquez

Institution: CES University

City/State: Medellin, Colombia

Our records indicate that the above named applicant attended your medical school on the following dates:

From: 01 / 20 / 2012 To 12 / 13 / 2017
Month Day Year Month Day Year

Awarded degree of GENERAL PHYSICIAN on 12 / 13 / 2017
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 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 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

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.

Name: Paula Vasquez Marin Signature Paula Vasquez M
Title of Signatory: Dean Signature Date 04/15/2024

Phone: 57604 4440555 Fax: _____ E-Mail: pvasquez@ces.edu.co

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SJ

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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 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.

*To verify the authenticity and issuance of this Official Translation log-on to: <https://www.upc-documents.com> 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

DAVID ALBERTO FORERO VIERA
Traductor e Intérprete Oficial
Inglés - Español - Inglés
Certificado de Idoneidad No 440
Fecha de Exp 9 de Febrero de 2016

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MEDICAL LICENSURE
AND SUPERVISION

EN ATENCIÓN A QUE


Felipe Velásquez Botero

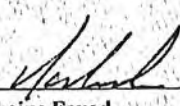
C.C. 1.037.625.965 de Envigado (Antioquia)

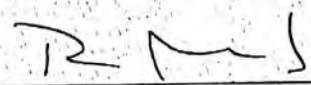
HA COMPLETADO TODOS LOS REQUISITOS ACADÉMICOS
EXIGIDOS POR LOS ESTATUTOS UNIVERSITARIOS,
PARA OPTAR EL TÍTULO DE

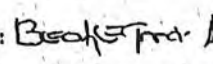
Médico General

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.


Jorge Julián Osario Gómez
Rector
Universidad CES


Patricia Chejne Fayad
Secretaria General
Universidad CES


Jorge Ricardo Posada Saldarriaga
Decano
Universidad CES

Registrado en: Folio 467 Número 15864 del 13 de diciembre de 2017. Acta 15959 del 13 de diciembre de 2017. Firma: 

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SOURCE**

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 N° [REDACTED]

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AND SUPERVISION

Courses	Year	Period	Grades	Concept	Credits
Level 1					
Anatomy I	2012	010	3,56	A	2
Histo-embryology I	2012	010	3,87	A	4
Physiology I	2012	010	3,21	A	6
Biochemistry and Molecular Biology I	2012	010	3,17	A	5
Physical examination and exploration methods I	2012	010	3,87	A	1
Introduction to Medicine I	2012	010	3,70	A	1
Public health I	2012	010	3,79	A	1
Medical information technology I	2012	010	3,63	A	1
Reading and writing techniques	2012	010	4,10	A	2
Average Level 1: 3.51					
Level 2					
Medical information technology II	2012	030	4,09	A	1
Sociobiology	2012	030	4,60	A	2
Public health II	2012	030	4,54	A	1
Physical examination and exploration methods II	2012	030	4,11	A	2
Histo-embryology II	2012	030	3,69	A	3
Biochemistry and Molecular Biology II	2012	030	3,62	A	7
Physiology II	2012	030	3,60	A	5
Anatomy II	2012	030	3,97	A	4
Average Level 2: 3,85					
Level 3					
General Anthropology	2013	010	4,00	A	2
Medical information technology III	2013	010	5,00	A	1
Public health III	2013	010	4,53	A	1
Physical examination and exploration methods III	2013	010	3,87	A	1
Introduction to Medicine II	2013	010	4,54	A	1
Physiology III	2013	010	3,26	A	9
Pharmacology I	2013	010	3,66	A	3
Histo-embryology III	2013	010	3,89	A	2
Anatomy III	2013	010	4,21	A	2
Pathophysiology I	2013	010	4,50	A	3
Average Level 3: 3,83					
Level 4					
Pathology	2013	030	4,10	A	1
Pathophysiology II	2013	030	3,40	A	9
Pharmacology II	2013	030	3,95	A	3
Epidemiology I	2013	030	3,78	A	1
Epidemiology I	2013	030	3,78	A	1
Microbiology	2013	030	4,03	A	3
Public health IV	2013	030	3,65	A	1
Medical Socio-anthropology	2013	030	4,40	A	2
Semiology	2013	030	4,34	A	6
Average Level 4: 3,88					



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Level 5					
Optional course I (Appreciation and history of cinema)	2014	010	3,80	A	2
Family and community health I	2014	010	4,53	A	1
Diagnostic Aids	2014	010	4,43	A	3
Emergencies and Disasters I	2014	010	4,42	A	1
History of medicine	2014	010	5,00	A	2
Epidemiology II	2014	010	3,23	A	1
Pediatrics I	2014	010	3,87	A	3
Internal Medicine I	2014	010	3,93	A	11
Average Level 5: 4,07					

