0063028 00180 (40 40)

03000005816

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.
B. The licensure and application fee are NOT refundable.
C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order. For to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue.

MAR 28 AM

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
Physician	0 3 6	Endorsement	$ 300.00

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- [x] This is the first time I have made application for this profession in Illinois.
- [ ] I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- [ ] Other: _____
- [ ] My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- [ ] I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information - You must notify the Department of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST	FIRST	MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
GITTLER	MANDY	LYNN	M.D.	

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

[redacted]

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

NA

6. MAIDEN, GIVEN SURNAME OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED (SEE INSTRUCTIONS #5 ABOVE)

N/A

7. PLACE OF BIRTH CITY STATE/COUNTRY	8. DATE OF BIRTH Month Day Year	9. AGE / SEX
[redacted]	[redacted]	[x] Female [ ] Male

10. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work (2 0 4) 2 8 0 - 7 1 8 2 (Area Code)

Home: [redacted] (Area Code)

NAME (Last First MI) Gittler, Mandy, L

SS# [redacted]

Profession Physician

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)
1 2 3 4 5 6 7 8 9 10 11 12 — Graduated High School? ☑ Yes ☐ No — Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION
Kenwood Academy	Chicago IL	06 / 1988 (Month / Year)

5. COLLEGE OR UNIVERSITY (Circle number of years completed)
1 2 3 (4) 5 6 7 8 — Graduated? ☑ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM (Month/Year)	DATES OF ATTENDANCE TO (Month/Year)	TYPE OF DEGREE EARNED
Univ of Illinois	Urbana, IL	9/1988	5/1992	B.S.
Rush Medical College	Chicago, IL	9/1994	6/1998	M.D
Roosevelt Univ	Chicago, IL	6/1993	8/1993	—
Loyola Univ	Chicago, IL	5/1993	6/1994	—

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM (Month/Year)	DATES OF ATTENDANCE TO (Month/Year)	Did You Complete Training?
Univ of Washington	Seattle WA	6/1998	6/2001	☑ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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NAME (Last, First, MI): Gittler, Mandy, L

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure Washington	Physician	39065		Active
State of Current Licensure where you most recently have been practicing. WA	11	11		11
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
Family Medicine Boards	WA	7/2001	(Passed, Failed, Absent)
USMLE Part 1	IL	6/1996	Passed
USMLE Part 2	IL	8/1997	Passed
USMLE Part 3	WA	1999	Passed

(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI): Gittel, Manny L

SS#: [redacted]

Profession: Physician

PART VI: Personal History Information *(This part must be completed by all applicants)*	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? *If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*		✓
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		✓
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		✓
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		✓

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes. [ ][ ][ ][ ][ ][ ]

b) CHART III - Select the examination site you desire and enter Test Center Code: [ ][ ][ ][ ]

c) CHART IV - Find your School of Graduation and enter school code: [ ][ ][ ][ ][ ]

d) Record the number of times you have taken this exam in Illinois or any other state: [ ][ ]

e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? Yes ☐ No ☐

PART VIII: Child Support Information *(This part must be completed by all applicants)*

Every licensee is required by law to respond to the following question regardless of whether or not he or she is subject to a child support order.

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")

☑ NO ☐ Yes

In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

[redacted]
Signature of Applicant

1/21/02
Date

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

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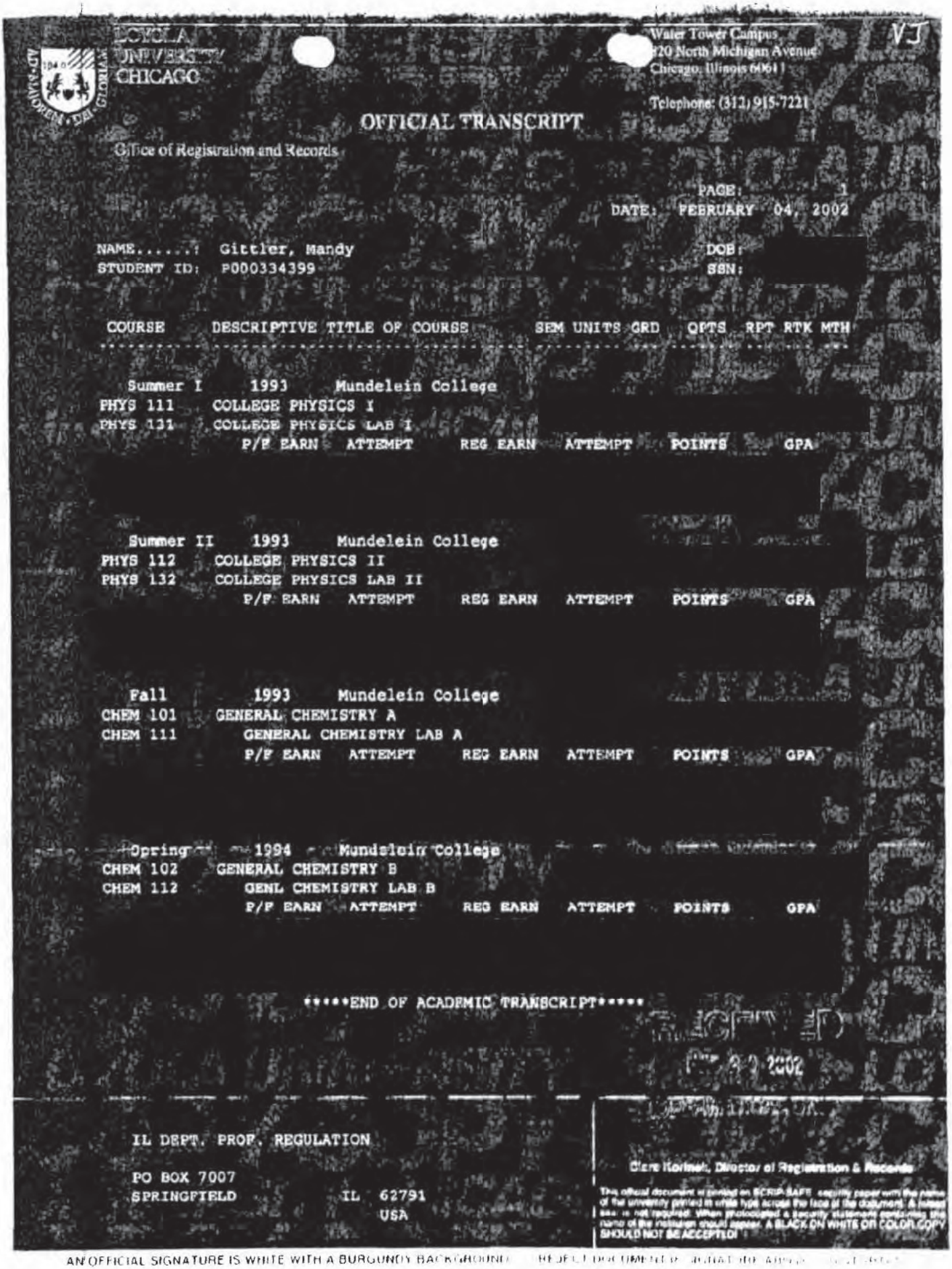

LOYOLA UNIVERSITY CHICAGO

Water Tower Campus
820 North Michigan Avenue
Chicago, Illinois 60611

Telephone: (312) 915-7221

OFFICIAL TRANSCRIPT

Office of Registration and Records

PAGE: 1

DATE: FEBRUARY 04, 2002

NAME.....: Gittler, Mandy
STUDENT ID: P000334399

DOB:
SSN:

