

**RECEIVED**  
**BUSINESS SERVICES**  
**APPLICATION FOR**  
**LICENSURE AND/OR EXAMINATION**

FOR OFFICIAL USE ONLY

IMPORTANT: The completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. If you do not wish to disclose this information, it in this form not being processed.

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. **FEES 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 to obtain a license. 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, or 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, or to other entities for verification of identification.

**PART I: Application Category Information**

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

1. PROFESSION NAME Physician	2. PROFESSION CODE 036	3. LICENSURE METHOD Endorsement	4. FEE \$ 300.00
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- 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 Financial and Professional Regulation - Division 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: Haider FIRST: Sadia MIDDLE:	2. TITLE (e.g., M.D., D.D.S., etc.) M.D.	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
4. PERMANENT MAILING ADDRESS STREET: [REDACTED] CITY: [REDACTED] STATE/COUNTRY: SA ZIP CODE: [REDACTED]	5. BUSINESS ADDRESS STREET: [REDACTED] CITY: [REDACTED] STATE/COUNTRY: [REDACTED] ZIP CODE: [REDACTED] COUNTY: [REDACTED]	
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) N/A	7. MOTHER'S MAIDEN NAME Ahmad	
8. PLACE OF BIRTH CITY: [REDACTED] STATE/COUNTRY: [REDACTED]	9. DATE OF BIRTH [REDACTED]	10. AGE [REDACTED]
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: [REDACTED] Fax: [REDACTED] (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [If available] [REDACTED]	

NAME (Last, First, MI):

Haider Sadia

SS#:

Profession:

MD

**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: Emma Willard School  
 3. LAST PRELIMINARY SCHOOL LOCATION (City and State): Troy, NY  
 4. DATE OF GRADUATION: 06 / 1992 (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		TYPE OF DEGREE EARNED
		FROM	TO	
University of Chicago	Chicago, IL	09/1992	06/1996	B.A.
University of Chicago	Chicago, IL	09/1996	06/2001	MD

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
Beth Israel Deaconess Medical Center	Boston, MA	06/2001	06/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Beth Israel Deaconess Medical Center	Boston, MA	06/2002	06/2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
University of California	San Francisco, CA	07/2005	06/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

Haider, Sadia

SS#:

Profession:

MD

**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 Massachusetts	MD	(limited)	06/2001	Lapsed
State of Current Licensure where you most recently have been practicing. Massachusetts	MD	233771	08/2007	Active
Other States of Licensure				
California	MD	A93909 training	02/2006	Lapsed

(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
USMLE I	IL	05/1998	(Passed, Failed, Absent) pass
USMLE II	IL	1999	pass
USMLE III	CA	11/2005	pass

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

NAME (Last, First (MI))  
 Haider, Sadia  
 SS#:  
 Profession:  
 MD

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.			x
2. Have you been convicted of a felony?			x
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.			x
4. 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.			x
5. 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.			x
6. 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.			x

**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: 

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

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

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**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

1. 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.

Are you more than 30 days delinquent in complying with a child support order? Yes  No


(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes  No

**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.

 \_\_\_\_\_ Date 4/27/11

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and 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.

04/15/11 12:44 FAX 617 011

OBGYN ADMIN.

003

**HEALTHCARE LICENSING SERVICES**  
**3 W. Garden St., Suite 700**  
**Pensacola, FL 32502**

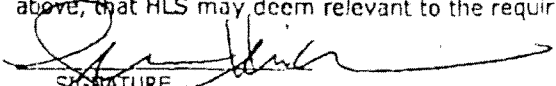
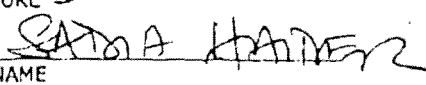
**RELEASE & WAIVER OF RIGHTS**

I hereby authorize the following entities and individuals to release all information in their possession concerning me, whether oral, in writing, documented or other, to HEALTHCARE LICENSING SERVICES and/or its agents acting on my behalf.

- A. All schools or universities which I have attended.
- B. All hospitals or healthcare facilities at which I have ever received training and all hospitals or healthcare facilities at which I have ever held staff privileges, whether full or limited, temporary or permanent.
- C. All professional societies, specialty boards, and other all other organizations with which I have ever been associated.
- D. All agencies from which I have now, or ever had obtained, Malpractice Insurance coverage.
- E. All attorneys who have ever participated in criminal or civil actions, in which I was named party, that would pertain to or directly effect my ability to obtain a State medical license, practice my profession and/or have clinical privileges.
- F. All state licensure boards, federal health agencies, and federal or state drug control agencies.

I hereby release the above-named entities and individuals from all liability for the release of information to the board and/or its agents.

I hereby agree to make this RELEASE & WAIVER OF RIGHTS for the purpose of allowing HEALTHCARE LICENSING SERVICES and/or its agents, to execute its duties pursuant to my request for a license to practice my profession. HLS will obtain written authorization from me prior to obtaining any additional information not authorized above, that HLS may deem relevant to the requirements of licensure.

  
 SIGNATURE \_\_\_\_\_ DATE 4/15/11  
  
 PRINT NAME \_\_\_\_\_

REPORT OF COMMITTEE/BOARD RECOMMENDATION(S) TO THE DIRECTOR

To the Director  
Division of Professional Regulation  
Springfield, Illinois

We, the Illinois Medical Licensing Board, do hereby report that we fully reviewed documents relevant to the particular(s) listed/detailed below:

SADIA HAIDER MD

Endorsement  
68 IL ADM CODE 1285.80

Dr. Haider received her medical degree from University of Chicago in Chicago, IL in June 2001. She meets the educational & clinical training requirements for licensure by endorsement.

Dr. Haider passed Step 1 of the USMLE June 9, 1998; Step 2 September 2, 1999; and Step 3 December 7, 2005. She exceeds the 7-year rule by 5 months.

Dr. Haider states she was delayed in taking Step 3 because she completed a MPH degree at Harvard School of Public Health. See file for details.

Dr. Haider's application is being presented to the Board for consideration of waiver of the 7-year Rule.

Based upon review of the documents, it was moved, seconded, and carried that it be recommended to the Director that

Approve for waiver of 7-year Rule.

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Submitted on behalf of the members of the Medical Licensing Board.

Date: August 10, 2011

The undersigned Director of the Division of Professional Regulation, hereby  approves  denies  defers  takes under advisement the foregoing recommendation.

Comments: \_\_\_\_\_

Date: 8/10/11

[Signature]  
Director #2  
111773

VARIANCE

Pursuant to the authority granted to me in the provisions of 68 Illinois Administrative Code 1285.140, I hereby grant a Variance on behalf of Sadia Haider, M.D., to the provision of 68 Illinois Administrative Code 1285.60(a)(7) which states, in regard to examinations for licensure to practice medicine in all of its branches, that "In the event all USMLE Steps are not successfully completed within 7 years after passing the first step taken, either Step 1 or Step 2, credit for any step passed shall be forfeited." This Variance is granted based upon review of the recommendation of the Illinois Medical Licensing Board for the following reason:

1. Applicant successfully completed the USMLE Step 1 on June 9, 1998, USMLE Step 2 CK on September 2, 1999, and USMLE Step 3 on December 7, 2005, thereby exceeding the seven year time period set forth in Section 1285.60(a)(7) of the Rules for completion of the three part examination sequence.
2. The Board believes that a Variance is not unreasonable in this case because Applicant has in fact passed all 3 parts of the required USLME examination, exceeding the 7 year requirement by 5 months; and Applicant was delayed in taking Step 3 due to her enrollment in a MPH program.

The purpose of this Variance is to vary 68 Illinois Administrative Code 1285.60(a)(7) in order to extend the time period for which examination scores are considered valid, such that Applicant is eligible for licensure should all other requirements for licensure be met.

This Variance is to be narrowly construed and in no event shall this Variance be construed as qualifying the Applicant for licensure until all other requirements for licensure have been met.

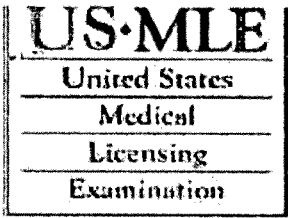
I have determined that the provision from which this Variance is granted is not statutorily mandated; no party will be injured by the granting of this Variance; and the rules from which this Variance is granted would, in this particular case, be unreasonable.

Brent E. Adams, Secretary  
Department of Financial and Professional Regulation

By: 

Jay Stewart, Director #2  
Division of Professional Regulation

Date: 5/19/11



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wisser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4041

Date : 05/03/2011

**Recipient:**

Illinois Department of Financial and Professional Regulation  
ATTN: Sandy Dunn, Manager of Med Licensure  
320 W Washington Street  
3rd Floor  
Springfield, IL 62786

**RECEIVED ELECTRONICALLY**

Haider Sadia

**Examinee:** Haider, Sadia  
**Alt Name(s):** Sadia, Haider

**Examinee ID#:** [REDACTED]  
**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. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

### USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/1998	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

### USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/02/1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

### USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
CALIFORNIA	12/07/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
MASSACHUSETTS	07/11/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
MASSACHUSETTS	03/31/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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

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MAY 03 2011  
IDPR-MEDICAL UNIT



**RECEIVED**

AUG 02 2011

IDFPR - MEDICAL UNIT

June 28, 2011

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3<sup>rd</sup> Floor

Springfield, Illinois 62786

**Re: 7-year rule waiver**

Dear Medical Licensing Board of Illinois,

I am writing in regards to my recent application for medical licensure in the state of Illinois, and the letter I received dated 6/23/11. I am writing to request a waiver of Section 1285.60, the 7-year rule. I very much appreciate the opportunity to write this letter to request a waiver and to explain my unique situation.

I began medical school at the University of Chicago in 1996, and I extended my medical school training an additional year to receive a dual degree. From 1999 to 2000, between third and fourth year of medical school, I attended public health school to obtain a Masters in Public Health (MPH) degree at the Harvard School of Public Health. I then returned to the University of Chicago to complete medical school in 2001 and graduated with an MD, MPH dual degree. The MPH coursework was done between 1999 to 2000, but the MPH degree was received with my medical degree in 2001 as the MPH was contingent on completion of medical school.

I passed USMLE step 1 on June 9, 1998 followed by USMLE step 3 on December 7, 2005, 7 years and 6 months from the passing USMLE step 1. I request that you waive the 7 year rule as I extended medical school by one year with an additional year of graduate school in the interim. Furthermore, I currently have an active license in Massachusetts which I applied for in 2007. Massachusetts also has the same guidelines for licensure including the 7 year rule. I also requested a similar waiver which I was granted by the board in Massachusetts. Additionally, I have been a physician in good standing in both the state of California and in Massachusetts working as a board certified Obstetrician Gynecologists committed to the underserved as well as a clinician educator training medical students and residents.