Level 6					
Dermatology I	2014	030	3,89	A	3
Optional course II (Artistic appreciation)	2014	030	4,60	A	2
Surgical technique	2014	030	4,27	A	1
Internal Medicine II	2014	030	3,87	A	8
General Ethics (Artistic appreciation)	2014	030	4,80	A	2
Mental health	2014	030	3,73	A	1
Groups and Environments II	2014	030	4,02	A	2
Pediatrics II	2014	030	4,54	A	5
Average Level 6: 4,17					

Level 7-8					
Research methodology	2014	030	4,08	A	1
Groups and Environments III	2015	050	4,85	A	1
Specialties and external consultation	2015	050	4,19	A	5
Political Sciences	2015	050	4,50	A	2
Rural Sociology	2015	050	4,30	A	2
Gynecology and Obstetrics I	2015	050	4,47	A	4
Internal Medicine III	2015	050	4,13	A	6
Orthopedics and traumatology I	2015	050	4,46	A	4
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	A	4
Average Level 7-8: 4,28					

Level 9-10					
Health Intervention	2016	050	4,59	A	12
Legal medicine and forensic sciences	2016	050	3,40	A	4
Emergency patient management I	2016	050	4,42	A	2
Elective Rotation	2016	050	4,70	A	5
Economy and Society	2016	050	4,00	A	2
Gynecology and Obstetrics II	2016	050	4,32	A	5
Health Management II	2016	050	4,80	A	2
Pediatrics IV	2016	050	4,24	A	3
Orthopedics and traumatology II	2016	050	4,50	A	3
Evidence based medicine	2016	050	4,22	A	1
Dermatology II	2016	050	4,37	A	3
Surgery I	2016	050	4,28	A	6
Psychiatry II	2016	050	4,74	A	3
Anesthesia I	2016	050	4,40	A	1
Average Level 9-10: 4,38					

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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	A	5
Internal Medicine IV	2017	070	4,36	A	10
Gynecology and Obstetrics III	2017	070	4,69	A	10
Emergency patient management II	2017	070	4,11	A	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

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MEDICAL LICENSURE
AND SUPERVISION

(Signature affixed)

BEATRIZ ELENA GUZMAN ARISMENDY
City of Medellin, January 26, 2018

(Seal affixed: CES University / Admissions and Tuition Department / (Signature affixed))

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.

To verify the authenticity and issuance of this Official Translation log-on to: <https://www.upc-documents.com> and enter the **publication date** (i.e. official translation date) and the following **verification code: 890B4T02519** (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.

Official translation Ref. B4-T02519
Official Translation date: February 19, 2020

DAVID ALBERTO FORERO VIERA
Traductor e Intérprete Oficial
Inglés - Español - Inglés
Certificado de Idoneidad No 440
Fecha de Exp 9 de Febrero de 2016



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SOURCE

UNIVERSIDAD CES

Un compromiso con la excelencia
Resolución del Ministerio de Educación Nacional No. 1371 del 22 de marzo de 2007

CERTIFICADO DE NOTAS

FACULTAD DE MEDICINA
MEDICINAFELIPE VELÁSQUEZ BOTERO
Cédula de ciudadanía: [REDACTED]

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Asignatura	Año	Periodo	Nota	Concepto	Créditos
NIVEL 1					
Anatomía I	2012	010	3,56	A	2
Histoembriología I	2012	010	3,87	A	4
Fisiología I	2012	010	3,21	A	6
Bioquímica Y Biología Molecular I	2012	010	3,17	A	5
Examen Físico Y Métodos De Exploración I	2012	010	3,87	A	1
Introducción A La Medicina I	2012	010	3,70	A	1
Salud Pública I	2012	010	3,79	A	1
Informática Médica I	2012	010	3,63	A	1
Técnicas Para La Lectura Y La Escritura	2012	010	4,10	A	2
Promedio Nivel 1 : 3,51					
NIVEL 2					
Informática Médica II	2012	030	4,09	A	1
Sociobiología	2012	030	4,60	A	2
Salud Pública II	2012	030	4,54	A	1
Examen Físico Y Métodos De Exploración II	2012	030	4,11	A	2
Histoembriología II	2012	030	3,69	A	3
Bioquímica Y Biología Molecular II	2012	030	3,62	A	7
Fisiología II	2012	030	3,60	A	5
Anatomía II	2012	030	3,97	A	4
Promedio Nivel 2 : 3,85					
NIVEL 3					
Antropología General	2013	010	4,00	A	2
Informática Médica III	2013	010	5,00	A	1
Salud Pública III	2013	010	4,53	A	1
Examen Físico Y Métodos De Exploración III	2013	010	3,87	A	1