COURSE	DESCRIPTIVE TITLE OF COURSE	SEM UNITS	GRD	QPTS	RPT	RTK	MTH
Summer I	1993 Mundelein College						
PHYS 111	COLLEGE PHYSICS I						
PHYS 131	COLLEGE PHYSICS LAB I						
	P/F EARN ATTEMPT REG EARN ATTEMPT POINTS GPA						
Summer II	1993 Mundelein College						
PHYS 112	COLLEGE PHYSICS II						
PHYS 132	COLLEGE PHYSICS LAB II						
	P/F EARN ATTEMPT REG EARN ATTEMPT POINTS GPA						
Fall	1993 Mundelein College						
CHEM 101	GENERAL CHEMISTRY A						
CHEM 111	GENERAL CHEMISTRY LAB A						
	P/F EARN ATTEMPT REG EARN ATTEMPT POINTS GPA						
Spring	1994 Mundelein College						
CHEM 102	GENERAL CHEMISTRY B						
CHEM 112	GENL CHEMISTRY LAB B						
	P/F EARN ATTEMPT REG EARN ATTEMPT POINTS GPA						

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

IL DEPT. PROF. REGULATION

PO BOX 7007
SPRINGFIELD IL 62791
USA

Clare Korinek, Director of Registration & Records

This official document is printing on SCRIP-SAFE security paper with the name of the university printed in white type across the face of the document. A raised seal is not required. When photocopied, a security statement indicating the name of the institution should appear. A BLACK ON WHITE OR COLOR COPY SHOULD NOT BE ACCEPTED!

AN OFFICIAL SIGNATURE IS WRITE WITH A BURGUNDY BACKGROUND. REJECT DOCUMENTS NOT MEETING THESE

Loyola University Chicago, Office of Registration and Records
Chicago, Illinois 60611 o (312) 915-7221

THE SEMESTER/TRIMESTER SYSTEM

A semester is approximately 16 weeks (approx. 20 weeks for graduate-level courses at the Medical Center). After September 1987, the School of Dentistry used a 14-week trimester.

The semester credit hour equals fifty minutes of classroom activity, two fifty-minute periods of laboratory or studio work, or three to four fifty-minute periods of fieldwork or clinical experience. Credit hours are earned by passing a course.

Attempted credit hours indicate the amount of work a student attempted without reference to grade received. All grades except "W" and "AU" count as attempted credit hours.

The normal undergraduate load is 12 to 18 credit hours per semester. 120 credit hours and a minimum GPA of "C" (2.0) for all work taken are required for an undergraduate degree.

THE QUARTER SYSTEM

The Graduate School of Business, the School of Dentistry (prior to September 1987), the Center for Organizational Development (as of September 1993), and the Institute of Human Relations and Industrial Relations operate on the quarter system calendar. However, credit is reported by the semester hour. Prior to the Second Summer Session 1985, basic medical science departments at the Medical Center reported in quarter hours.

THE HONORS DEGREE

The honors degree indicates participation in a program requiring more extensive and independent work in the area of specialization as well as high accomplishment in regular course work. This degree is Loyola's highest form of undergraduate degree and is awarded to a minute fraction of graduates.

THE GRADUATE SCHOOL OF ARTS AND SCIENCES

Graduate students may earn credit towards a degree by:

1. Courses numbered 400 and above.
2. Select or approved 300-group courses.
3. Approved law school courses at the 400- and 200-group courses.

All above courses require a "B" or better for credit, with the permitted exception of two grades "C" per student.

Advanced Standing/Transfer Credit may appear on the record if the courses were not taken as an undergraduate or used towards a professional or graduate degree and are appropriate to the student's program. A maximum of six semester (nine quarter) hours for a master's degree and 36 semester (54 quarter) hours for a doctoral degree may be considered at departmental discretion. The number of hours and the name of the institution appear on the transcript. **Examinations** for candidacy, language/research tool, and comprehensive examinations are posted "Admitted," "Passed," or "Sustained," respectively.

GRADING AND POINT SYSTEM

The Carthage Executive Program uses a pass/fail system. Prior to Fall Quarter 2000, the Graduate School of Business did not permit plus (+) grades and prior to 1968 reported grades numerically (1-100). Prior to academic year 1985-86, the undergraduate graduate division did not permit plus (+) grades.

GRADING SYMBOLS

A	4 credit points per semester.
B+	3.5 credit points per semester.
B	3 credit points per semester.
C+	2.5 credit points per semester.
C	2 credit points per semester.
D+	1.5 credit points per semester.
D	1 credit point per semester.
F	Failure in course (no credit hours or points earned, but counts toward attempted credit hours).
P or S	Pass with credit: indicates use of Pass/Fail option and "D" quality work or better. Prior to Semester II 1978-79 indicates "C" quality or better. "P" and "S" are equivalent terms.
NP or U	Failure without grade point penalty: indicates use of Pass/Fail option and "F" quality work. Prior to Semester II 1978-79 indicates "D" quality or less. "NP" and "U" are equivalent terms.
HP	High pass: equivalent to "A." Used exclusively by the Carthage Executive Program.
PS	Pass: equivalent to "B"/"B+." Used exclusively by the Carthage Executive Program.
I	Incomplete: temporary grade that must be removed within a specified time frame or will be converted to "WF."
X	Absent from final exam: temporary grade that must be removed within a specified time frame or will be converted to "WF."
W	Approved withdrawal from course. "W" does **not** count towards attempted credit hours or in GPA.
WF	Failure: unauthorized withdrawal. "WF" is also assigned when grades "I" or "X" are not resolved within specific time frame. "WF" counts towards attempted credit hours and affects GPA.
FA	Failure: excessive absence. "FA" counts towards attempted credit hours and affects GPA. Discontinued December 1969.
AU	Audit. "AU" does **not** count towards attempted credit hours or affect GPA.
CR	Credit: indicates completion of a Thesis Supervision (395), Dissertation Supervision (600), or those courses for which no credit hours are ordinarily awarded.
NC	No Credit: indicates failure to complete a Thesis Supervision (395), Dissertation Supervision (600), or those courses for which no credit hours are ordinarily awarded.

GRADE POINT AVERAGE

Grade Point Average (GPA) is determined by dividing the total of earned credit points by the total of attempted credit hours earned, less courses designated as Pass/Fail. Grades of "P," "S," "NP," "U," "HP," and "PS" are included in hours attempted, but not for purposes of computing GPA. Grades "P," "S," "HP," and "PS" designate hours earned. Courses "I" and "X" are not computed until they have been replaced with a permanent grade. Computation of a student's cumulative GPA uses all college work attempted at Loyola to date and is computed with the same formula. Grades earned at non-affiliated institutions are not computed into a Loyola student's GPA. Transfer credit counts as credit hours towards graduation but is not calculated in the GPA. Prior to Semester I 1985-86, Advanced Placement Credit was computed in the calculation of GPA. Prior to 1983, the Graduate School of Business did not compute cumulative GPA. Prior to 1951, Loyola operated on the three-point credit point system with one negative credit point per semester hour for the grade "F."

Explanation of Abbreviations Appearing Adjacent to Course Titles

Course Numbers

(H)	Honors course.
(M)	Courses taken through the Mundelein Exchange Program.
(FS)	Freshman Seminar.
(SL)	Service Learning.
C	Consortium course taken for Loyola-graduate credit.
E	An "E" at the beginning of the course number indicates a course taken through the Erikson Institute for Loyola graduate credit. An "E" at the end of the course number indicates a course taken through the Carthage Executive Program for Loyola graduate credit.
CC	Continuing Course: grade and hours will not appear until the course is completed.
(WI)	Writing Intensive.

Explanation of RPT, RTK, and MTH columns

RPT	"Yes" or "No" indicates whether the course has been repeated for credit. Repeated courses are generally independent study or lower variable topics.
RTK	"Yes" or "No" indicates whether the course has been retaken. Unless approved or required, a retaken course does not compute as credit hours or credit points earned.
MTH	Method: "C"-taking class; "A"-audit; or "F"-forgiveness.

Comprehensive Examination Grades for Undergraduate Degrees

SH	Special Honors
H	Honors
P	Passed

Comprehensive examinations for undergraduates in the College of Arts and Sciences were discontinued June 1970.