I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any

BUSH  
AUG 1 2011

Div. of Professional Regulation

questions or concerns you may have. Please feel free to contact me at your earliest convenience at: email: [REDACTED]

Best regards,

  
[REDACTED]

SadiaHaider MD, MPH

Beth Israel Deaconess Medical Center

Department of OB/GYN

Harvard Medical School

[REDACTED]

**RECEIVED**  
AUG 02 2011  
IDFPR - MEDICAL UNIT

June 28, 2011  
State of Illinois  
Department of Financial and Professional Regulation  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786

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I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any questions or concerns. Please feel free to contact me at your earliest convenience at: email: [redacted] or cell phone: [redacted]

Best regards,

[redacted signature]

Sadia Haider MD, MPH  
Beth Israel Deaconess Medical Center

[redacted address]

JUL 20 2011

**IDFPR**  
Div. of Professional Regulation



**Harvard**  
**School of Public Health**  
 677 Huntington Ave, Suite G4  
 Boston, MA 02115

**TRANSCRIPT OF ACADEMIC RECORD**

Page: 1  
 Date Issued: 27-JUL-2011  
 Level: Graduate

**Record of Media Exhibits**

Course Level: Graduate  
 Matriculated: Fall 1999-2000

Current Program  
 Master of Public Health  
 Program : Master of Public Health  
 College : Harvard Schl. of Public Health  
 Major : MD/Master of Public Health  
 Maj/Concentration : Family and Community Health

Degree Awarded Master of Public Health 07-JUN-2001

Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]  
 Primary Degree

Program : Master of Public Health  
 Major : MD/Master of Public Health  
 Maj/Concentration : Family and Community Health

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

Term:	Fall 1999-2000	[REDACTED]
BIO 200	Principles of Biostatistics	[REDACTED]
EPI 201	Introduction to Epidemiology	[REDACTED]
EPI 202	Elements Epidemiologic Research	[REDACTED]
HPC 506	Practice of Public Hlth in US	[REDACTED]
ID 250	Eth Basis of Prct of Pub Hlth	[REDACTED]
ID 262	Intro to Pract of Intnatl Hlth	[REDACTED]
ID 264	Practice of Family & Comm Hlth	[REDACTED]
PIH 225	Qual Rsrch Meth for Pop & Hlth	[REDACTED]
PIH 263	Grant Writing/Rsrch & Hlth Car	[REDACTED]
PII 250	Epi Inf Disease: Dev'g Countri	[REDACTED]

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

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

Term: Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

Term:	Spring 1999-2000	[REDACTED]
BIO 214	Prin of Clinical Trials	[REDACTED]
EH 232	Intro to Occup/Environ Medicin	[REDACTED]
HPM 247	Political Anal for Hlth Policy	[REDACTED]
ID 264	Practice of Family & Comm Hlth	[REDACTED]
IGA 222	The U.N. and Human Rights	[REDACTED]
PIH 321	War and Public Health	[REDACTED]

Term: Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

**\*\*\*\*\* TRANSCRIPT TOTALS \*\*\*\*\***

INSTITUTION Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

OVERALL Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

\*\*\*\*\* END C

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 AUG 03 2011  
 IDFPR - MEDICAL UNIT

**REGISTRAR**

[REDACTED SIGNATURE]

Harvard University School of Public Health

**Official Transcript**

677 Huntington Avenue  
Boston, Massachusetts 02115

*This is an official transcript only if bearing the Registrar's signature and embossed seal. Under the provisions of the Family Rights and Privacy Act of 1974, this transcript may not be released or revealed to a third party without written consent of the student.*

**1965-1967**

A,B = Honor Grades  
C = Acceptable  
D = Acceptable,  
but of inferior  
quality  
F = Failing

**1973-1974**

H = Honors  
HP = High Pass  
P = Pass  
NC = No Credit  
CR = Credit  
AU = Audit

**1974-1979**

H = Honors  
HP = High Pass  
P = Pass  
S = Satisfactory  
U = Unsatisfactory

**1979-1996**

A = 4.0 Excellent  
A- = 3.7  
B+ = 3.3 Good  
B = 3.0  
B- = 2.7 Satisfactory  
C+ = 2.3  
C = 2.0 Poor  
C- = 1.7  
F = 0.0 Failing

**1996-2010**

See **1979-1996**  
NS = Not Satisfactory  
WD = Withdrawn from course  
**2010-On**  
See **1996-2010**  
AU = Audit  
F\* = Not calculated in GPA

**1967-1973**

S = Satisfactory  
U = Unsatisfactory

**Notations Carrying No Quality Points**

**1. I or Inc = Incomplete**

- Through Spring of 1982, a final grade replaced the "I". If the incomplete was not made up by the end of the following semester, the grade was recorded permanently as an "F".
- From Fall 1982 to January 1986, the "I" remained part of the grade, "I/grade". An "I" not completed by the end of the following semester was recorded as "I/F".
- From January 1986 to Fall 1989, and "I" not completed by the end of the following semester was recorded as a permanent "I". If completed, the incomplete was recorded as "I/grade".
- From Fall 1989 to present, an "I" completed by the end of the following semester is recorded as "I/grade". If not completed, a grade of "F" is given for the work not completed. If this work accounts for the entire grade, the final grade given will be "I/F".

**2. NS = Not Satisfactory**

- The grade "NS" is assigned for failure by the student to drop the course within the published deadlines for the period.
- The grade "NS" is assigned for failure by the student to gain approval to drop the course late by petitioning the Committee on Admissions and Degrees. Student does not receive a final grade for the course.
- The grade "NS" is assigned for failure by the student to file an "Incomplete Contract" form to make up the course work.
- The grade "NS" is assigned for failure by the student to file an "Absent from Exam" form to reschedule the final exam.

**3. ABS = Absent from Final Examination**

- Excused absence may be cleared by make-up examination and the final grade will replace the "ABS".
- Prior to Fall 1989 semester, unexcused absences remained a permanent part of the transcript and no credit was given for the course.
- Fall 1989 to present, an unexcused absence will be recorded as "F" on the transcript if the grade for the course was to be based upon the missed examination.

**4. SIP = Course Still in Progress, No Grade Available**

**5. NC = No Credit Given**

**6. UA or NG = No Grade Yet Submitted by Instructor**

**7. P, S = Pass, Satisfactory**

**8. I, II, III, IV, E = Passing (HBS Grading System)**

**9. - - - = Multi-Term Course (Grade Assignment in Following Term)**

**10. An \* Followed by the Ordinal Grades of "A" through "F" are Language Courses taken at Harvard's Faculty of Arts and Sciences**

**11. H, P, L, CR = Passing (HLS Grading System)**

**Cross Registration -- School Abbreviations**

GSD	-	Harvard Graduate School of Design
DIV	-	Harvard Divinity School
FLE	-	Tufts Fletcher School of Law & Diplomacy
SAS	-	Harvard Graduate School of Arts & Sciences
GSE	-	Harvard Graduate School of Education
HBS	-	Harvard Business School
LAW	-	Harvard Law School
HMS	-	Harvard Medical School
HDS	-	Harvard School of Dental Medicine
HKS (KSG)	-	Harvard Kennedy School of Government
MIT	-	Massachusetts Institute of Technology
TUF	-	Tufts Friedman School of Nutrition Science & Policy

- Grading systems vary at the different schools. For example, a grade of "E" at GSAS is a failure whereas at the Business School an "E" is considered excellent.

**Grade Point Average**

- All grades with the exception of P are calculated into the G.P.A.
- When courses are taken on a pass/fail basis, a grade of "Pass" is equated with ordinal grades of "A" through "C".
- A grade "F" in any system is a failure.
- Prior to September 1989, a failed course may be repeated for grade and credit and only the repeated grade was used in computing the G.P.A.
- Fall 1989 through Spring 2010, any "F" (if taken on the ordinal system) will be computed in the G.P.A, regardless of whether or not the course is repeated.

**TO VERIFY AUTHENTICITY:**

- The back of this document contains an artificial watermark: hold at an angle to view.
- If photocopied, the word "Void" will appear on the face of this document.
- A multilingual VOID (in English, French and Spanish) will appear when activated by ink eradicators such as bleach.
- Official only if signed by the Registrar and embossed with the Harvard seal.

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**★ FOR GRADE VERIFICATION PLEASE CALL 617-432-1032**



# HARVARD UNIVERSITY

AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

**T**HE PRESIDENT AND FELLOWS OF HARVARD COLLEGE, acting on the recommendation of the Faculty of Public Health

and with the consent of the Honorable and Reverend the Board of Overseers, have conferred on

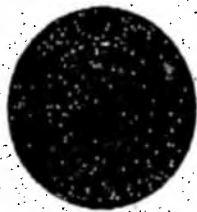
**SADIA HAIDER**  
the degree of Master of Public Health.

*In witness whereof, by authority duly committed to us, we have hereunder placed our names and the University seal on this seventh day of June in the Year of Our Lord two thousand and one and of Harvard College the three hundred and sixty-fifth.*

[Redacted signature area]

PRESIDENT

DEAN OF THE FACULTY OF PUBLIC HEALTH



# THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

## OFFICIAL TRANSCRIPT

STUDENT: **SAHMA HAIDER**

New 5-D

### DEGREES CONFERRED:

B.A. BACHELOR OF ARTS WITH GENERAL HONORS  
ANTHROPOLOGY WITH HONORS  
JUNE 8, 1996

M.D. DOCTOR OF MEDICINE  
MEDICINE  
JUNE 8, 2001

### PROGRAM START QUARTERS:

AUTUMN 1992 UNDERGRADUATE  
AUTUMN 1996 M.D. MEDICINE

### TRANSCRIPT NOTATIONS:

PREVIOUS INSTITUTIONS ATTENDED:  
EMMA WILLARD SCHOOL  
TROY, NY 1992  
HARVARD UNIVERSITY  
CAMBRIDGE, MA 4CRS 1994-95  
UNIVERSITY OF OXFORD  
OXFORD, ENGLAND, UNITED KINGDOM 6CRS 1994-95

### ACCREDITATION:

PLACEMENT PHYS ED REQ. 2 QTRS FULFILLED AUTUMN 1992  
PLACEMENT PRE-CALCULUS MATH PASSED AUTUMN 1992  
PLACEMENT ELEMENTARY FRENCH 100 AUTUMN 1992  
PLACEMENT ELEMENTARY URDU 300 AUTUMN 1992  
PLACEMENT INTERMEDIATE URDU 300 AUTUMN 1992  
CEEB APE 100-LEVEL BIOLOGICAL SCIENCES 300 AUTUMN 1992  
CEEB APE ELECTIVES 300 AUTUMN 1992

### AUTUMN 1992

CHEM 111 BASIC CHEMISTRY-1  
FREN 121 CONTINUING ELEMENTARY FRENCH-1  
HUMA 115 PHILOSOPHICAL PERSPECTIVES-1  
MATH 151 CALCULUS-1  
PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAKEN

### WINTER 1993

CHEM 112 BASIC CHEMISTRY-2  
FREN 122 CONTINUING ELEMENTARY FRENCH-2  
HUMA 116 PHILOSOPHICAL PERSPECTIVES-2  
MATH 152 CALCULUS-2

TOTAL UNITS TAKEN

### SPRING 1993

CHEM 113 BASIC CHEMISTRY-3  
FREN 201 INTERMEDIATE FRENCH-1  
HUMA 117 PHILOSOPHICAL PERSPECTIVES-3  
MATH 133 ELEM FUNCTIONS AND CALCULUS-3  
PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAKEN

### DEAN'S LIST 1992-93

### AUTUMN 1993

BIOS 109 BIOLOGY OF CELLS AND TISSUES  
CHEM 220 ORGANIC CHEMISTRY-1  
SOSC 121 SELF, CULTURE AND SOCIETY-1

TOTAL UNITS TAKEN

### WINTER 1994

BIOS 148 REG HUMAN PHYSIOLOGY SYSTEMS  
CHEM 221 ORGANIC CHEMISTRY-2  
SOSC 122 SELF, CULTURE AND SOCIETY-2

TOTAL UNITS TAKEN

### SPRING 1994

ANTH 308 INTRO TO SOUTH ASIAN CIV-3  
BIOS 200 INTRODUCTION TO BIOCHEMISTRY  
SOSC 123 SELF, CULTURE AND SOCIETY-3

TOTAL UNITS TAKEN

### DEAN'S LIST 1993-94

### SUMMER 1994

LEAVE OF ABSENCE APPR: DEAN OF STUDENTS IN THE COLL

### AUTUMN 1995

### RESUMPTION OF STUDIES APPROVED

ANTH 211 CLSCL RDG: CASTE/COLONL INDI  
ANTH 308 INTRO TO SOUTH ASIAN CIV  
BIOS 232 MAMMALIAN BIOLOGY

TOTAL UNITS TAKEN

**RECEIVED**  
MAY 16 2011  
DFPR - MEDICAL UNIT

### ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
320 W. WASHINGTON ST.  
3RD FLOOR  
SPRINGFIELD, IL 62786

GABRIEL G. OLSZEWSKI  
UNIVERSITY REGISTRAR

05/12/2011

1 OF 3

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE.

# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

Effective Dates of Plus/Minus Grading System	Department
Autumn, 1972--	Social Service Administration
Autumn, 1983	Public Policy Studies
Autumn, 1983	Demography
Summer, 1984	College (undergraduate)
Spring, 1986	Graduate Library School
Autumn, 1986	Graduate Humanities
Autumn, 1986	Graduate Social Sciences
Summer, 1988	Graduate Physical Sciences
Spring, 2000	Law
Autumn, 2006	Business

**1. Organization:** The University of Chicago includes the undergraduate College, the William R. and Catherine V. Graham School of General Studies, four graduate divisions, Biological Sciences, Humanities, Physical Sciences, Social Sciences, six graduate professional schools, Divinity School, Law School, Parker School of Medicine, Irving R. Harris Graduate School of Public Policy Studies, School of Social Service Administration, and the University of Chicago Booth School of Business.

**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science; International Master of Business Administration; Master of Arts; Master of Arts in Teaching; Master of Business Administration; Master of Cooperative Law; Master of Divinity; Master of Fine Arts; Master of Laws; Master of Liberal Arts; Master of Public Policy; Master of Science; Doctor of Comparative Law; Doctor of Jurisprudence; Doctor of Law; Doctor of Medicine; Doctor of Ministry; and Doctor of Philosophy.

The College also recommends the awarding of the Trivium Credit Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full-time quarterly registration in the College is for three or four units, and in the divisions and schools for three units. See II (Graduate Residence Status for exceptions).

**4. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numbered 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above are generally designed to meet requirements for higher degrees. (The face sheet numbering system commenced Autumn 2001.)

**5. Credits:** The course unit is the measure of credit at The University of Chicago. One full unit (100) is equivalent to 3.13 semester hours or 5 quarter hours. Courses of greater or lesser value (1/30, 1/30) carry proportionately more or fewer semester or quarter hours of credit.

**6. Grading Systems:** The marks A+, A, A-, B+, B, B-, C+, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+/A- = 4.0, A = 3.7, B+ = 3.3, B = 3.0, B- = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D+ = 1.3, D = 1.0. Effective Autumn 2006, Business uses an alternate plus-minus grading system. The numeric value of grades is as follows: A+ = 4.5, A = 4.0, A- = 3.6, B+ = 3.3, B = 3.0, B- = 2.6, C+ = 2.3, C = 2.0, C- = 1.6, D+ = 1.3, D = 1.0.

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade in some courses it may be the only grade given. The mark I (indicating incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I. For instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Regulations* of the College; of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality. P- to indicate pass at a high level and P+ to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No sign is attached to the mark R. Work taken at the graduate level for R may, in some instances, be calculated by an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P-N basis in a particular course. The mark N was discontinued effective Autumn 2005. The mark W signifies withdrawal from the course, and grades of W, WP (withdrawal passing) or WI (withdrawal failing) do not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *Regulations*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Trivium Credit Certificate by satisfactorily completing work defined by the State of Illinois in accordance to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, acceleration tests, or CEIB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs - Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward more graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarterly entries of academic work on students' records include academic status and fields of study. The definition of academic status follows:

**Bi-Registrant:** students registered in the Divinity School of The University of Chicago and in a cooperative Hyde Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIC Students:** students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at The University of Chicago.

**Doctoral:** students enrolled in (Comp., D.M., J.S.D., or Ph.D.) degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Masters/Professional:** students enrolled in programs leading to a master's or professional degree (J.D., M.D., etc.).

**Post-Doctoral:** students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Graham School of General Studies and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a Student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1990, courses taken by Returning Scholars may not be applied toward a degree, nor will quality grades be assigned. Non-degree programs may be created to meet special needs and will be specifically identified on academic records.

**11. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree (Revised Summer 2004) to include the first four years of graduate study.

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2004.

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2000 to be limited to 12 years following admission to doctoral program).

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (This status was terminated in Summer 2000.)

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence (Revised Summer 2004).

Students in Scholar, Research or Advanced Residence Status but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholar or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

### Law School Transcript Key

The credit hour is the measure of credit at the Law School; typically University courses not taught through the Law School of 140 units are comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 180-180=A, 179-174=B, 173-168=C, 167-161=D, 159-155=E. The median grade at the Law School is F++.

The frequency of Honors in a typical undergraduate class:  
 Highest Honors (182+) 1.8%  
 High Honors (180.5-182) 3.8%  
 Honors (179) (pre-2002 178+) 19.0%  
 Pass/Fail and letter grades are awarded primarily for on-line law courses. Non-law grades are not calculated into the Law GPA.

P++ indicates that a student has successfully completed the course but technical difficulties not attributable to the student, interfered with the grading process.  
 P+ ("In Progress") indicates that a grade was not available at the time the transcript was printed.  
 W indicates an administrative withdrawal.  
 W- next to a note indicates fulfillment of one of two substantial writing requirements.

**TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO**  
 W. MICHIE, REFORMS OF STUDENTS REGISTERED  
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 OR COMPILED, GENERATED AND PRINTED ON  
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 OF THIS DOCUMENT OR BE DIGITALLY SCANNED,  
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[http://register.uchicago.edu/transcript\\_key.html](http://register.uchicago.edu/transcript_key.html)



# THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

**OFFICIAL TRANSCRIPT**

STUDENT: **SATHA HAIDER**

**WINTER 1996**  
 ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 308 INTRO TO SOUTH ASIAN CIV-2  
 SOSOC 383 PROBLEMS IN GENDER STUDIES-2  
 TOTAL UNITS T

PHYSICAL EDUCATION: REQUIREMENT COMPLETED

**SPRING 1996**  
 ANTH 212 INSTY STDY: CARIBB TRANSNATLSM  
 ANTH 214 PA: ETHNOG/CULTURAL COMMOD  
 ANTH 243 MEDICINE AND CULTURE  
 ARTH 183 SOUTH ASIAN VISUAL CULTURE  
 TOTAL UNITS T

DEAN'S LIST 1995-96

**AUTUMN 1996**  
 BCMB 301 MOLEC BASIS METABOLIC REG-1  
 CLIN 300 CLIN SKILLS 1A: INTERVIEWING  
 ORGB 300 HUMAN MORPHOLOGY-1  
 TOTAL UNITS T

**WINTER 1997**  
 BCMB 302 MOLEC BASIS METABOLIC REG-2  
 CLIN 301 CLIN SKILLS 1B: SOC CNTXT MED  
 CLIN 305 CLINICS: DOCTOR-PATIENT REL  
 MBIO 303 CELL AND ORGAN PHYSIOLOGY  
 ORGB 301 HUMAN MORPHOLOGY-2  
 TOTAL UNITS T

**SPRING 1997**  
 HGEN 339 MEDICAL GENETICS  
 MBIO 304 ORGAN PHYSIOLOGY/ENDOCRINOLOGY  
 MBIO 305 NEUROBIOLOGY  
 MEDC 616 TOPICS IN HIV INFECTION  
 OBGY 301 RSCH: OBSTETRICS/GYNECOLOGY  
 PSYC 301 DEVELOPMENT AND PSYCHOPATHOL  
 TOTAL UNITS T

**AUTUMN 1997**  
 MBIO 303 MEDICAL MICROBIOLOGY



MBIO 306 CELL AND GENERAL PATHOLOGY  
 PATH 306 IMMUNOBIOLOGY  
 PHAR 306 PHARMACOLOGY  
 TOTAL UNITS T

**WINTER 1998**  
 CLIN 302 CLIN SKILLS 2A: PHYSICAL DIAG  
 MBIO 307 CLINICAL PATHOPHYSIOLOGY  
 TOTAL UNITS T

**SPRING 1998**  
 CLIN 304 CLIN SKILLS 2B: PHYSICAL DIAG  
 HSTD 541 EPIDEMIOLOGY/CLINICAL INVEST  
 MEDC 302 NUTRITION IN HEALTH/DISEASE  
 PATH 388 SEMINAR: CLIN PATH CORR  
 PHAR 307 CLINICAL PHARMACOLOGY  
 TOTAL UNITS T

**SUMMER 1998**  
 SURG 303 JUNIOR CLERKSHIP: SURGERY  
 TOTAL UNITS T

**AUTUMN 1998**  
 MEDC 303 JR EXTRNSHIP: INPT MED SERV  
 TOTAL UNITS T

**WINTER 1999**  
 FMED 303 FAMILY MED CKSHIP: MACNEAL  
 OBGY 303 CLERKSHIP: HOSPITAL  
 TOTAL UNITS T

**SPRING 1999**  
 PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS  
 PSYC 303 CLERKSHIP: PSYCHIATRY  
 TOTAL UNITS T

**SUMMER 1999**  
 ENROLLED FULL-TIME PRO FORMA  
 MEDC 800 TUTORIAL: MEDICINE  
 TOTAL UNITS T

MEDICINE  
 106 P

**RECEIVED**  
 MAY 16 2011  
 DFPR - MEDICAL UNIT

**ISSUED TO:**  
 ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
 320 W. WASHINGTON ST.  
 3RD FLOOR  
 SPRINGFIELD, IL 62786

GABRIEL G. OLSZEWSKI  
 UNIVERSITY REGISTRAR

05/12/2011 2 OF 3  
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# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

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**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts, Bachelor of Science; International Master of Business Administration; Master of Arts; Master of Arts in Teaching; Master of Business Administration; Master of Comparative Law; Master of Divinity; Master of Fine Arts; Master of Laws; Master of Liberal Arts; Master of Public Policy; Master of Science; Doctor of Comparative Law; Doctor of Jurisprudence; Doctor of Law; Doctor of Medicine; Doctor of Ministry; and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history, for which programs no longer exist, may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Fall term quarters, registration in the College is for three or four units and in the divisions and schools for three units. See 11. Graduate Residence Status for exceptions.

**4. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numbered 1001 to 2999 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 3000 and above are generally designed to meet requirements for higher degrees. The five digit numbering system commenced Autumn 2001.

**5. Credits:** The course unit is the measure of credit at The University of Chicago. (The fall term, 1989) is equivalent to 3.1 semester hours or 5 quarter hours. Courses of greater or lesser value (150-1999) carry pre-ponderantly more or fewer semester or quarter hours of credit.

**6. Grading Systems:** The marks A+, A, A-, B+, B, C+, C, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+ = 4.0, A = 3.7, B+ = 3.3, B = 3.0, B- = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D+ = 1.3, D = 1.0, F/Effective: Autumn 2006, Business uses an alternative plus-minus grading system. The numeric value of grades is as follows: A+ = 4.33, A = 4.0, A- = 3.67, B+ = 3.33, B = 3.0, B- = 2.67, C+ = 2.33, C = 2.0, C- = 1.67, D+ = 1.33, D = 1.0, F = 0.

**Effective Dates of Plus/Minus Grading System**

Social Service Administration	Autumn, 1977
Public Policy Studies	Autumn, 1983
Divinity	Autumn, 1983
(College Undergraduate)	Summer, 1984
Graduate Liberal School	Spring, 1986
Graduate Humanities	Autumn, 1986
Graduate Social Sciences	Autumn, 1986
Graduate Physical Sciences	Summer, 1988
Law	Spring, 2001
Business	Autumn, 2006

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade; in some courses it may be the only grade given. The mark I (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I, for instance, I1 or I2. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Announcements* of the College, of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality. P+ indicates pass at a high level and P- to indicate pass.

The mark R is used when the student has registered for a course, but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No signum is attached to the mark R. Work taken at the graduate level for R mark, in some instances, is validated in an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark N was discontinued effective Autumn 2005. The mark W signifies withdrawal from the course and grades of W, WP (withdrawal passing) or WJ (withdrawal failing) do not affect grade point averages.

Where no grade is reported after a course, it means that more was available at the time the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *Requirements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit for placement tests, acceleration tests, or CLEP Advanced Placement Examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs - Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarter entries of academic work on students' records include academic status and fields of study. The definition of academic status follows:

**Bi-Registrar:** students registered in the Divinity School of The University of Chicago and in a cooperative High Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular field, but who are not candidates for a degree.

**CHC Students:** students who are degree candidates at a University within the Consortium on Institutional Cooperation and who are registered *pro forma* at The University of Chicago.