UNIVERSIDAD CES
ADMISIONES Y REGISTRO

Página 1 de 5



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MEDICAL LICENSURE
AND SUPERVISION

UNIVERSIDAD CES

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Reconocida del Ministerio de Educación Nacional No. 1371 del 22 de marzo de 2007

CERTIFICADO DE NOTAS

FACULTAD DE MEDICINA
MEDICINAFELIPE VELÁSQUEZ BOTERO
Cédula de ciudadanía: [REDACTED]PRIMARY
SOURCE

Asignatura	Año	Período	Nota	Concepto	Créditos
Introducción A La Medicina II	2013	010	4,54	A	1
Fisiología III	2013	010	3,26	A	9
Farmacología I	2013	010	3,66	A	3
Histoembriología III	2013	010	3,89	A	2
Anatomía III	2013	010	4,21	A	2
Fisiopatología I	2013	010	4,50	A	3

Promedio Nivel 3 : 3,83

NIVEL 4

Patología	2013	030	4,10	A	1
Fisiopatología II	2013	030	3,40	A	9
Farmacología II	2013	030	3,95	A	3
Epidemiología I	2013	030	3,78	A	1
Epidemiología I	2013	030	3,78	A	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	A	2
Salud Familiar Y Comunitaria I	2014	010	4,53	A	1
Ayudas Diagnósticas	2014	010	4,43	A	3
Emergencias Y Desastres I	2014	010	4,42	A	1
Historia De La Medicina	2014	010	5,00	A	2
Epidemiología II	2014	010	3,23	A	1
Pediatría I	2014	010	3,87	A	3
Medicina Interna I	2014	010	3,93	A	11

Promedio Nivel 5 : 4,07



Página 2 de 5





CERTIFICADO DE NOTA

**FACULTAD DE MEDICINA
MEDICINA**

FELIPE VELÁSQUEZ BOTERO
Cédula de ciudadanía: [REDACTED]

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AND SUPERVISION

**PRIMARY
SOURCE**

Asignatura	Año	Periodo	Nota	Concepto	Créditos
NIVEL 6					
Dermatología I	2014	030	3,89	A	3
Opcional II (Apreciación Artística)	2014	030	4,60	A	2
Técnica Quirúrgica	2014	030	4,27	A	1
Medicina Interna II	2014	030	3,87	A	8
Ética General (Apreciación Artística)	2014	030	4,80	A	2
Salud Mental	2014	030	3,73	A	1
Grupos Y Entornos II	2014	030	4,02	A	2
Pediatría II	2014	030	4,54	A	5

Promedio Nivel 6 : 4,17

NIVEL 7-8

Metodología De La Investigación	2014	030	4,08	A	1
Grupos Y Entornos III	2015	050	4,85	A	1
Especialidades Y Consulta Externa	2015	050	4,19	A	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	A	4
Medicina Interna III	2015	050	4,13	A	6
Ortopedia Y Traumatología I	2015	050	4,46	A	4
Ética Médica	2015	050	4,32	A	1
Administración En Salud I	2015	050	3,85	A	3
Pediatría III	2015	050	4,21	A	7
Psiquiatría I	2015	050	4,51	A	4

Promedio Nivel 7-8 : 4,28





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AND SUPERVISION

CERTIFICADO DE NOTAS

**FACULTAD DE MEDICINA
MEDICINA**

FELIPE VELÁSQUEZ BOTERO
Cédula de ciudadanía: [REDACTED]

**PRIMARY
SOURCE**

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	A	5
Economía Y Sociedad	2016	050	4,00	A	2
Ginecología Y Obstetricia II	2016	050	4,32	A	5
Administración En Salud II	2016	050	4,80	A	2
Pediatría IV	2016	050	4,24	A	3
Ortopedia Y Traumatología II	2016	050	4,50	A	3
Medicina Basada En La Evidencia	2016	050	4,22	A	1
Dermatología II	2016	050	4,37	A	3
Cirugía I	2016	050	4,28	A	6
Psiquiatría II	2016	050	4,74	A	3
Anestesia I	2016	050	4,40	A	1