ACADEMIC STANDING

Good Standing: an undergraduate student in good standing has earned a semester GPA of 2.0 or better. Graduate students are considered in good standing unless otherwise indicated.

Academic Probation: students under academic probation have fallen below the required semester GPA of 2.0 and have been given an specified period to raise their GPA.

Dropped for Poor Scholarship: a student who fails to restore academic probation after one semester may be dropped from the university.

TO TEST FOR AUTHENTICITY: The face of this transcript is printed on burgundy SCRIPSAFE® paper with the name of the institution appearing in white type over the face of the entire document.

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Mallinckrodt College has been part of Loyola University Chicago since January 1991. Mundelein College since June 1991.

10/15/2001

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Urbana, Illinois 61801

STUDENT NAME

Gittler, Mandy Lynn

STUDENT NUMBER

DATE OF BIRTH

HIGH SCHOOL: Kenwood Academy
CHICAGO IL 6/1988

OFFICIAL TRANSCRIPT: ISSUED 01/28/02

CRSE	NUMB	CRSE DESCRIPTION	CREDIT	GRD	NTE
Applied Life Studies					
Kinesiology					
COLLEGE BOARD ADV PLACEMENT PGM					
BIOL	100	BIOL SCI			
BIOL	102	BIOLOGICAL SCIENCES			
MATH	120	CALC & ANAL GEOM I			
FALL SEMESTER 1988					
HSS	121	FIRST AID			
KINES	130	ANAL&PERF MOVE SKILL			
KINES	150	BIOSCI HUMAN MOVEMNT			
PSYCH	100	INTROD TO PSYCHOLOGY			
SPCOM	111	VERBAL COMMUNICATION			
DEAN'S LIST					
SPRING SEMESTER 1989					
ARTHI	112	RENAISS & MOD ART			
KINES	120	INJURIES IN SPORT			
KINES	131	MVMT SKILLS: FITNESS			
KINES	140	SOC SCI BASES SPORT			
KINES	160	P E AS PROFESSION			
SPCOM	112	VERBAL COMMUNICATION			
DEAN'S LIST					
FALL SEMESTER 1989					
HSS	100	CONTEMPORARY HEALTH			
KINES	136	MVMT SKILLS: RACQUET			
KINES	280	PRINC OF EVAL & ASMT			
KINES	288	SUPR EXP ATH TRAIN			
PHYSL	103	INTROD HUMAN PHYSIOL			
SOC	231	JUVENILE DELINQUENCY			
SPCOM	230	INTERPERSONAL COMM			
DEAN'S LIST					
Applied Life Studies					
Kinesiology-Bioscience					
SPRING SEMESTER 1990					
CSB	234	FUNC HUMAN ANATOMY			
F N	120	CONTEMP NUTRITION			
KINES	134	MVMT SKILL/GYMNASTIC			
KINES	288	SUPR EXP ATH TRAIN			
PHYSL	296	SP TOPICS ANI PHYSL			
THEAT	170	FUNDAMENTALS OF ACT			
DEAN'S LIST					
FALL SEMESTER 1990					
CSB	290	INDIVIDUAL TOPICS			
EDPSY	250	CAREER DEV THRY & PR			
KINES	132	MVMT SKILLS/SWIMMING			
KINES	220	ATHLETIC TRAINING			
KINES	252	BIOENERGTC HUMAN MVT			
KINES	287	SUP EXP-NON-SCH AGEN			
KINES	288	SUPR EXP ATH TRAIN			
SPCOM	204	SPEECH FOR TEACHERS			
DEAN'S LIST					

--- CONTINUED NEXT COLUMN ---

UIUC DEGREE INFORMATION
DEGREE: B.S. (KINESIOLOGY)
COLLEGE HONORS: HIGHEST HONORS
DATE: May 17, 1992
UNIVERSITY HONORS: BRONZE TABLET May 17, 1992

CRSE	NUMB	CRSE DESCRIPTION	CREDIT	GRD	NTE
SPRING SEMESTER 1991					
KINES	222	THERAPEUTIC EXERCISE			
KINES	255	BIOMEC ANL-HUM MVMT			
KINES	288	SUPR EXP ATH TRAIN			
KINES	320	ASSESS ATH INJURIES			
KINES	321	THERAP MODAL ATHL TR			
KINES	354	GRTH & PHY DEV CHILD			
DEAN'S LIST					
FALL SEMESTER 1991					
LEISURE STUDIES OFF CAMPUS STUDY					
NICSA PROGRAM, SIENA, ITALY/U OF WI					
		ITAL ART&ARCH-BAROQ			
		ELEMENTARY ITALIAN			
		ITALY SINCE 1850			
SPRING SEMESTER 1992					
ITAL	210	ADVANCED GRAMMAR			
KINES	257	COORD CONTRDL& SKILL			
KINES	288	SUPR EXP ATH TRAIN			
KINES	356	ELECTRO KINESIOLOGY			
KINES	394	SPEC TOPIC IN KINES			
PSYCH	216	CHILD PSYCHOLOGY			
SPCOM	221	PERSUASION			
DEAN'S LIST					

ALL AVERAGES ARE BASED UPON A 4.0 SCALE. (A=4.0)

UIUC UNDERGRADUATE GPA=3.766 BASED ON 111.00 HOURS
TOTAL UNDERGRADUATE HOURS EARNED=137.00

--- END OF TRANSCRIPT ---

RAISED SEAL NOT REQUIRED

Aline C. Preble, Registrar

This transcript, printed on SCRIP-SAFE™ secured paper, will always be accompanied by a transcript explanation which details authentication information. Further authentication may be obtained by calling (217) 333-0210.

OFFICIAL TRANSCRIPT: ISSUED 01/28/02

ORDER #: 01/28/02 00052 001

COMPLETE TRANSCRIPT EXPLANATION AVAILABLE ON THE WEB AT: www.oar.uiuc.edu/current/exp_grds.html

AUTHENTICATION OF TRANSCRIPTS AND CERTIFICATIONS:
A transcript is official when it bears the signature of the Registrar. The background of this transcript is light blue. When photocopied in color or on the darker setting of black and white copiers, the word COPY will appear several times in large letters. A black and white transcript is not an original. Alteration of the transcript may be a criminal offense. Further authentication may be obtained by writing the Office of Admissions and Records, Transcript Department, 901 West Illinois Street, Urbana, IL 61801 or calling (217) 333-0210.

ACCREDITATION: North Central Association of Colleges and Secondary Schools.

ACADEMIC CALENDAR:
The University of Illinois at Urbana-Champaign operates on an academic calendar of two sixteen-week semesters, one four-week summer session (referred to as intersession prior to 1995) and one eight-week summer session.

STUDENT STATUS:
A student's status is determined from his or her academic performance and conduct. A student is in good standing and eligible to return unless there is a notation of a drop status or disciplinary action in the lower right corner, above the Registrar's signature.

GRADE EXPLANATION – BEGINNING FALL 1982:

Grades Included in Calculation of Grade-Point Averages:
Prior to the Fall Semester 1996, plus and minus grades were not awarded.

Grade	Grade Points	Grade	Grade Points
A+	= 4.00	C+	= 2.33
A Excellent	= 4.00	C Fair	= 2.00
A-	= 3.67	C-	= 1.67
B+	= 3.33	D+	= 1.33
B Good	= 3.00	D Poor	= 1.00
B-	= 2.67	D-	= 0.67
F Failure (including courses dropped for academic irregularities.)			= 0.00
*F F by rule. Grade of "F" on the letter scale has replaced "EX" or "DF" because of student's failure to comply with time limitation.			

College of Law only:
Prior to Fall 1992, grades of B+ (3.5) and C+ (2.5) were used.
Beginning with the Fall Semester 1992 the law grades are the same as those in the other colleges.