**Doctoral:** students enrolled in (Campus, D.M., J.S.D., or Ph.D.) degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Master's/Professional:** students enrolled in programs leading to a master's or professional degree (D.M., M.D., M.P.S., Doctoral): students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Graham School of General Studies and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a Student at Large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree and will qualify grades be assigned. Non degree categories may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2004) to include the first four years of graduate study.

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2001.

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2000 to be limited to 12 years following admission to doctoral program).

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the library, may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University.

(This status was terminated in Summer 2004.)

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year. **Extended Residence:** the period of registration following the conclusion of Advanced Residence. (Revised Summer 2004.)

Students in Scholarship, Research or Advanced Residence Status but not in the active file or Extended Residence status are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School (except University courses not taught through the Law School of full units are comparable to 3 credit hours at the Law School unless otherwise specified).

The Law School uses the following numeric grades and their equivalents: 180-180=A, 179-174=B, 173-168=C, 167-161=D, 159-155=E. The median grade at the Law School is F++.

The frequency of Honors in a typical graduation class:

High Honor (182+)	0.4%
High Honor (180.5+)	3.8%
Honors (179+)	19.0%
Pass/fail and lower grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.	

P++ indicates that a student has successfully completed the course but technical difficulties not attributable to the student, interfered with the grading process.

P/F (in Progress), indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal.

X next to a title indicates fulfillment of one of two substantial writing requirements.

TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO  
ACADEMIC RECORDS OF STUDENTS REGISTERED  
WITH THE SPRING QUARTER OF 1979 ARE EITHER  
DIGITALLY SCANNED AND SENT ELECTRONICALLY,  
OR COMPILED, PRINTED AND PRINTED ON  
SANDY PAPER. TRANSCRIPTS ARE OBJECTIVE  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WHO APPEARS IN  
WHITE ON A VARIOUS BACKGROUND ON THE FACE  
OF THIS DOCUMENT OR BE DIGITALLY SCANNED  
DISPLAY A BLUE RIBBON GRAPHICATE OF  
AUTHENTICITY.

For on-line version of the key and an update, please consult  
the web site of the Office of the University Registrar:  
[http://registrar.uchicago.edu/transcript\\_key.html](http://registrar.uchicago.edu/transcript_key.html)

Revised 04/2010  
10/58100  
SCRIPSAVE, Security Products, Inc. (Cincinnati, OH) 513-2400

**RECEIVED**  
**BUSINESS SERVICES**  
**APPLICATION FOR**  
**LICENSURE AND/OR EXAMINATION**

FOR OFFICIAL USE ONLY

IMPORTANT: NOTIFICATION of completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. If you do not wish to disclose this information, it in this form not being processed.

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

- Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
- INSTRUCTION SHEET, which gives step by step application instructions for your profession.
- REFERENCE SHEET, which gives detailed coding information for your profession.
- SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
- 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:

- Type or print legibly with black ink only.
- FEES ARE NOT REFUNDABLE.**
- Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. 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, or 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, or to other entities for verification of identification.

**PART I: Application Category Information**

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

1. PROFESSION NAME Physician	2. PROFESSION CODE 036	3. LICENSURE METHOD Endorsement	4. FEE \$ 300.00
---------------------------------	---------------------------	------------------------------------	---------------------

**B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> This is the first time I have made application for this profession in Illinois.  | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

**PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division 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 Haider Sadia	2. TITLE (e.g., M.D., D.D.S., etc.) M.D.	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
--	---	--

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY USA
---	------------------------	---------------

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY [REDACTED]
--	------------------------	----------------------

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) N/A	7. MOTHER'S MAIDEN NAME Ahmad
---	----------------------------------

8. PLACE OF BIRTH CITY STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH [REDACTED]	10. AGE [REDACTED]
--	--------------------------------	-----------------------

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: [REDACTED] Fax: [REDACTED]	12. PREFERRED e-MAIL ADDRESS(ES) (If available) [REDACTED]
--	---

**RECEIVED**  
**BUSINESS SERVICES**  
**APPLICATION FOR**  
**LICENSURE AND/OR EXAMINATION**

FOR OFFICIAL USE ONLY

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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.
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4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
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Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES 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 to obtain a license. 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, or 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, or to other entities for verification of identification.

**PART I: Application Category Information**

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

1. PROFESSION NAME Physician	2. PROFESSION CODE 036	3. LICENSURE METHOD Endorsement	4. FEE \$ 300.00
---------------------------------	---------------------------	------------------------------------	---------------------

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> This is the first time I have made application for this profession in Illinois.  | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

**PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division 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 Haider Sadia	2. TITLE (e.g., M.D., D.D.S., etc.) M.D.	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY USA
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY [REDACTED]
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) N/A	7. MOTHER'S MAIDEN NAME Ahmad	
8. PLACE OF BIRTH CITY STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH [REDACTED]	10. AGE [REDACTED]
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (Area Code) [REDACTED] Fax: (Area Code) [REDACTED]	12. PREFERRED e-MAIL ADDRESS(ES) [If available] [REDACTED]	

NAME (Last, First, MI):

Haider, Sadia

SS#:

Profession:

MD

**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 G.E.D.?  Yes  No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED: Emma Willard School  
 3. LAST PRELIMINARY SCHOOL LOCATION (City and State): Troy, NY  
 4. DATE OF GRADUATION: 06 / 1992  
 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		TYPE OF DEGREE EARNED
		FROM	TO	
University of Chicago	Chicago, IL	Month/Year 09/1992	Month/Year 06/1996	B.A.
University of Chicago	Chicago, IL	09/1996	06/2001	MD

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
Beth Israel Deaconess Medical Center	Boston, MA	Month/Year 06/2001	Month/Year 06/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Beth Israel Deaconess Medical Center	Boston, MA	06/2002	06/2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
University of California	San Francisco, CA	07/2005	06/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI)

Haider, Sadia

SS#

Profession:

MD

**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 Massachusetts	MD	(limited)	06/2001	Lapsed
State of Current Licensure where you most recently have been practicing. Massachusetts	MD	233771	08/2007	Active
Other States of Licensure				
California	MD	A93909 training	02/2006	Lapsed

(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
USMLE I	IL	05/1998	(Passed, Failed, Absent) pass
USMLE II	IL	1999	pass
USMLE III	CA	11/2005	pass

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

NAME (Last, First, MI):

Haider, Sadia

SS#:

Profession:

MD

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.			x
2. Have you been convicted of a felony?			x
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.			x
4. 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.			x
5. 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.			x
6. 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.			x

**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: 

--	--

**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

1. 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.

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.") Yes  No

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes  No

**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.

\_\_\_\_\_  
Signature of Applicant

4/27/11  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and 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.

**HEALTHCARE LICENSING SERVICES**  
**3 W. Garden St., Suite 700**  
**Pensacola, FL 32502**


**RELEASE & WAIVER OF RIGHTS**

I hereby authorize the following entities and individuals to release all information in their possession concerning me, whether oral, in writing, documented or other, to HEALTHCARE LICENSING SERVICES and/or its agents acting on my behalf.

- A. All schools or universities which I have attended.
- B. All hospitals or healthcare facilities at which I have ever received training and all hospitals or healthcare facilities at which I have ever held staff privileges, whether full or limited, temporary or permanent.
- C. All professional societies, specialty boards, and other all other organizations with which I have ever been associated.
- D. All agencies from which I have now, or ever had obtained, Malpractice Insurance coverage.
- E. All attorneys who have ever participated in criminal or civil actions, in which I was named party, that would pertain to or directly effect my ability to obtain a State medical license, practice my profession and/or have clinical privileges.
- F. All state licensure boards, federal health agencies, and federal or state drug control agencies.

I hereby release the above-named entities and individuals from all liability for the release of information to the board and/or its agents.

I hereby agree to make this RELEASE & WAIVER OF RIGHTS for the purpose of allowing HEALTHCARE LICENSING SERVICES and/or its agents, to execute its duties pursuant to my request for a license to practice my profession. HLS will obtain written authorization from me prior to obtaining any additional information not authorized above, that HLS may deem relevant to the requirements of licensure.

 → 4/15/11  
 SIGNATURE DATE  
SADIA HADDER  
 PRINT NAME



REPORT OF COMMITTEE/BOARD RECOMMENDATION(S) TO THE DIRECTOR

To the Director  
Division of Professional Regulation  
Springfield, Illinois

We, the Illinois Medical Licensing Board, do hereby report that we fully reviewed documents relevant to the particular(s) listed/detailed below:

SADIA HAIDER MD

Endorsement  
68 IL ADM CODE 1285.80

Dr. Haider received her medical degree from University of Chicago in Chicago, IL in June 2001. She meets the educational & clinical training requirements for licensure by endorsement.

Dr. Haider passed Step 1 of the USMLE June 9, 1998; Step 2 September 2, 1999; and Step 3 December 7, 2005. She exceeds the 7-year rule by 5 months.

Dr. Haider states she was delayed in taking Step 3 because she completed a MPH degree at Harvard School of Public Health. See file for details.

Dr. Haider's application is being presented to the Board for consideration of waiver of the 7-year Rule.

Based upon review of the documents, it was moved, seconded, and carried that it be recommended to the Director that

Approve for waiver of 7-year Rule.

Submitted on behalf of the members of the Medical Licensing Board.  
Date: August 10, 2011

[Redacted Signature]

\*\*\*\*\*

The undersigned Director of the Division of Professional Regulation, hereby  approves  denies  defers  takes under advisement the foregoing recommendation.

Comments: \_\_\_\_\_

Date: 8/10/11

[Redacted Signature]

Director #2

111773

VARIANCE

Pursuant to the authority granted to me in the provisions of 68 Illinois Administrative Code 1285.140, I hereby grant a Variance on behalf of Sadia Haider, M.D., to the provision of 68 Illinois Administrative Code 1285.60(a)(7) which states, in regard to examinations for licensure to practice medicine in all of its branches, that "In the event all USMLE Steps are not successfully completed within 7 years after passing the first step taken, either Step 1 or Step 2, credit for any step passed shall be forfeited." This Variance is granted based upon review of the recommendation of the Illinois Medical Licensing Board for the following reason:

1. Applicant successfully completed the USMLE Step 1 on June 9, 1998, USMLE Step 2 CK on September 2, 1999, and USMLE Step 3 on December 7, 2005, thereby exceeding the seven year time period set forth in Section 1285.60(a)(7) of the Rules for completion of the three part examination sequence.
2. The Board believes that a Variance is not unreasonable in this case because Applicant has in fact passed all 3 parts of the required USLME examination, exceeding the 7 year requirement by 5 months; and Applicant was delayed in taking Step 3 due to her enrollment in a MPH program.

The purpose of this Variance is to vary 68 Illinois Administrative Code 1285.60(a)(7) in order to extend the time period for which examination scores are considered valid, such that Applicant is eligible for licensure should all other requirements for licensure be met.

This Variance is to be narrowly construed and in no event shall this Variance be construed as qualifying the Applicant for licensure until all other requirements for licensure have been met.

I have determined that the provision from which this Variance is granted is not statutorily mandated; no party will be injured by the granting of this Variance; and the rules from which this Variance is granted would, in this particular case, be unreasonable.

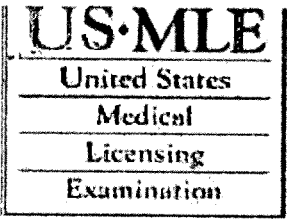
Brent E. Adams, Secretary  
Department of Financial and Professional Regulation

By: \_\_\_\_\_

Jay Stewart, Director #2  
Division of Professional Regulation

Date: \_\_\_\_\_

8/19/11



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76039-3856 -- Telephone (817) 868-4041

Date: 05/03/2011

**Recipient:**

Illinois Department of Financial and Professional Regulation  
ATTN: Sandy Dunn, Manager of Med Licensure  
320 W Washington Street  
3rd Floor  
Springfield, IL 62786

**RECEIVED ELECTRONICALLY**

Haider, Sadia

**Examinee:** Haider, Sadia  
**Alt Name(s):** Sadia, Haider

**Examinee ID#:** [REDACTED]  
**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. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

### USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/1998		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

### USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/02/1999		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

### USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
CALIFORNIA	12/07/2005		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
MASSACHUSETTS	07/11/2005		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
MASSACHUSETTS	03/31/2005		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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

**RECEIVED**  
MAY 03 2011  
IDPR-MEDICAL UNIT

**RECEIVED**

AUG 02 2011

IDFPR - MEDICAL UNIT

June 28, 2011

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3<sup>rd</sup> Floor

Springfield, Illinois 62786

**Re: 7-year rule waiver**

BUSINESS

AUG 1 2011

Div. of Professional Regulation

Dear Medical Licensing Board of Illinois,

I am writing in regards to my recent application for medical licensure in the state of Illinois, and the letter I received dated 6/23/11. I am writing to request a waiver of Section 1285.60, the 7-year rule. I very much appreciate the opportunity to write this letter to request a waiver and to explain my unique situation.