Promedio Nivel 9 -10: 4,38

NIVEL 11-12

Cirugía II	2017	070	4,47	A	10
Anestesia II	2017	070	4,76	A	5
Pediatría V	2017	070	4,43	A	15
Ortopedia Y Traumatología III	2017	070	4,85	A	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	A	8

Promedio Nivel 11-12 : 4,48

 **UNIVERSIDAD CES**
Un compromiso con la Excelencia
ADMISSIONES Y REGISTRO
Bo Botero



**CERTIFICADO DE NOTAS****FACULTAD DE MEDICINA
MEDICINA****FELIPE VELÁSQUEZ BOTERO**
Cédula de ciudadanía: [REDACTED]**RECEIVED****APR 15 2024****OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

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 (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 Título de: MÉDICO GENERAL

Promedio acumulado: 4,15

Puesto ocupado: 50 de 72


BEATRIZ ELENA GUZMÁN ARISMENDY

Medellín, 26 de enero de 2018

**PRIMARY
SOURCE**



EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

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

Issue Date: 25 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

USMLE®/ECFMG Identification Number: 1-089-908-6

Applicant's Name: Felipe Velasquez Botero

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 22 Jun 2021

English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

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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	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

** 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.ecfm.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.

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.

"Velasquez"
TU3472
W



State of Connecticut

Lookup Detail View

PRIMARY SOURCE

Name

Name
FELIPE VELASQUEZ

License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status		Licensure 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

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 AND SUPERVISION

T43472
50

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

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full Legal Name: Felipe Velasquez Botero

First Middle Last Maiden (if applicable)

Mailing Address: [REDACTED]

Street Address or Post Office Box

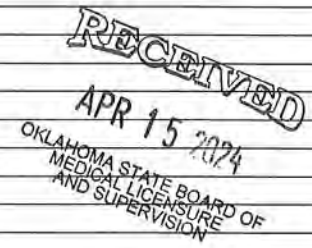
[REDACTED] Social Security #: [REDACTED]

City State Zip Code Telephone Number

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

If you are a qualified alien, please submit a notarized copy of the original, unexpired documents. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:	
<input checked="" type="checkbox"/>	INS Form I-94
<input type="checkbox"/>	INS Form I-688B
Asylee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "AS"
<input type="checkbox"/>	Grant letter from the Asylum Office of INS
<input type="checkbox"/>	Order of an immigration judge granting asylum
Refugee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under §207 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<input type="checkbox"/>	INS Form I-571 (Refugee Travel Document)
Alien Paroled Into the U.S. for at least One Year:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
Alien Whose Deportation or Removal Was Withheld:	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A10"
<input type="checkbox"/>	Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA
Alien Granted Conditional Entry:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
Cuban/Haitian Entrant:	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
<input type="checkbox"/>	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
<input type="checkbox"/>	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA
Alien Who Has Been Battered or Subjected to Extreme Cruelty:	
<input type="checkbox"/>	INS petition and appropriate supporting documentation
Other Document (please list)	
<input type="checkbox"/>	

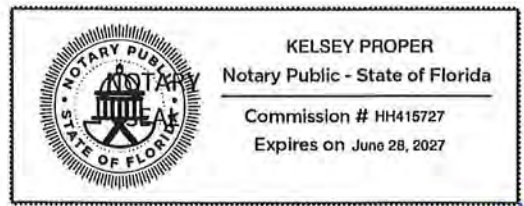


I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature Felipe Velasquez Botero Date 04/15/2024

Subscribed and sworn before me this 15th day of April, 2024.

Notary Public [Signature] Kelsey Proper
 Commission Number HH415727
 My commission expires 06/28/2027



Notarized remotely online using communication technology via Proof. PASSPORT produced for ID.

TH3472 SJ

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

Phone: (405)962-1400 Email: OKTRAINING@okmedicalboard.org

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

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

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

Felipe Velasquez
 Name of Applicant (type or print)


 Signature of Applicant

04/05/2024
 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 email to the address at the top of the page.

T48472
 SJ

TIME DEFICIENCY FORM

Name:	Felipe Velasquez	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.

EDUCATION STARTING WITH HIGH SCHOOL							
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	Bachelor
01	2012	12	2017	Universidad CES	Medellin	Colombia	Doctor in Medicine
EMPLOYMENT IF NEEDED 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-1
RECEIVED							
APR 15 2024							
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION							
OTHER - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING							
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	

T43472
52

04/23/2024

FELIPE VELASQUEZ



**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP57304709
Password:Last 4 SSN

RE: MD Application #43472

Dear FELIPE VELASQUEZ,

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: 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 AP57304709 (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