Grades Not Included in Calculation of Grade-Point Averages:

CR	A minimum grade of "C-" is required for credit (pre 1975 "D" in Study Abroad)
DF	Grade temporarily deferred. Used only in graduate and undergraduate thesis and honors courses, and in a limited number of other courses that extend over more than one semester.
EX	Approved extension of time to complete the final examination or other requirements of the course.
IP	Course in progress.
MISS	Missing grade.
NC	No Credit.
PASS	For test-based credit. Minimum grade of "C" is required.
P/F	1968 through 1974. Minimum grade of "D" required to pass.
SA	Graduate transfer credit.
S/U	Satisfactory/Unsatisfactory.
W	Approved withdrawal without credit.
**	Used for courses in which no grades are recorded such as transfer credit, religious foundation courses, etc.

GRADE POINT AVERAGE:
The GPA and undergraduate hours earned will not include undergraduate courses taken while the student was registered in the Graduate College.
Beginning with the Fall Semester 1996, the University changed the grade point designation from A = 5.0 to A = 4.0. The change was applied retroactively to all students enrolled since the Fall Semester of 1982.

UNDERGRADUATE AND PROFESSIONAL STUDENTS CLASSIFICATION:
Freshman 0 – 29.5 hours Sophomore 30 – 59.5 hours Junior 60 – 89.5 hours Senior 90 hours

ENROLLMENT STATUS:

	Fall and Spring Semesters				Summer Session				
Full-time	12	semester hours	3.00	graduate units	6	semester hours	1.50	graduate units
Half-time	6-11	semester hours	1.50-2.75	graduate units	3-5	semester hours	.75-1.25	graduate units
Less than half-time	0-5	semester hours	0.00-1.25	graduate units	0-2	semester hours	0.00-0.50	graduate units

GRADUATE CREDIT:
All graduate work is recorded in GRADUATE UNITS and is followed by a "U". **ONE GRADUATE UNIT "1U" = FOUR SEMESTER HOURS.**

DEGREE EXPLANATION:
A.B. is the Latin abbreviation for "artium baccalaureus" (Bachelor of Arts). A.M. is the abbreviation for "artium magister" (Master of Arts).

11991870

Student No: [redacted]
Record of: Mandy J Cutler
Issued To: [redacted]
20 Box 7007
Springfield IL 62791
Course Level: Undergraduate
Only Admit: Fall 1993
Current Program:
College : College of Arts & Sciences
Major : None
SUBJ NO COURSE TITLE CRED GRD PTS R
INSTITUTION CREDIT:
Fall 1993
CHEM 216 ORGANIC CHEMISTRY I
Spring 1994
CHEM 217 ORGANIC CHEMISTRY II
TRANSCRIPT TOTALS
Earned Hrs GPA Hrs Points GPA
TOTAL INSTITUTION
TOTAL TRANSFER
OVERALL
END OF TRANSCRIPT
Date Issued: 29-JAN-2002
Page: 1
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FEB 13 2002
IDPR-MEDICAL UNIT
ROOSEVELT UNIVERSITY
OFFICE OF THE REGISTRAR
TRANSCRIPT CONTINUED ON BACK
BLACK WHITE TRANSCRIPT PAPER ONLY

0063028.00180 (40 40)

Roosevelt University

430 South Michigan Avenue, Chicago, IL 60605-1394 (312) 341-3526 Fax: (312) 341-3660

ACCREDITATION: Roosevelt University is accredited by: North Central Association of Colleges and Schools, Illinois State Board of Higher Education, National Council for Accreditation of Teacher Education, National Association of Schools of Music, American Chemical Society, American Bar Association, and is approved for veterans' training by the Illinois Veterans Commission - State of Illinois. For a complete list of memberships please refer to the current university catalog.

GRADING SYSTEM: Roosevelt University is on a 4.0 point grading system.

Credit Earning Grades:	Quality Points Per Hour of Credit:
A - Excellent	4.0
B - Good	3.0
C - Fair	2.0
D - Passing	1.0
P - Pass	0.0
S - Satisfactory	0.0
No Credit Grades:	
F - Failure	0.0 (included in GPA)
I - Incomplete	0.0
IP - In Progress	0.0
AU - Audit	0.0
S - Satisfactory	0.0
U - Unsatisfactory	0.0
W - Withdraw	0.0
Z - No grade reported	0.0
L - Left (Before 1997)	0.0

CALENDAR: Unless noted, all coursework completed at the University is under the semester system which is equal to approximately 15 weeks in length.

CREDIT: The unit of credit is the semester hour.

COURSE NUMBERING SYSTEM:

000-099	Remedial and English Language Program courses
100-299	Undergraduate Level
300-399	Undergraduate / Graduate Level
400-499	Graduate Level
500-599	Graduate / Doctoral Level
600-799	Doctoral Level

COLLEGES OF THE UNIVERSITY: Roosevelt University is comprised of five colleges: the College of Arts and Sciences, the Walter E. Heller College of Business Administration, the College of Education, the College of Performing Arts, and the Evelyn T. Stone University College.

TRANSFER CREDIT: Transfer courses are evaluated and all accepted hours and the corresponding quality points are used to calculate the cumulative grade point average.

REPEATED COURSES: Students are allowed to repeat courses to improve a grade. Only the highest grade will count in calculating the grade point average. All grades remain on the academic record. Repeated courses are noted on the transcript under the R heading with an I for include or an E for exclude.

ACADEMIC STANDING: Undergraduate standing includes; good standing, good standing with academic alert, academic probation, academic suspensions, reinstated on probation and academic dismissal. Graduate standing includes; good standing, probation and dismissal.

PROTECTION OF STUDENTS' PRIVACY: In accordance with the Family Educational Rights and Privacy Act of 1974, transcripts may not be released to a third party without the written consent of the student.

TRANSCRIPT VALIDATION: An official transcript is printed on secure paper, does not have a raised seal, and is valid only with the printed signature of the university registrar. Copies issued directly to students will be stamped "Issued to Student."

ALTERATION OR FORGERY OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE.

AUTHENTICITY CONFIRMATION To test for authenticity, apply liquid bleach to the green background sample below. If authentic, the green color will turn to brown. The name of the University is repeated in small type across the entire face of the transcript as shown below.

ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT
UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY -
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ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY - ROOSEVELT UNIVERSITY ROOSEVELT

When photocopied in color or on the darker settings of black and white copier, the word COPY will appear several times in large letters. A black and white transcript is not an original. Alteration of the transcript may be a criminal offense. No official transcript is issued to or for a student indebted to the University. Further authentication can be obtained by calling (312) 341-3526.

V5

Official Transcript
Rush University
Chicago, IL 60612-3864

Name: Ms. Mandy Lynn Gittler

Rush I.D.#: 81411
Soc. Sec.#:

Birthdate:

Rush Degree(s): 06/13/1998 Doctor of Medicine

Major: Medicine
Specialty: Alternate Medicine Curr.
Concentration:

---------- Previous Degrees through 1994 ----------
B.S. Univ. of Illinois at Urbana-Champaign 5/17/92

---------- Fall 1994 ----------
ALT 451 Cellular and Molecular Biology
ALT 464 Behavioral Science I
ALT 481 Medical Ethics I
ALT 511 Introduction to Patient I

attempt earn pass gpa hrs gpa pts gpa

---------- Winter 1995 ----------
ALT 452 Anatomical Sciences
ALT 465 Behavioral Science II
ALT 512 Introduction to Patient II

attempt earn pass gpa hrs gpa pts gpa

---------- Spring 1995 ----------
ALT 454 Physiology
ALT 455 Intro to Pharmacology
ALT 466 Behavioral Science III
ALT 471 Epidemiology
ALT 482 Medical Ethics II
ALT 513 Introduction to Patient III

attempt earn pass gpa hrs gpa pts gpa

---------- Fall 1995 ----------
ALT 514 Introduction to Patient IV
ALT 531 Neurosciences
ALT 540 General Pathology

attempt earn pass gpa hrs gpa pts gpa

---------- Winter 1996 ----------
ALT 515 Introduction to Patient V 0.00 CC
---------- To be continued ----------