I began medical school at the University of Chicago in 1996, and I extended my medical school training an additional year to receive a dual degree. From 1999 to 2000, between third and fourth year of medical school, I attended public health school to obtain a Masters in Public Health (MPH) degree at the Harvard School of Public Health. I then returned to the University of Chicago to complete medical school in 2001 and graduated with an MD, MPH dual degree. The MPH coursework was done between 1999 to 2000, but the MPH degree was received with my medical degree in 2001 as the MPH was contingent on completion of medical school.

I passed USMLE step 1 on June 9, 1998 followed by USMLE step 3 on December 7, 2005, 7 years and 6 months from the passing USMLE step 1. I request that you waive the 7 year rule as I extended medical school by one year with an additional year of graduate school in the interim. Furthermore, I currently have an active license in Massachusetts which I applied for in 2007. Massachusetts also has the same guidelines for licensure including the 7 year rule. I also requested a similar waiver which I was granted by the board in Massachusetts. Additionally, I have been a physician in good standing in both the state of California and in Massachusetts working as a board certified Obstetrician Gynecologists committed to the underserved as well as a clinician educator training medical students and residents.

I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any

questions or concerns you may have. Please feel free to contact me at your earliest convenience at: email: [REDACTED] or cell phone: [REDACTED]

Best regards,

[REDACTED]

SadiaHaider MD, MPH

Beth Israel Deaconess Medical Center

Department of OB/GYN

Harvard Medical School

[REDACTED]

**RECEIVED**  
AUG 02 2011  
IDFPR - MEDICAL UNIT

June 28, 2011  
State of Illinois  
Department of Financial and Professional Regulation  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786

Dear Medical Licensing Board of Illinois,

I am writing in regards to my recent application for medical licensure in the state of Illinois, and the letter I received dated 6/23/11. I am writing to request a waiver of Section 1285.60, the 7-year rule. I very much appreciate the opportunity to write this letter to request a waiver and to explain my unique situation.

I began medical school at the University of Chicago in 1996, and I extended my medical school training an additional year to receive a dual degree. From 1999 to 2000, between third and fourth year of medical school, I attended public health school to obtain a Masters in Public Health (MPH) degree. I then completed medical school in 2001 and graduated with an MD, MPH dual degree. I passed USMLE step 1 on June 9, 1998 followed by USMLE step 3 on December 7, 2005, 7 years and 6 months from the passing USMLE step 1. I request that you waive the 7 year rule as I extended medical school by one year with an additional year of graduate school in the interim. Furthermore, I currently have an active license in Massachusetts which I applied for in 2007. Massachusetts also has the same guidelines for licensure including the 7 year rule. I also requested a similar waiver which I was granted by the board in Massachusetts. Additionally, I have been a physician in good standing in both the state of California and in Massachusetts working as a board certified Obstetrician Gynecologists committed to the underserved as well as a clinician educator training medical students and residents.

I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any questions or concerns. Please feel free to contact me at your earliest convenience at: email: [REDACTED] or cell phone: [REDACTED]

Best regards,

[REDACTED]  
Sadia Haider MD, MPH  
Beth Israel Deaconess Medical Center  
[REDACTED]

JUL 20 2011

**IDFPR**  
Div. of Professional Regulation



**Harvard**  
**School of Public Health**  
677 Huntington Ave, Suite G4  
Boston, MA 02115

**TRANSCRIPT OF ACADEMIC RECORD**

Page: 1  
Date Issued: 27-JUL-2011  
Level: Graduate

Record of: *Stella Salazar*

Course Level: Graduate  
Matriculated: Fall 1999-2000

Current Program  
Master of Public Health  
Program : Master of Public Health  
College : Harvard Schl. of Public Health  
Major : MD/Master of Public Health  
Maj/Concentration : Family and Community Health

Degree Awarded Master of Public Health 07-JUN-2001

Ehrs:  
GPA-Hrs:  
Primary Degree

Program : Master of Public Health  
Major : MD/Master of Public Health  
Maj/Concentration : Family and Community Health

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

INSTITUTION CREDIT:

Term:	
Fall 1999-2000	
BIO 200	Principles of Biostatistics
EPI 201	Introduction to Epidemiology
EPI 202	Elements Epidemiologic Researc
HPC 506	Practice of Public Hlth in US
ID 250	Eth Basis of Prct of Pub Hlth
ID 262	Intro to Pract of Intnatl Hlth
ID 264	Practice of Family & Comm Hlth
PIH 225	Qual Rsrch Meth for Pop & Hlth
PIH 263	Grant Writing/Rsrch & Hlth Car
PII 250	Epi Inf Disease: Dev'g Countri

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

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

Institution Information continued:

Term: Ehrs:  
GPA-Hrs:

Term: Spring 1999-2000  
BIO 214 Prin of Clinical Trials

EH 232 Intro to Occup/Environ Medicin

HPM 247 Political Anal for Hlth Policy

ID 264 Practice of Family & Comm Hlth

IGA 222 The U.N. and Human Rights

PIH 321 War and Public Health

Term: Ehrs:  
GPA-Hrs:

\*\*\*\*\*

INSTITUTION Ehrs  
GPA-Hrs

OVERALL Ehrs  
GPA-Hrs

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

IDFPR - MEDICAL UNIT

AUG 03 2011

RECEIVED

REGISTRAR

Harvard University School of Public Health

**Official Transcript**

677 Huntington Avenue  
Boston, Massachusetts 02115

*This is an official transcript only if bearing the Registrar's signature and embossed seal. Under the provisions of the Family Rights and Privacy Act of 1974, this transcript may not be released or revealed to a third party without written consent of the student.*

**1965-1967**

A,B = Honor Grades  
C = Acceptable  
D = Acceptable,  
but of inferior  
quality  
F = Failing

**1973-1974**

H = Honors  
HP = High Pass  
P = Pass  
NC = No Credit  
CR = Credit  
AU = Audit

**1974-1979**

H = Honors  
HP = High Pass  
P = Pass  
S = Satisfactory  
U = Unsatisfactory

**1979-1996**

A = 4.0 Excellent  
A- = 3.7  
B+ = 3.3 Good  
B = 3.0  
B- = 2.7 Satisfactory  
C+ = 2.3  
C = 2.0 Poor  
C- = 1.7  
F = 0.0 Failing

**1996-2010**

See **1979-1996**  
NS = Not Satisfactory  
WD = Withdrawn from course  
**2010-On**  
See **1996-2010**  
AU = Audit  
F\* = Not calculated in GPA

**1967-1973**

S = Satisfactory  
U = Unsatisfactory

**Notations Carrying No Quality Points**

**1. I or Inc = Incomplete**

- Through Spring of 1982, a final grade replaced the "I". If the incomplete was not made up by the end of the following semester, the grade was recorded permanently as an "F".
- From Fall 1982 to January 1986, the "I" remained part of the grade, "I/grade". An "I" not completed by the end of the following semester was recorded as "I/F".
- From January 1986 to Fall 1989, and "I" not completed by the end of the following semester was recorded as a permanent "I". If completed, the incomplete was recorded as "I/grade".
- From Fall 1989 to present, an "I" completed by the end of the following semester is recorded as "I/grade". If not completed, a grade of "F" is given for the work not completed. If this work accounts for the entire grade, the final grade given will be "I/F".

**2. NS = Not Satisfactory**

- The grade "NS" is assigned for failure by the student to drop the course within the published deadlines for the period.
- The grade "NS" is assigned for failure by the student to gain approval to drop the course late by petitioning the Committee on Admissions and Degrees. Student does not receive a final grade for the course.
- The grade "NS" is assigned for failure by the student to file an "Incomplete Contract" form to make up the course work.
- The grade "NS" is assigned for failure by the student to file an "Absent from Exam" form to reschedule the final exam.

**3. ABS = Absent from Final Examination**

- Excused absence may be cleared by make-up examination and the final grade will replace the "ABS".
- Prior to Fall 1989 semester, unexcused absences remained a permanent part of the transcript and no credit was given for the course.
- Fall 1989 to present, an unexcused absence will be recorded as "F" on the transcript if the grade for the course was to be based upon the missed examination.

**4. SIP = Course Still in Progress, No Grade Available**

**5. NC = No Credit Given**

**6. UA or NG = No Grade Yet Submitted by Instructor**

**7. P, S = Pass, Satisfactory**

**8. I, II, III, IV, E = Passing (HBS Grading System)**

**9. - - - = Multi-Term Course (Grade Assignment in Following Term)**

**10. An \* Followed by the Ordinal Grades of "A" through "F" are**

Language Courses taken at Harvard's Faculty of Arts and Sciences

**11. H, P, L, CR = Passing (HLS Grading System)**

**Cross Registration -- School Abbreviations**

GSD	-	Harvard Graduate School of Design
DIV	-	Harvard Divinity School
FLE	-	Tufts Fletcher School of Law & Diplomacy
SAS	-	Harvard Graduate School of Arts & Sciences
GSE	-	Harvard Graduate School of Education
HBS	-	Harvard Business School
LAW	-	Harvard Law School
HMS	-	Harvard Medical School
HDS	-	Harvard School of Dental Medicine
HKS (KSG)	-	Harvard Kennedy School of Government
MIT	-	Massachusetts Institute of Technology
TUF	-	Tufts Friedman School of Nutrition Science & Policy

- Grading systems vary at the different schools. For example, a grade of "E" at GSAS is a failure whereas at the Business School an "E" is considered excellent.

**Grade Point Average**

- All grades with the exception of P are calculated into the G.P.A.
- When courses are taken on a pass/fail basis, a grade of "Pass" is equated with ordinal grades of "A" through "C-".
- A grade "F" in any system is a failure.
- Prior to September 1989, a failed course may be repeated for grade and credit and only the repeated grade was used in computing the G.P.A.
- Fall 1989 through Spring 2010, any "F" (if taken on the ordinal system) will be computed in the G.P.A. regardless of whether or not the course is repeated.

**TO VERIFY AUTHENTICITY:**

- The back of this document contains an artificial watermark: hold at an angle to view.
- If photocopied, the word "Void" will appear on the face of this document.
- A multilingual VOID (in English, French and Spanish) will appear when activated by ink eradicators such as bleach.
- Official only if signed by the Registrar and embossed with the Harvard seal.

This educational record is subject to the Educational Rights and Privacy Act of 1974 (Buckley Amendment), as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.

**★ FOR GRADE VERIFICATION PLEASE CALL 617-432-1032**





# HARVARD UNIVERSITY

AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE, acting on the recommendation of the Faculty of Public Health

and with the consent of the Honorable and Reverend the Board of Overseers, have conferred on

SADIA HAIDER  
the degree of Master of Public Health.