---------- Winter 1996 (cont.) ----------
ALT 532 Psychopathology
ALT 541 Path, Pathophys, and Pharm
Superblock

attempt earn pass gpa hrs gpa pts gpa

---------- Spring 1996 ----------
ALT 516 Introduction to Patient VI
ALT 542 Path, Pathophys and Pharm II

attempt earn pass gpa hrs gpa pts gpa

---------- Summer 1996 ----------
OBG 601 Core Clerkship: Obstetr. & Gyne.
PED 601 Core Clerkship: Pediatrics

attempt earn pass gpa hrs gpa pts gpa
S
C

---------- Fall 1996 ----------
SUR 601 Core Clerkship: Surgery

attempt earn pass gpa hrs gpa pts gpa

---------- Winter 1997 ----------
MED 601 Core Clerkship: Intern. Medicine 12.00 HP

attempt earn pass gpa hrs gpa pts gpa

---------- Spring 1997 ----------
FAM 601 Core Clerkship: Family Medicine
PSY 601 Core Clerkship: Psychiatry

attempt earn pass gpa hrs gpa pts gpa

Continued on next page

RUSH

Rush University
Office of the Registrar
600 South Paulina Street, Suite 440
Chicago, Illinois 60612-3873 (312) 942-5681

RUSH UNIVERSITY TRANSCRIPT GUIDE

Brief History: Founded in 1837, Rush Medical College trained physicians until 1942 when the school closed during the World War II. Records for students prior to that time are held by the University of Chicago registrar. The charter was reactivated in 1969 and the Rush Medical College reopened in 1971. In 1972, the College of Nursing and Allied Health Sciences was added establishing Rush University as the educational unit of Rush-Presbyterian-St. Luke's Medical Center. The College of Nursing and the College of Health Sciences became separate colleges in 1975 and the Graduate College became a distinct academic unit in 1981.

Calendar: The academic year at Rush University is based on the quarter system. Each quarter is at least ten weeks in length. An examination period is provided at the end of each and most classes give a final examination during this period. A twelve week quarter is used in the 3rd and 4th clinical years of Rush Medical College.The Colleges of Nursing and Allied Health Sciences used a semester system during the 1973-74 school year. From 1971-74 Rush Medical College had a nineteen week Phase I, four, eleven week quarters in Phase II; and a sixty-five week minimum in Phase III.

Credit Hours: The quarter hour is the unit used by the Colleges of Nursing, Health Sciences, and the Graduate College to determine credit for courses taken. As a general rule on quarter hour represents contact time of one hour of lecture, two hours of small group discussion or three hours of laboratory or three clinical hours per week. Course credit are not calculated for Rush Medical College students. However, the number of weeks of clinical experiences appears on the academic transcript. Credit earned as an unclassified student will not necessarily apply if the unclassified student is subsequently admitted to a degree program.

Grading System

Grade	Quality	Grade Pts
A	Excellent	4.0
B	Good	3.0
C	Satisfactory for Undergraduates, but may not be acceptable at the graduate level	2.0
D	Minimal pass. (Not used at the graduate level in Nursing, the Graduate College, or in Health Systems Management)	1
F	Failure	0
P	Passing	0
N	Not Passing	0
H	Honors* (Used by Medical College Only)	0
HP	High Pass* (Used by Medical College Only in clinical courses)	0

Grade	Quality	Grade Pts
W	Withdrawal prior to mid-term	0
WP	Withdrawal passing after mid-term	0
WF	Withdrawal failing after mid-term	0
WN	Withdrawal failing for course taken on a pass/no pass basis	0
K	Credit earned through proficiency examination	0
NR	Grade not reported by instructor	0
I	Incomplete	0
CC	Course continues into next quarter. Grade received at the end of series	0
XX	Participation in an ungraded course or residency	0

**Rush Medical College uses honor (H), pass (P), and fail (F) grades only. Initiated with class of 1998, high pass (HP) in clinical courses for 3-4 year students.*

Grade Point Average: The grade report and the transcript of the academic records show a grade point average (GPA) for each quarter in which grade points were earned and adds a cumulative GPA for all work taken at Rush. The GPA is computed by dividing the number of grade points earned by the number of quarter hours for credit attempted for those courses. No grade points are assigned for work taken on a pass/no pass basis and, therefore, are not computed in the overall in grade point average. Grade point averages are not included for students in the Rush Medical College since all courses are taken on an Honors/Pass/Fail system.

Courses Numbers: A three-digit course number follows the course abbreviation. It indicates the level of offering for that course as shown below:

300-399	Undergraduate - third level	500-549	Master's level - College of Nursing
400-449	Undergraduate - fourth level	550-599	Doctor of Nursing level- College of Nursing
450-499	Dual level - may be taken for undergraduate or graduate credit	600	Post Master's level residency
500-599	Graduate level	601-699	Doctoral level

Transfer Credit, Graduation, and Miscellaneous Information

Transfer Credit: With the exception of the Medical College, transfer credit accepted by Rush University is recorded in quarter hours. The total number of transfer credit is shown, but the individual courses are not shown unless they are substituting directly for a Rush University course. Transfer credit in Rush Medical College is shown as advanced standing for the degree of Doctor of Medicine.

Transcript of Academic Records: The permanent academic record included all course work taken at Rush University. External transcripts for medical students reflect the highest grade reported for each course at the time a transcript is requested. The academic record is maintained permanently in the Office of the Registrar. Copies issued to students will be stamps in red ink "Issued to Student". All copies bear the signature of the registrar or his/her designate and the seal of the Rush-Presbyterian-St. Luke's Medical Center.

Graduation Honors: Candidates for the bachelor of science who have demonstrated academic excellence are honored at commencement by the Rush University faculty. Those earning a 3.4 or better grade point average based on six quarters of residence at Rush are awarded the bachelor of science cum laude; those with a 3.6 grade point average or better, magna cum laude; and those with 3.8 grades point average or better, summa cum laude.

Grade Reports: A quarterly grade report is the student's copy only. It should not be accepted by an institution or agency in lieu of an official transcript.

Explanatory Notes: (1) Undergraduate Nursing - Seminar and Practicum. Until 1999, required baccalaureate nursing course were offered to students in an established sequential pattern with each course building upon the previous course. The philosophy of the College of Nursing was the that basic nursing concepts can be applied to any clinical setting during any quarter of the curriculum. Students were expected to integrate the basic science principles and their nursing application into any clinical setting. Thus, the clinical practice, experience was not offered in a sequential pattern. By graduation, however, each student had gained experiences in six major clinical nursing areas: medicine, surgery, pediatrics, obstetrics, psychiatry, and community. (2) Clinical Medicine - The number of weeks of clinical experiences are reflected on the transcript and should not be interpreted as credit hours.