*In witness whereof, by authority duly committed to us, we have hereunder placed our names and the University seal on this seventh day of June in the Year of Our Lord two thousand and one and of Harvard College the three hundred and sixty-fifth.*

*[Handwritten signatures]*

PRESIDENT

DEAN OF THE FACULTY OF PUBLIC HEALTH



# THE UNIVERSITY OF CHICAGO

## Office of the University Registrar

CHICAGO, ILLINOIS 60607

### OFFICIAL TRANSCRIPT

STUCSABHA HAIDER

STUDENT NUMBER

#### DEGREES CONFERRED:

B.A. BACHELOR OF ARTS WITH GENERAL HONORS  
ANTHROPOLOGY WITH HONORS  
JUNE 8, 1996

M.D. DOCTOR OF MEDICINE  
MEDICINE  
JUNE 8, 2001

#### PROGRAM START QUARTERS:

AUTUMN 1992 UNDERGRADUATE  
AUTUMN 1996 M.D. MEDICINE

#### TRANSCRIPT NOTATIONS:

PREVIOUS INSTITUTIONS ATTENDED:  
EMMA WILLARD SCHOOL  
TROY, NY 1992  
HARVARD UNIVERSITY  
CAMBRIDGE, MA 4CRS 1994-95  
UNIVERSITY OF OXFORD  
OXFORD, ENGLAND, UNITED KINGDOM 6CRS 1994-95

#### ACCREDITATION:

PLACEMENT PHYS ED REQ. 2 QTRS FULFILLED AUTUMN 1992  
PLACEMENT PRE-CALCULUS MATH PASSED AUTUMN 1992  
PLACEMENT ELEMENTARY FRENCH 100 AUTUMN 1992  
PLACEMENT ELEMENTARY URDU 300 AUTUMN 1992  
PLACEMENT INTERMEDIATE URDU 300 AUTUMN 1992  
CEEB APE 100-LEVEL BIOLOGICAL SCIENCES 300 AUTUMN 1992  
CEEB APE ELECTIVES 300 AUTUMN 1992

#### AUTUMN 1992

CHEM 111 BASIC CHEMISTRY-1  
FREN 121 CONTINUING ELEMENTARY FRENCH-1  
HUMA 113 PHILOSOPHICAL PERSPECTIVES-1  
MATH 151 CALCULUS-1  
PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAKE

#### WINTER 1993

CHEM 112 BASIC CHEMISTRY-2  
FREN 122 CONTINUING ELEMENTARY FRENCH-2  
HUMA 116 PHILOSOPHICAL PERSPECTIVES-2  
MATH 152 CALCULUS-2

TOTAL UNITS TAKE

#### ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
320 W. WASHINGTON ST.  
3RD FLOOR  
SPRINGFIELD, IL 62786

SPRING 1993  
CHEM 113 BASIC CHEMISTRY-3  
FREN 201 INTERMEDIATE FRENCH-1  
HUMA 117 PHILOSOPHICAL PERSPECTIVES-3  
MATH 133 ELEM FUNCTIONS AND CALCULUS-3  
PHED 097 PHYSICAL EDUCATION

#### DEAN'S LIST 1992-93

#### AUTUMN 1993

BIOS 109 BIOLOGY OF CELLS AND TISSUES  
CHEM 220 ORGANIC CHEMISTRY-1  
SOSC 121 SELF, CULTURE AND SOCIETY-1

#### WINTER 1994

BIOS 148 REG HUMAN PHYSIOLOGY SYSTEMS  
CHEM 221 ORGANIC CHEMISTRY-2  
SOSC 122 SELF, CULTURE AND SOCIETY-2

#### SPRING 1994

ANTH 308 INTRO TO SOUTH ASIAN CIV-3  
BIOS 200 INTRODUCTION TO BIOCHEMISTRY  
SOSC 123 SELF, CULTURE AND SOCIETY-3

#### DEAN'S LIST 1993-94

#### SUMMER 1994

LEAVE OF ABSENCE APPR: DEAN OF STUDENTS IN THE COLL

#### AUTUMN 1995

RESUMPTION OF STUDIES APPROVED

ANTH 211 CLSCL RDG: CASTE/COLONIAL INDIA  
ANTH 308 INTRO TO SOUTH ASIAN CIV-1  
BIOS 232 MAMMALIAN BIOLOGY

RECEIVED  
MAY 16 2011  
DPR - MEDICAL UNIT

05/12/2011 1 OF 3

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE.

GABRIEL G. OLSZEWSKI  
UNIVERSITY REGISTRAR

TO BE VALID, THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

REJECT THE DOCUMENT IF SIGNATURE ABOVE IS DISTORTED

# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

Effective Dates of Plus/Minus Grading System	Academic Records
Social Service Administration Public Policy Studies Dwight (College (undergraduate)) Graduate Library School Graduate Libraries Graduate Social Sciences Graduate Physical Sciences Law Business	Autumn, 1979 Autumn, 1983 Autumn, 1983 Autumn, 1984 Spring, 1986 Autumn, 1986 Autumn, 1986 Summer, 1988 Spring, 2001 Autumn, 2006

**1. Organization:** The University of Chicago includes the undergraduate College, the William B. and Catherine V. Graham School of Human Studies, four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences, six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, the University of Chicago Booth School of Business.

**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science; International Master of Business Administration; Master of Arts; Master of Arts in Teaching; Master of Business Administration; Master of Comparative Law; Master of Divinity; Master of Fine Arts; Master of Laws; Master of Liberal Arts; Master of Public Policy; Master of Science; Doctor of Comparative Law; Doctor of Jurisprudence; Doctor of Law; Doctor of Medicine; Doctor of Ministry; and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University award during its history for which programs no longer exist may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Fall-time quarter registration in the College is for three- or four-unit and in the divisions and schools for three units. See 11 Graduate Residence Status for exceptions.

**4. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numbered 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above are generally designed to meet requirements for higher degrees. (The five-digit numbering system commenced Autumn 2001.)

**5. Credits:** The course unit is the measure of credit at The University of Chicago. (One full unit (180) is equivalent to 1.13 semester hours or 5 quarter hours. Courses of greater or lesser value (130, 150) carry proportionately more or fewer semester or quarter hours of credit.)

**6. Grading Systems:** The marks A+, A, A-, B+, B, B-, C+, C, C-, D and P are passing grades. The numeric value of grades is as follows: A+ = 4.0, A = 3.7, B+ = 3.3, B = 3.0, B- = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D+ = 1.3, D = 1.0. Effective Autumn 2006, Business uses an alternative plus-minus grading system. The numeric value of grades is as follows: A+ = 4.33, A = 4.0, A- = 3.67, B+ = 3.33, B = 3.0, B- = 2.67, C+ = 2.33, C = 2.0, C- = 1.67, D+ = 1.33, D = 1.0.

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade in some courses it may be the only grade given. The mark I (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I, for instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Announcements* of the College, of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality, P+ to indicate pass at a high level and P- to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken in an examination, for R, may, in some instances, be validated for students in the College who have, under controlled conditions, chosen to be graded on a P+ or N basis in a particular course. The mark N was discontinued effective Autumn 2005. The mark W signifies withdrawal from the course, and grades of W, W.P (withdrawal passing) or W.I (withdrawal failed) do not affect grade point averages.

Where no grade is reported after a course, it means that more was available at the time the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *University Catalog*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactory completion of work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEHAB Advanced Placement examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs – Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarterly entries of academic work on students' records include academic status and fields of study. The definition of academic status follows:

**Re-registrant:** students registered in the Divinity School of The University of Chicago and in a cooperative Hyde Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIC Students:** students who are degree candidates at a University within the Consortium on Institutional Cooperation and who are registered *pro forma* at The University of Chicago.

**Doctorate:** students enrolled in (Campus, D.M.A., J.S.D., or Ph.D. degree).

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Masters/Professional:** students enrolled in programs leading to a master's or professional degree (M.D., M.Dent., Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree).

**Returning Scholars:** students who are registered through the Graham School of General Studies and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a student-at-large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if the student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree but will qualify grades be assigned. Non-degree categories may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000) to include the first four years of graduate study.)

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2000.)

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2000 to be limited to 12 years following admission to doctoral program.)

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (This status was terminated in Summer 2000.)

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence. (Revised Summer 2000.)

Students in Scholarship, Research or Advanced Residence Status but not in the active file or Extended Residence status are considered full-time students.

The academic records of students who are permitted to complete the scholar or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School; typically University courses not taught through the Law School of 100 units are comparable to 1 credit hour at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 180-180=A, 179-174=B, 173-168=C, 167-161=D, 159-155=E. The median grade at the Law School is F+.

The frequency of honors in a typical graduating class:

Highest Honors (182+)	0.4%
High Honors (180.5+)(182-181)	1.8%
Honors (179)(180-178)	19.0%
Pass/Fail and lower grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.	

P+ indicates that a student has successfully completed the course but technical difficulties not attributable to the student, interfered with the grading process.

IP ("In Progress") indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal.

\* next to a title indicates fulfillment of one of two substantial writing requirements.

TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO  
MADE FROM RECORDS OF STUDENTS REGISTERED  
AFTER THE SPRING QUARTER OF 1979 AND EITHER  
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AUTHENTICITY.

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[http://registrar.uchicago.edu/transcript\\_key.html](http://registrar.uchicago.edu/transcript_key.html)

10/15/2010 Revised 10/1/2010  
SCRIP-STAT, Security Products, Inc. Cincinnati, OH 45215, Patent 5,713,940

# THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

## OFFICIAL TRANSCRIPT

STUDENT: **SATHA HAIDER**

### WINTER 1996

ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 308 INTRO TO SOUTH ASIAN CIV-2  
 SOSC 283 PROBLEMS IN GENDER STUDIES-2

TOTAL UNITS

PHYSICAL EDUCATION: REQUIREMENT COMPLETED

### SPRING 1996

ANTH 212 INSTV STDY: CARIB TRANSNATLSM  
 ANTH 214 PA: ETHNOG/CULTURAL COMMOD  
 ANTH 243 MEDICINE AND CULTURE  
 ARTH 185 SOUTH ASIAN VISUAL CULTURE

TOTAL UNITS

DEAN'S LIST 1995-96

### AUTUMN 1996

BCMB 301 MOLEC BASIS METABOLIC REG-1  
 CLIN 300 CLIN SKILLS 1A: INTERVIEWING  
 ORGB 300 HUMAN MORPHOLOGY-1

TOTAL UNITS

### WINTER 1997

BCMB 302 MOLEC BASIS METABOLIC REG-2  
 CLIN 301 CLIN SKILLS 1B: SOC CNTXT MED  
 CLIN 305 CLINICS: DOCTOR-PATIENT REL  
 MBIO 303 CELL AND ORGAN PHYSIOLOGY  
 ORGB 301 HUMAN MORPHOLOGY-2

TOTAL UNITS

### SPRING 1997

HGEN 339 MEDICAL GENETICS  
 MBIO 304 ORGAN PHYSIOLOGY/ENDOCRINOLOGY  
 MBIO 305 NEUROBIOLOGY  
 MEDC 416 TOPICS IN HIV INFECTION  
 OBGY 301 RSCH: OBSTETRICS/GYNECOLOGY  
 PSYC 301 DEVELOPMENT AND PSYCHOPATHOL

TOTAL UNITS

### AUTUMN 1997

MBIO 302 MEDICAL MICROBIOLOGY

MBIO 306 CELL AND GENERAL PATHOLOGY  
 PATH 306 IMMUNOBIOLOGY  
 PHAR 306 PHARMACOLOGY

TOTAL UNITS TA

### WINTER 1998

CLIN 302 CLIN SKILLS 2A: PHYSICAL DIAG  
 MBIO 307 CLINICAL PATHOPHYSIOLOGY

TOTAL UNITS TA

### SPRING 1998

CLIN 304 CLIN SKILLS 2B: PHYSICAL DIAG  
 HSTD 541 EPIDEMIOLOGY/CLINICAL INVEST  
 MEDC 302 NUTRITION IN HEALTH/DISEASE  
 PATH 388 SEMINAR: CLIN PATH CORR  
 PHAR 307 CLINICAL PHARMACOLOGY

TOTAL UNITS TA

### SUMMER 1998

SURG 303 JUNIOR CLERKSHIP: SURGERY

TOTAL UNITS TA

### AUTUMN 1998

MEDC 303 JR EXTRNSHIP: INPT MED SERV

TOTAL UNITS TA

### WINTER 1999

FMED 303 FAMILY MED CKSHP: MACNEAL  
 OBGY 303 CLERKSHIP: HOSPITAL

TOTAL UNITS TA

### SPRING 1999

PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS  
 PSYC 303 CLERKSHIP: PSYCHIATRY

TOTAL UNITS TA

### SUMMER 1999

ENROLLED FULL-TIME PRO FORMA

MEDC 800 TUTORIAL: MEDICINE

TOTAL UNITS TA

**RECEIVED**  
 MAY 16 2011  
 DJPR - MEDICAL UNIT

### ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
 320 W. WASHINGTON ST.  
 3RD FLOOR  
 SPRINGFIELD, IL 62786

GABRIEL G. OLSZEWSKI  
 UNIVERSITY REGISTRAR

05/12/2011

2 OF 3

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE.

# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

**1. Organization:** The University of Chicago includes the undergraduate College; the William B. and Catherine V. Gribham School of General Studies; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Training R. Harris Graduate School of Public Policy Studies, School of Social Service Administration; the University of Chicago Booth School of Business.

**Degrees Offered:** Authorize for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science; International Master of Business Administration; Master of Arts; Master of Arts in Teaching; Master of Business Administration; Master of Comparative Law; Master of Divinity; Master of Fine Arts; Master of Law; Master of Liberal Arts; Master of Public Policy; Master of Science; Doctor of Comparative Law; Doctor of Jurisprudence; Doctor of Law; Doctor of Medicine; Doctor of Ministry; and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history, for which programs no longer exist, may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full-time quarterly registration in the College is for three or four units and in the divisions and schools for three units. See II, Graduate Residence Status for exceptions.

**4. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numerical and the last two letters are considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 340 and above are generally designed to meet requirements for higher degrees. The five digit numbering system commenced Autumn 2001.

**5. Credits:** The course unit is the measure of credit at The University of Chicago. (One full unit: 100) is equivalent to 3.13 semester hours or 5 quarter hours. (Courses of greater or lesser value: 1/30) (30) carry proportionately more or fewer semester or quarter hours of credit.

**6. Grading Systems:** The marks A+, A, A-, B+, B, B-, C+, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+ = 4.0, A = 3.7, A- = 3.3, B+ = 3.0, B = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D+ = 1.3, D = 1.0. Effective Autumn 2006, Business uses an alternative plus-minus grading system. The numeric value of grades is as follows: A+ = 4.50, A = 4.0, A- = 3.67, B+ = 3.0, B = 2.67, C+ = 2.33, C = 2.0, C- = 1.67, D+ = 1.33, D = 1.0.

## Effective Dates of Plus/Minus Grading System

Division	Autumn, 1992	Autumn, 1993	Autumn, 1994	Autumn, 1996	Autumn, 1998	Autumn, 2000	Autumn, 2006
Social Service Administration							
Public Policy Studies							
Divinity							
(College undergraduate)							
Graduate Human School							
Graduate Humanities							
Graduate Social Sciences							
Graduate Physical Sciences							
Law							
Business							

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade; in some courses it may be the only grade given. The mark F (failing, incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected in a quality grade following the mark I, for instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Regulations* of the College; of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality; P- to indicate pass at a high level and P+ to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark entitles no academic credit, but courses in which the mark is given may be counted toward residence requirements. No course is studied to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W was discontinued effective Autumn 2005. The mark W signifies withdrawal from the course; and grades of W, W/P (withdrewal pending) or W/P (withdrewal failing) do not affect grade point averages.

Where no grade is reported after a course, it means that more was available at the unit; the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *Regulations*, published in each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEIB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs – Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarterly entries of academic work on students' records include academic courses and fields of study. The definition of academic status follows:

**Re-registrants:** students registered in the Divinity School of The University of Chicago and in a cooperative Hyde Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIG Students:** students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro passim* at The University of Chicago.

**Doctoral:** students enrolled in CompL., D.Vin., J.S.N.D., or Ph.D. degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro passim* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro passim* in the College, but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Masters's/Professional:** students enrolled in programs leading to a master's or professional degree (J.D., M.D., Ph.D., Post-Doctoral), students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Gribham School of General Studies, and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a student at large, Special Summer Student, or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1987 courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned. Non degree categories may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2004) to include the first two years of graduate study.

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2001.

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2004) to be limited to 12 years following admission to doctoral program.)

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (This status was terminated in Summer 2003.)

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence. (Revised Summer 2004.)

Students in Scholarship, Research or Advanced Residence Status, but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro passim*. *Pro passim* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School. The credit hour is comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 186.6/80 = A, 179.4/74 = B, 173.4/68 = C, 167.6/61 = D, 159.1/55 = F. The median grade at the Law School is F++.

The Frequency of Honors in a typical graduating class:

Highest Honors (98-2+)	0.4%
High Honors (180+)	3.8%
Honors (170+) (pre-2002 178+)	19.0%
Pass/fail and lower grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.	

P++ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

D/F++ Progress+ indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal.

Next to a title indicates fulfillment of one of two substantial writing requirements.

TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO  
ACADEMIC RECORDS OF STUDENTS REGISTERED  
AT THE SPRING QUARTER OF 1979 ARE EITHER  
DIGITALLY SCANNED AND SENT ELECTRONICALLY  
OR COMPILED BY HAND AND PRINTED ON  
SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WHO APPEARS IN  
WHITE ON A VIBRANT BACKGROUND ON THE FACE  
OF THIS DOCUMENT OR, IF DIGITALLY SCANNED,  
DISPLAY A BLUE RIBBON CERTIFICATE OF  
AUTHENTICITY.

For on-line version of this key and an update, please consult  
the web site of the Office of the University Registrar:  
[http://registrar.uchicago.edu/transcript\\_key.html](http://registrar.uchicago.edu/transcript_key.html)  
Revised 04/2010  
JURSR010  
SCRIPTS/SAFE Secure Printers, Inc. Cincinnati, OH 45215, Page 5 of 17, 10/0

# THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

## OFFICIAL TRANSCRIPT

STUDENT: **SARAH HAIDER**

### SUMMER 2000

EMED 306 CLERKSHIP: EMERGENCY MEDICINE  
MEDC 683 PATHOPHYS OF CRITICAL ILLNESS  
MEDC 743 CLIN SKILLS-4: ADV HIST TAKING  
NURL 453 SENIOR REQ COURSE: NEUROLOGY  
OBGY 360 MATERNAL-FETAL MED/BIRTHROOMS

TOTAL UNITS

### AUTUMN 2000

MEDC 533 DERMATOLOGY CONSULTS/CLIN DERM  
MEDC 800 TUTORIAL: MEDICINE  
OBGY 444 EXTERNSHIP: OB/GYN

TOTAL UNITS

### WINTER 2001

MEDC 503 ECG INTERPRETATION  
MEDC 592 TEACHING: PHYSICAL DIAGNOSIS  
MEDC 596 VIGNETTES IN CLINICAL MEDICINE  
MEDC 603 CRITCL APPRSL INFLUNTL MED LIT  
MEDC 692 CLIN APPROACH TO CHEST X-RAY  
MEDC 777 ADV CLIN PHARM/THERAPEUTICS  
RADI 306 MEDICAL IMAGING  
RADI 321 READING TUTORIAL: RADIOLOGY

TOTAL UNITS

### SPRING 2001

EMED 307 ADV CARDIAC LIFE SUPPORT(ACLS)  
MEDC 737 STUDY AWAY AT UNIV OR MED CTR  
MEDC 800 TUTORIAL: MEDICINE

TOTAL UNITS

\*\*\* END OF OFFICIAL TRANSCRIPT \*\*\*

**RECEIVED**  
MAY 16 2011  
DFPR - MEDICAL UNIT

### ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
320 W. WASHINGTON ST.  
3RD FLOOR  
SPRINGFIELD, IL 62786

GABRIEL G. OLSZEWSKI  
UNIVERSITY REGISTRAR

05/12/2011 3 OF 3

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**RECEIVED**  
BUSINESS SERVICES

**APPLICATION FOR  
LICENSURE AND/OR EXAMINATION**

FOR OFFICIAL USE ONLY

IMPORTANT: The 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 complete this form will result in this form not being processed.

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. FEES 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 to obtain a license. 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, or 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, or to other entities for verification of identification.

**PART I: Application Category Information**

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

1. PROFESSION NAME Physician	2. PROFESSION CODE 036	3. LICENSURE METHOD Endorsement	4. FEE \$ 300.00
---------------------------------	---------------------------	------------------------------------	---------------------

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> This is the first time I have made application for this profession in Illinois.  | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

**PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division 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 Haider Sadia	2. TITLE (e.g., M.D., D.D.S., etc.) M.D.	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
--	---	--

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY [REDACTED]
---

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY [REDACTED]
--

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) N/A	7. MOTHER'S MAIDEN NAME Ahmad
---	----------------------------------

8. PLACE OF BIRTH CITY STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH [REDACTED]	10. AGE [REDACTED]
--	--------------------------------	-----------------------

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: [REDACTED] Fax: [REDACTED] (Area Code) (Area Code)	12. PREFERRED e-MAIL [REDACTED]@[REDACTED].[REDACTED]
---	---

NAME (Last, First, MI):

Haider, Sadia

SS#:

Profession:

MD

**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: Emma Willard School  
 3. LAST PRELIMINARY SCHOOL LOCATION (City and State): Troy, NY  
 4. DATE OF GRADUATION: 06 / 1992  
 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		TYPE OF DEGREE EARNED
		FROM	TO	
University of Chicago	Chicago, IL	Month/Year 09/1992	Month/Year 06/1996	B.A.
University of Chicago	Chicago, IL	09/1996	06/2001	MD

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
Beth Israel Deaconess Medical Center	Boston, MA	Month/Year 06/2001	Month/Year 06/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Beth Israel Deaconess Medical Center	Boston, MA	06/2002	06/2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
University of California	San Francisco, CA	07/2005	06/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



NAME (Last, First, MI):

Haider, Sadia

SS#:

Profession:

MD

**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 Massachusetts	MD	(limited)	06/2001	Lapsed
State of Current Licensure where you most recently have been practicing. Massachusetts	MD	233771	08/2007	Active
Other States of Licensure				
California	MD	A93909 training	02/2006	Lapsed

(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
USMLE I	IL	05/1998	(Passed, Failed, Absent) pass
USMLE II	IL	1999	pass
USMLE III	CA	11/2005	pass

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

NAME (Last, First, MI): Haider, Sadia

SS#:

Profession:

MD

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.			x
2. Have you been convicted of a felony?			x
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.			x
4. 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.			x
5. 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.			x
6. 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.			x

**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: 

--	--

**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

1. 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.

Are you more than 30 days delinquent in complying with a child support order? Yes  No


(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes  No

**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.

 \_\_\_\_\_ Date 4/27/11

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and 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.

**HEALTHCARE LICENSING SERVICES**  
**3 W. Garden St., Suite 700**  
**Pensacola, FL 32502**


**RELEASE & WAIVER OF RIGHTS**

I hereby authorize the following entities and individuals to release all information in their possession concerning me, whether oral, in writing, documented or other, to HEALTHCARE LICENSING SERVICES and/or its agents acting on my behalf.

- A. All schools or universities which I have attended.
- B. All hospitals or healthcare facilities at which I have ever received training and all hospitals or healthcare facilities at which I have ever held staff privileges, whether full or limited, temporary or permanent.
- C. All professional societies, specialty boards, and other all other organizations with which I have ever been associated.
- D. All agencies from which I have now, or ever had obtained, Malpractice Insurance coverage.
- E. All attorneys who have ever participated in criminal or civil actions, in which I was named party, that would pertain to or directly effect my ability to obtain a State medical license, practice my profession and/or have clinical privileges.
- F. All state licensure boards, federal health agencies, and federal or state drug control agencies.

I hereby release the above-named entities and individuals from all liability for the release of information to the board and/or its agents.

I hereby agree to make this RELEASE & WAIVER OF RIGHTS for the purpose of allowing HEALTHCARE LICENSING SERVICES and/or its agents, to execute its duties pursuant to my request for a license to practice my profession. HLS will obtain written authorization from me prior to obtaining any additional information not authorized above, that HLS may deem relevant to the requirements of licensure.