Revised 9/99

Name: Ms. Mandy Lynn Gittler Soc Sec #: 332-52-6856 Student ID: 81411

---------- Summer 1997 ----------

FAM 610 Family Medicine Subinternship
MED 621 Clin Endocrinology & Metabolism
MED 648 HIV Prim Outpatient Care/CookCo.

attempt	earn	pass	gpa hrs	gpa pts	gpa

---------- Fall 1997 ----------

MED 000 Tropical Medicine
Oaxala Mexico
NEU 601 Core Clerkship: Neurology
PED 672 Pediatric Respiratory Medicine

attempt	earn	pass	gpa hrs	gpa pts	gpa

---------- Winter 1998 ----------

MED 615 Emergency Medicine
SUR 000 Surgical Selectives
Ophthalmology/Orthopedics

attempt	earn	pass	gpa hrs	gpa pts	gpa

---------- Spring 1998 ----------

M3M4 Clinical Curriculum Enrollment

attempt	earn	pass	gpa hrs	gpa pts	gpa

01/30/02

Office of the Registrar

RUSH
Rush University
Office of the Registrar
600 South Paulina Street, Suite 440
Chicago, Illinois 60612-3873 (312) 942-5681

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450-499	Dual level - may be taken for undergraduate or graduate credit	600	Post Master's level - research
500-599	Graduate level	601-699	Doctoral level

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Revised 3/98

Rush University

Rush Medical College

On the recommendation of the Faculty and by virtue of the authority vested in the Trustees, the degree of

Doctor of Medicine

has been conferred on

Mandy Lynn Gittler

who has honorably fulfilled all the requirements prescribed for that degree. In witness thereof this Diploma is given in the city of Chicago this Thirteenth day of June, Nineteen Hundred Ninety-eight

President

Dean

Chairman of the Board

0063028 00180 (40 40)

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statues. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.

WORK HISTORY

SUPPORTING DOCUMENT

WH

APPLICANT: Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.

1. NAME LAST FIRST MIDDLE: GITTLER MANDY LYNN

2. DATE OF BIRTH

3. SOCIAL SECURITY NUMBER

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.
Physician (Profession Name) 036 (Profession Code)

6. MAIDEN OR GIVEN SURNAME

7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED ☐

8. DATE FORM COMPLETED: 1/22/2002

9. RECORD WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.

A. NAME OF BUSINESS / INSTITUTION: Planned Parenthood of Western WA

JOB TITLE: Medical Doctor

ADDRESS STREET, CITY, STATE, ZIP CODE: 2001 E. Madison St. Seattle WA, 98122-2959

DESCRIPTION OF DUTIES PERFORMED: Women's reproductive health and primary care

SUPERVISOR NAME: Cam McIntyre, MD

DATE OF EMPLOYMENT/ATTENDANCE: From 01 / 02 / 2001 (Month / Day / Year) To present / ____ / ____ / ____

HOURS WORKED PER WEEK: Per Diem

TYPE OF EMPLOYMENT: ☐ Full-time ☑ Part-time

TOTAL TIME WORKED (Year/Month): one year

B. NAME OF BUSINESS / INSTITUTION: Seattle Medical and Wellness

JOB TITLE: Physician

ADDRESS STREET, CITY, STATE, ZIP CODE: 1305 4th #1105 Seattle, WA 98101

DESCRIPTION OF DUTIES PERFORMED: Primary care, and women's reproductive health

SUPERVISOR NAME: Eileen Gibbons, MD

DATE OF EMPLOYMENT/ATTENDANCE: From 06 / 28 / 2001 (Month / Day / Year) To present / ____ / ____ / ____

HOURS WORKED PER WEEK: 24

TYPE OF EMPLOYMENT: ☐ Full-time ☑ Part-time

TOTAL TIME WORKED (Year/Month): 6 months

NAME (Last First MI) Ginter, Mandy, L SSn Profession Physician

C. NAME OF BUSINESS / INSTITUTION: Lopez Island Medical Center
JOB TITLE: Physician
ADDRESS STREET, CITY, STATE, ZIP CODE: Spring St. Friday Harbor, WA 98250
DESCRIPTION OF DUTIES PERFORMED: Primary care, urgent care, emergency care.
SUPERVISOR NAME: Kathy Guy
DATE OF EMPLOYMENT/ATTENDANCE: From 09/06/2001 (Month/Day/Year) To 10/31/2001 (Month/Day/Year)
HOURS WORKED PER WEEK: ~45
TYPE OF EMPLOYMENT: ☑ Full-time ☐ Part-time
TOTAL TIME WORKED (Year/Month): 2 months.

D. NAME OF BUSINESS / INSTITUTION: Cascade Family Clinic
JOB TITLE: Physician
ADDRESS STREET, CITY, STATE, ZIP CODE: 7509 Custer Rd. W. Lakewood, WA 98499
DESCRIPTION OF DUTIES PERFORMED: Women's reproductive health and primary care
SUPERVISOR NAME: Paula Macrie
DATE OF EMPLOYMENT/ATTENDANCE: From 07/01/2001 (Month/Day/Year) To 08/01/2001 (Month/Day/Year)
HOURS WORKED PER WEEK: 15
TYPE OF EMPLOYMENT: ☐ Full-time ☑ Part-time
TOTAL TIME WORKED (Year/Month):

E. NAME OF BUSINESS / INSTITUTION: Univ of WASHINGTON
JOB TITLE: Resident Physician
ADDRESS STREET, CITY, STATE, ZIP CODE: 4245 Roosevelt Way NE Seattle WA, 98105
DESCRIPTION OF DUTIES PERFORMED: In-patient, and out-patient medicine for the department of family medicine. Included in this is adult and pediatric primary care, obstetrics, and women's reproductive health.
SUPERVISOR NAME: David Losh, M.D.
DATE OF EMPLOYMENT/ATTENDANCE: From 06/24/1998 (Month/Day/Year) To 07/01/2001 (Month/Day/Year)
HOURS WORKED PER WEEK: 50-80
TYPE OF EMPLOYMENT: ☑ Full-time ☐ Part-time
TOTAL TIME WORKED (Year/Month): 3 years

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RECEIVED JAN 2 8 2002 1/30 JJ

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.

CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING

BY:.....

SUPPORTING DOCUMENT

TN-MED

(DPR)

APPLICANT: ***Complete the applicant section. The remainder of this form must be completed by the postgraduate training program director of the institution at which you completed your training.***

1. NAME LAST	FIRST	MIDDLE	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
GITTLER	MANDY	LYNN		

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Profession Name _____ Profession Code _____

6. MAIDEN OR GIVEN SURNAME

7. ILLINOIS TEMPORARY LICENSE NUMBER (If applicable)
NA

8. ISSUANCE DATE

POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR

Complete the remainder of this form. Return the completed form directly to:
Illinois Department of Professional Regulation, 320 West Washington - MED-1, Springfield, Illinois 62786

This is to certify that the above-named applicant satisfactorily completed 36 months of postgraduate clinical training in University of Washington Family Medicine Residency
(Name of Accredited Postgraduate Clinical Training Program)

from 6/25/1998 to 6/30/01 at the following hospital:

Hospital: FAMILY MEDICINE RESIDENCY PROGRAM
Number and Street: UWMC AT ROOSEVELT
4245 ROOSEVELT WAY NE, BOX 354775
City, State and Zip Code: SEATTLE, WA 98105

I further certify that at the time of such training the program was accredited by:

- [x] the Accreditation Council for Graduate Medical Education;
- [ ] the Accreditation Council on Canadian Graduate Medical Education; or
- [ ] the American Osteopathic Association

KRISTIN N. PHILIPS NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JUNE 1, 2005 SEAL

Name of Postgraduate Clinical Training Program Director: Robert Crittenden, MD, MPH

Signature of Postgraduate Clinical Training Program Director: _____

Date of this Certification: 1/30/02

Telephone No: _____

IL486-1535 10/99 (MD)

0063028 00180 (40 40)

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Department of Family Medicine
Family Medicine Residency Program
UWMC Roosevelt, Box 354775
4245 Roosevelt Way NE
Seattle, Washington 98105
(206) 598-2883
Fax (206) 598-5769

August 19, 2002

To Whom It May Concern:

The University of Washington Family Practice Residency does not have an official seal.

Sincerely,

Robert A. Crittenden, MD MPH
Residency Program Director

KRISTIN M. PHILIPS
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES JUNE 1, 2005

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, Washington 98504-7866

March 27, 2002

Illinois State Board of Medical Examiners
320 West Washington L & T-1
Springfield IL 62786

To Whom It May Concern:

I, Betty Elliott, Program Representative, do hereby certify that a standard search of the available records of the Medical Quality Assurance Commission indicates the following:

PHYSICIANS NAME	**Mandy Gittler, MD**
LICENSE NUMBER:	**MD00039065**
ISSUE DATE:	**08-30-2000**
EXPIRATION DATE	**11-21-2002**
DATE OF BIRTH:	

ACCORDING TO OUR RECORDS, THIS LICENSE HAS NOT BEEN DISCIPLINED

If our records above show that the licensee has been disciplined, photocopies from the public file are available upon written request. Send request to the Medical Quality Assurance Commission, Public Disclosure Desk, PO Box 47866, Olympia, WA 98504-7866

The information above is the only certification information by the Commission. To expedite the certification process, the above format is the standard format prepared for all professions regulated by this Commission.

If you wish to continue with the processing of this application, please contact me by telephone at (360) 236-4785, by email at betty.elliott@doh.wa.gov, or in writing at Department of Health, Medical Quality Assurance Commission, PO Box 47866, Olympia, Washington 98504-7866.

Sincerely,

(SEAL)

Betty Elliott
Licensing Representative

0063028 00180 (40 40)

USMLE
United States
Medical
Licensing
Examination™

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

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 01/31/2002

Illinois Department of Professional Regulation
ATTN: Alicia Purchase, Section Manager
320 W. Washington St.
3rd Floor, Unit IV
Springfield, IL 62786

Examinee: Gittler, Mandy Lynn
USMLE ID#: 5-007-528-2
DOB: 11/21/1970
Alt Name(s):

Results for all 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. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/ Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	6/11/1996	PASS					

STEP2	Test Date	Pass/ Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	8/26/1997	PASS					

STEP3 State Board	Test Date	Pass/ Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
WASHINGTON	5/11/1999	PASS					

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE

American Board of Family Practice, Inc.

2228 Young Drive
Lexington, Kentucky 40505-4294
Tel: (859) 269-5626 or (888) 995-5700
Fax: (859) 335-7501 or (859) 333-7509

Robert [redacted]nt, M.D., Executive Director
Joseph W. Tullison, M.D., Deputy Executive Director
Terrence M. Leigh, Ed.D., Associate Executive Director
Paul R. Young, M.D., Senior Executive
Roger M. Bean, CPA, Chief Financial Officer

SCR

Founded 1969

January 29, 2002

To Whom It May Concern:

This letter will verify that MANDY LYNN GITTLER, MD, is certified by the American Board of Family Practice (ABFP) for the period 2001-2008. This certification is time limited for a period of seven years and must be renewed through successful completion of the ABFP recertification process and examination.

Sincerely,

Debbie Wilson
Verifications

dw

0063028 00180 (40 40)

Profession: MD

Date: 7/22/15 Initials: AL

DEFICIENCY NOTICE FOR TEMPORARY/PERMANENT PHYSICIAN LICENSURE APPLICATION

TO:

Return this form with the requested materials to:

State of Illinois
Department of Professional Regulation
320 West Washington Street
MED 1
Springfield, Illinois 62786

1. Submit the required fee of $_____ made payable to the Department of Professional Regulation. This fee is not refundable.	21. Complete **AF-MED** form (Certification of Affiliation). Submit along with copies of affiliation agreement(s) from the following hospital(s). 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
2. Your application is being returned for completion of Part _____.	23. Affidavit of verbal affiliation agreement. See attached for specific information that must be submitted.
3. Submit a copy of your marriage certificate, divorce decree, or court order showing change of name from: _____ to _____.	24. The Department is unable to verify completion of 54 months of combined premedical and medical education. Submit proof in the form of official educational documents verifying you meet the minimum education requirements.
4. All documents in a foreign language must be accompanied by original, notarized translations by a person other than yourself who is fluent in both English and the language of the document(s).	25. Submit a list of your work experience from _____ to _____. You must account for entire time period since graduation from medical school (Supporting Document WH).
5. Submit proof that you are a lawfully admitted alien.	26 Submit documentation evidencing maintenance of clinical skills since graduation from medical school. See attached instructions
6. You are referred to Step 1, Question #7 of the enclosed application filing instructions. Have applicable documentation submitted for each positive personal history response.	27. Submit proof of professional capacity. See copy of attached instructions for specific information required to be submitted.
7. When your application is complete, the Medical Licensing Board will review your qualifications.	X 28. Have your Step 1,2,3 scores forwarded directly from USMLE
8. Your application will be reviewed by the Medical Licensing Board on _____.	29. Submit evidence of remedial training.
9. Submit completed **CA-MED** form which indicates beginning and ending program dates.	X 30. Submit **TN-MED** form signed by program director, with seal of hospital. Jee Agaw
10. Submit **CA-LTD** form.	X 31. University / Hospital seal must be affixed to form. (If institution does not have a seal, form must be notarized and a letter on offical stationary must be attached verifying no seal exists.)
11. Submit **ED-MED** form (certification of education).	32. Sign form(s) where indicated.
12. Submit **ED-NON** form completed in its entirety.	33. Submit certification of original/current licensure (Supporting Document CT) from _____
13. Affidavits, (ED-AFF forms) must be completed in accordance with DPR policy. Copy of policy attached.	34. Submit proof that you are Board-certified in a specialty.
14. **Verification of Pass/Fail Exam History**—Request appropriate board(s) or council(s) to forward official transcript of your pass/fail exam history (FLEX, National Board, USMLE) directly to this Department. Must include date and results for each exam attempt.	35. Submit restoration questionnaire (Supporting Document RS).
15. Submit official premedical/medical transcript with school seal affixed.	36. Submit VE form. If in private practice, submit sworn statement attesting to your active practice.
16. Submit photocopy of your degree.	37. Returning original documents.
17. Submit proof of Titulo or Acta.	
18. Submit proof of Social Service or Fifth pathway.	
19. Submit proof of E.C.F.M.G. certification.	
20. Submit copy of evaluation form for each of the following core rotations: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

Other instructions: #31 - HAVE HOSPITAL SUBMIT LETTER IF NO SEAL EXISTS. OR CORRECT NEW FORM WITH SEAL.

IL480-1568 5/94 (LT)

0063028 00180 040 40

Profession: 036

Date: 2-11-02 Initials: V.J

DEFICIENCY NOTICE FOR TEMPORARY/PERMANENT PHYSICIAN LICENSURE APPLICATION

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18. Submit proof of Social Service or Fifth pathway.	
19. Submit proof of E.C.F.M.G. certification.	
20. Submit copy of evaluation form for each of the following core rotations: 1. _____ 4. _____ 2. _____ 5. _____ 3. _____	

Other Instructions:

IL 485-1568 5/94 (LT)

0063028 00180 (40 40)

Profession: 036

Date: 2-5-02 Initials: [illegible]

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16. Submit photocopy of your degree.	37. Returning original documents.
17. Submit proof of Título or Acta.	
18. Submit proof of Social Service or Fifth pathway.	
19. Submit proof of E.C.F.M.G. certification.	
20. Submit copy of evaluation form for each of the following core rotations: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

Other Instructions:

IL480-1560 5/94 (LT)

American Academy of Family Physicians

Hereby recognizes

Mandy Lynn Gittler, M.D.

for the successful completion

of an

Accredited Residency in Family Practice.

Year Completed 2001

[redacted]

Executive Vice President

University of Washington
School of Medicine
Department of Family Medicine

This is to certify that

Mandy Lynn Gittler, M.D.

has successfully completed the

Family Practice Residency Training Program

June 25, 1998 - June 30, 2001

Dean, School of Medicine

Director, Family Practice Residency Program

Chair, Department of Family Medicine

STATE OF WASHINGTON

HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION

THIS CERTIFIES THAT THE PERSON OR ESTABLISHMENT NAMED HEREON IS AUTHORIZED AS PROVIDED BY LAW AS A

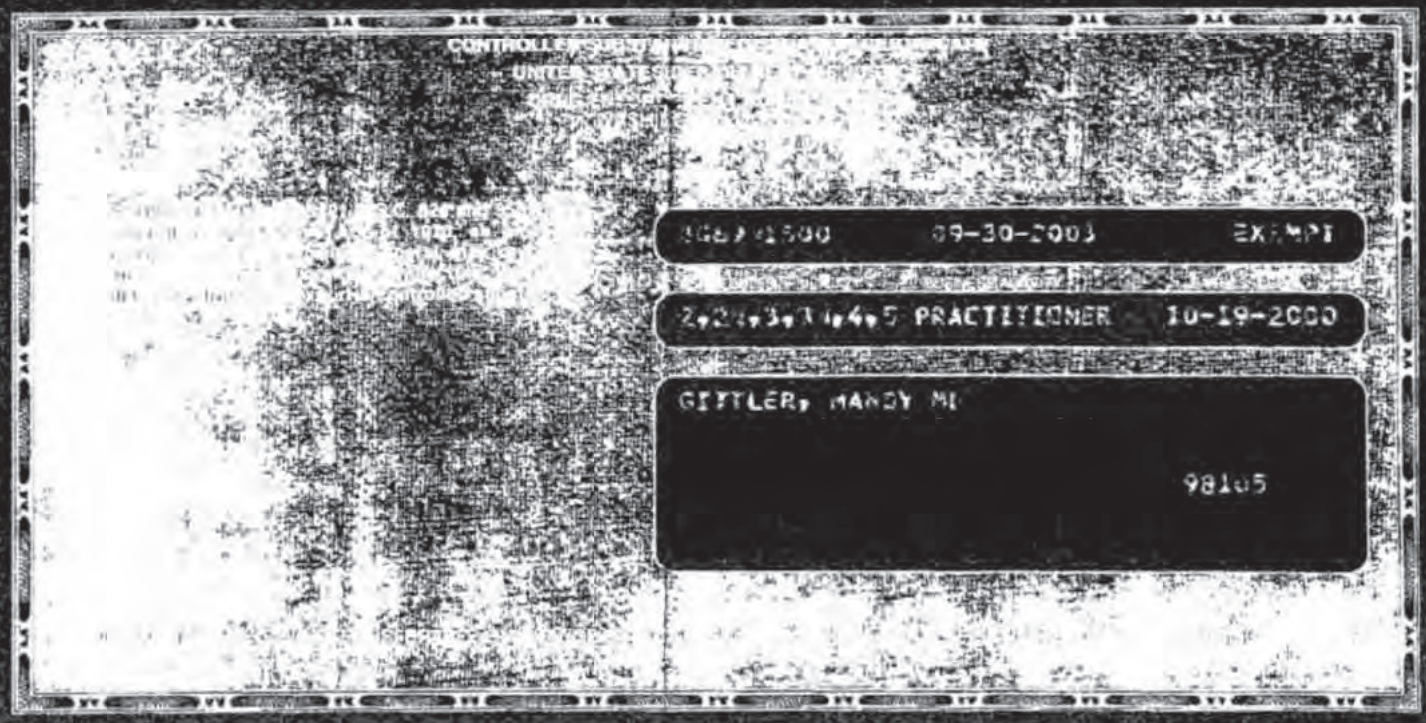
PHYSICIAN AND SURGEON

ACTIVE

GITTLER, MANDY L.

SECRETARY

NUMBER		DATE ISSUED	EXPIRATION DATE
025209	MD00039065	08-30-00	11-21-02



0063028 00180 (40 40

Return to Profile

Physician Profile

The Illinois Department of Financial and Professional Regulation has created this Profile as required by legislation to provide the public with access to information profiles on all Physicians licensed in the State of Illinois. Unless otherwise indicated, this information was provided by the Physician and has not been verified by the Department. This information is subject to change.

MANDY L GITTLER MD

License Status	ACTIVE	Chicago, IL
License #	036-107772	
Original Issue Date	09/03/2002	mandy@allwomenshealth.net
Current Expiration Date	07/31/2014	www.allwomenshealth.net

Primary Office Location(s)

Top of Profile

This information is subject to change. Patients are advised to contact the physician's office to verify this information or to schedule an appointment.

2000 West Armitage Avenue
Chicago, IL 60647

View Map

Non-Emergency Contact Information:
(773) 252-3600

Fax: (773) 252-0310

Email: mandy@allwomenshealth.net
Web Site: www.allwomenshealth.net

Days at this Location: Mon,Tue,Wed,Thu,Fri

Non-English Languages Spoken: Spanish

Translation Services: Yes

At this Location since 2007

Additional Office Locations (optional)

Top of Profile

The physician has not provided this optional profile information.

Hospital Affiliations

Top of Profile

Advocate Illinois Masonic Medical Center www.advocatehealth.com
Chicago, IL

Previous Practice Locations (optional)

Top of Profile

The physician has not provided this optional profile information.

Medicare

Top of Profile

Patients are advised to contact the physician's office to verify that they are accepting new patients of this type.

This health care practitioner IS NOT a participating Medicare provider http://www.medicare.gov

This health care practitioner IS NOT accepting new Medicare patients.

Medicaid

Top of Profile

Patients are advised to contact the physician's office to verify that they are accepting new patients of this type.

This health care practitioner IS a participating Medicaid provider.
This health care practitioner IS accepting new Medicaid patients.

All Kids

Top of Profile

This health care practitioner IS a participating AllKids provider. http://www.allkidscovered.com
This health care practitioner IS accepting new AllKids patients.

Insurance Plans (optional)

Top of Profile

Patients contact your employer or insurance provider to verify your insurance benefits or ask questions about coverage. Patients contact the Physician's office to verify acceptance of your insurance plan.

Aetna

Blue Cross/Blue Shield of Illinois

Humana, Inc.

United Healthcare

Board Certification

- Illinois physicians may be certified by certifying boards affiliated with the American Board of Medical Specialties (ABMS) and/or with boards affiliated with the American Osteopathic Association (AOA). More information about ABMS certification is available at www.abms.org or by phone at 1-866-ASK-ABMS. More information about AOA certification is available at www.osteopathic.org.

Top of Profile

American Board of Family Medicine www.theabfm.org
Family Medicine
Year of Initial Certification: 2001
Year Current Certification Expires: 2015

Malpractice Judgments (ONLY the most recent 5 years)

Top of Profile

None reported

Malpractice Settlements (ONLY the most recent 5 years)

Top of Profile

None reported

Felony Criminal Convictions (ONLY the most recent 5 years)

Top of Profile

None reported

Class A Misdemeanors (ONLY the most recent 5 years)

Top of Profile

None reported

Discipline in Illinois (ONLY the most recent 5 years)

Top of Profile

To view ANY disciplinary actions taken by the state medical board dating back to January 1, 1990,
click this link DFPR License Lookup Disciplinary History.

None

Discipline in Other States (ONLY the most recent 5 years)

Top of Profile

None reported

Restriction of Hospital Privileges (ONLY the most recent 5 years)

Top of Profile

None reported

Years in Practice in Illinois

Top of Profile

Years in Active Practice in Illinois: 11

Medical School

Top of Profile

Rush Medical School, Chicago, IL, 1998

Post Graduate Education

Top of Profile

Residency
Family Medicine
University of Washington, Chicago, IL, 2001

Professional Positions (optional)

Top of Profile

The physician has not provided this optional profile information.

Professional Affiliations (optional)

Top of Profile

The physician has not provided this optional profile information.

Academic Appointments (optional)

Top of Profile

- Lecturer, College of Medicine at the University of Illinois-Chicago, 2011

Professional Publications (optional)

Top of Profile

The physician has not provided this optional profile information.

Other Professional Activities (optional)

Top of Profile

The physician has not provided this optional profile information.

Honors & Awards (optional)

Top of Profile

The physician has not provided this optional profile information.

Community Activities (optional)

Top of Profile

The physician has not provided this optional profile information.