 → 4/15/11  
 SIGNATURE DATE  
SARAH HARDER  
 PRINT NAME

REPORT OF COMMITTEE/BOARD RECOMMENDATION(S) TO THE DIRECTOR

To the Director  
Division of Professional Regulation  
Springfield, Illinois

We, the Illinois Medical Licensing Board, do hereby report that we fully reviewed documents relevant to the particular(s) listed/detailed below:

SADIA HAIDER MD

Endorsement  
68 IL ADM CODE 1285.80

Dr. Haider received her medical degree from University of Chicago in Chicago, IL in June 2001. She meets the educational & clinical training requirements for licensure by endorsement.

Dr. Haider passed Step 1 of the USMLE June 9, 1998; Step 2 September 2, 1999; and Step 3 December 7, 2005. She exceeds the 7-year rule by 5 months.

Dr. Haider states she was delayed in taking Step 3 because she completed a MPH degree at Harvard School of Public Health. See file for details.

Dr. Haider's application is being presented to the Board for consideration of waiver of the 7-year Rule.

Based upon review of the documents, it was moved, seconded, and carried that it be recommended to the Director that

Approve for variance of 7-year Rule.

Submitted on behalf of the members of the Medical Licensing Board.  
Date: August 10, 2011



The undersigned Director of the Division of Professional Regulation, hereby  approves  denies  defers  takes under advisement the foregoing recommendation.

Comments: \_\_\_\_\_

Date: 8/10/11

[Signature]  
Director #2

111773

## VARIANCE

Pursuant to the authority granted to me in the provisions of 68 Illinois Administrative Code 1285.140, I hereby grant a Variance on behalf of Sadia Haider, M.D., to the provision of 68 Illinois Administrative Code 1285.60(a)(7) which states, in regard to examinations for licensure to practice medicine in all of its branches, that "In the event all USMLE Steps are not successfully completed within 7 years after passing the first step taken, either Step 1 or Step 2, credit for any step passed shall be forfeited." This Variance is granted based upon review of the recommendation of the Illinois Medical Licensing Board for the following reason:

1. Applicant successfully completed the USMLE Step 1 on June 9, 1998, USMLE Step 2 CK on September 2, 1999, and USMLE Step 3 on December 7, 2005, thereby exceeding the seven year time period set forth in Section 1285.60(a)(7) of the Rules for completion of the three part examination sequence.
2. The Board believes that a Variance is not unreasonable in this case because Applicant has in fact passed all 3 parts of the required USLME examination, exceeding the 7 year requirement by 5 months; and Applicant was delayed in taking Step 3 due to her enrollment in a MPH program.

The purpose of this Variance is to vary 68 Illinois Administrative Code 1285.60(a)(7) in order to extend the time period for which examination scores are considered valid, such that Applicant is eligible for licensure should all other requirements for licensure be met.

This Variance is to be narrowly construed and in no event shall this Variance be construed as qualifying the Applicant for licensure until all other requirements for licensure have been met.

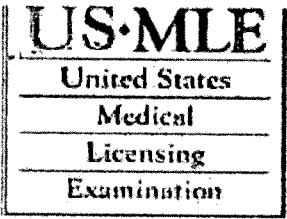
I have determined that the provision from which this Variance is granted is not statutorily mandated; no party will be injured by the granting of this Variance; and the rules from which this Variance is granted would, in this particular case, be unreasonable.

Brent E. Adams, Secretary  
Department of Financial and Professional Regulation

By: \_\_\_\_\_

Jay Stewart, Director  
Division of Professional Regulation

Date: 5/19/11



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Eufless, TX 76039-3856 -- Telephone (817) 868-4041

Date : 05/03/2011

**Recipient:**

Illinois Department of Financial and Professional Regulation  
ATTN: Sandy Dunn, Manager of Med Licensure  
320 W Washington Street  
3rd Floor  
Springfield, IL 62786

**RECEIVED ELECTRONICALLY**

Haider, Sadia

**Examinee:** Haider, Sadia  
**Alt Name(s):** Sadia, Haider

**Examinee ID#:** [REDACTED]  
**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. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

### USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/1998	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

### USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/02/1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

### USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
CALIFORNIA	12/07/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MASSACHUSETTS	07/11/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MASSACHUSETTS	03/31/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

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**RECEIVED**

AUG 02 2011

IDFPR - MEDICAL UNIT

June 28, 2011

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3<sup>rd</sup> Floor

Springfield, Illinois 62786

**Re: 7-year rule waiver**

Dear Medical Licensing Board of Illinois,

I am writing in regards to my recent application for medical licensure in the state of Illinois, and the letter I received dated 6/23/11. I am writing to request a waiver of Section 1285.60, the 7-year rule. I very much appreciate the opportunity to write this letter to request a waiver and to explain my unique situation.

I began medical school at the University of Chicago in 1996, and I extended my medical school training an additional year to receive a dual degree. From 1999 to 2000, between third and fourth year of medical school, I attended public health school to obtain a Masters in Public Health (MPH) degree at the Harvard School of Public Health. I then returned to the University of Chicago to complete medical school in 2001 and graduated with an MD, MPH dual degree. The MPH coursework was done between 1999 to 2000, but the MPH degree was received with my medical degree in 2001 as the MPH was contingent on completion of medical school.

I passed USMLE step 1 on June 9, 1998 followed by USMLE step 3 on December 7, 2005, 7 years and 6 months from the passing USMLE step 1. I request that you waive the 7 year rule as I extended medical school by one year with an additional year of graduate school in the interim. Furthermore, I currently have an active license in Massachusetts which I applied for in 2007. Massachusetts also has the same guidelines for licensure including the 7 year rule. I also requested a similar waiver which I was granted by the board in Massachusetts. Additionally, I have been a physician in good standing in both the state of California and in Massachusetts working as a board certified Obstetrician Gynecologists committed to the underserved as well as a clinician educator training medical students and residents.

I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any

BUSINESS  
AUG 1 2011  
IDFPR  
Div. of Professional Regulation

questions or concerns you may have. Please feel free to contact me at your earliest convenience at: email: [REDACTED] or cell phone: [REDACTED]

Best regards,

  
[REDACTED]

SadiaHaider MD, MPH

Beth Israel Deaconess Medical Center

Department of OB/GYN

Harvard Medical School

[REDACTED]

**RECEIVED**  
AUG 02 2011  
IDFPR - MEDICAL UNIT



June 28, 2011  
State of Illinois  
Department of Financial and Professional Regulation  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786

Dear Medical Licensing Board of Illinois,

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I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any questions or concerns. Please feel free to contact me at your earliest convenience at: email: [redacted] or cell phone: [redacted]

Best regards  
[redacted]

Sadia Haider MD, MPH  
Beth Israel Deaconess Medical Center

[redacted]



**Harvard**  
**School of Public Health**  
 677 Huntington Ave, Suite G4  
 Boston, MA 02115

**TRANSCRIPT OF ACADEMIC RECORD**

Page: 1  
 Date Issued: 27-JUL-2011  
 Level: Graduate

Record of *Sadia Kaidar*

Course Level: Graduate  
 Matriculated: Fall 1999-2000

SUBJ NO.	COURSE TITLE	CRED	GRD	R
			PTS	

Current Program  
 Master of Public Health  
 Program : Master of Public Health  
 College : Harvard Schl. of Public Health  
 Major : MD/Master of Public Health  
 Maj/Concentration : Family and Community Health

Institution Information continued:

Term: Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

Term: Spring 1999-2000  
 BIO 214 Prin of Clinical Trials

EH 232 Intro to Occup/Environ Medicin

HPM 247 Political Anal for Hlth Policy

ID 264 Practice of Family & Comm Hlth

IGA 222 The U.N. and Human Rights

PIH 321 War and Public Health

Degree Awarded Master of Public Health 07-JUN-2001

Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

Primary Degree  
 Program : Master of Public Health  
 Major : MD/Master of Public Health  
 Maj/Concentration : Family and Community Health

Term: Ehrs: [REDACTED]  
 GPA-Hrs: 15.750 GPA: [REDACTED]

\*\*\*\*\* TRANSCRIPT TOTALS \*\*\*\*\*

INSTITUTION Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

ALL Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

\*\*\*\*\* END OF \*\*\*\*\*

SUBJ NO.	COURSE TITLE	CRED	GRD	R
			PTS	

INSTITUTION CREDIT:

Term:	Fall 1999-2000	[REDACTED]	[REDACTED]	[REDACTED]
BIO 200	Principles of Biostatistics	[REDACTED]	[REDACTED]	[REDACTED]
EPI 201	Introduction to Epidemiology	[REDACTED]	[REDACTED]	[REDACTED]
EPI 202	Elements Epidemiologic Researc	[REDACTED]	[REDACTED]	[REDACTED]
HPC 506	Practice of Public Hlth in US	[REDACTED]	[REDACTED]	[REDACTED]
ID 250	Eth Basis of Prct of Pub Hlth	[REDACTED]	[REDACTED]	[REDACTED]
ID 262	Intro to Pract of Intrnatl Hlth	[REDACTED]	[REDACTED]	[REDACTED]
ID 264	Practice of Family & Comm Hlth	[REDACTED]	[REDACTED]	[REDACTED]
PIH 225	Qual Rsrch Meth for Pop & Hlth	[REDACTED]	[REDACTED]	[REDACTED]
PIH 263	Grant Writing/Rsrch & Hlth Car	[REDACTED]	[REDACTED]	[REDACTED]
PII 250	Epi Inf Disease: Dev'g Countri	[REDACTED]	[REDACTED]	[REDACTED]

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

IDPPR - MEDICAL UNIT

AUG 03 2011

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REGISTRAR

Harvard University School of Public Health

**Official Transcript**

677 Huntington Avenue  
Boston, Massachusetts 02115

*This is an official transcript only if bearing the Registrar's signature and embossed seal. Under the provisions of the Family Rights and Privacy Act of 1974, this transcript may not be released or revealed to a third party without written consent of the student.*

**1965-1967**

A,B = Honor Grades  
C = Acceptable  
D = Acceptable,  
but of inferior  
quality  
F = Failing

**1973-1974**

H = Honors  
HP = High Pass  
P = Pass  
NC = No Credit  
CR = Credit  
AU = Audit

**1974-1979**

H = Honors  
HP = High Pass  
P = Pass  
S = Satisfactory  
U = Unsatisfactory

**1979-1996**

A = 4.0 Excellent  
A- = 3.7  
B+ = 3.3 Good  
B = 3.0  
B- = 2.7 Satisfactory  
C+ = 2.3  
C = 2.0 Poor  
C- = 1.7  
F = 0.0 Failing

**1996-2010**

See 1979-1996  
NS = Not Satisfactory  
WD = Withdrawn from course

**2010-On**

See 1996-2010  
AU = Audit  
F\* = Not calculated in GPA

**1967-1973**

S = Satisfactory  
U = Unsatisfactory

**Notations Carrying No Quality Points**

**1. I or Inc = Incomplete**

- Through Spring of 1982, a final grade replaced the "I". If the incomplete was not made up by the end of the following semester, the grade was recorded permanently as an "F".
- From Fall 1982 to January 1986, the "I" remained part of the grade, "I/grade". An "I" not completed by the end of the following semester was recorded as "I/F".
- From January 1986 to Fall 1989, and "I" not completed by the end of the following semester was recorded as a permanent "I". If completed, the incomplete was recorded as "I/grade".
- From Fall 1989 to present, an "I" completed by the end of the following semester is recorded as "I/grade". If not completed, a grade of "F" is given for the work not completed. If this work accounts for the entire grade, the final grade given will be "I/F".

**2. NS = Not Satisfactory**

- The grade "NS" is assigned for failure by the student to drop the course within the published deadlines for the period.
- The grade "NS" is assigned for failure by the student to gain approval to drop the course late by petitioning the Committee on Admissions and Degrees. Student does not receive a final grade for the course.
- The grade "NS" is assigned for failure by the student to file an "Incomplete Contract" form to make up the course work.
- The grade "NS" is assigned for failure by the student to file an "Absent from Exam" form to reschedule the final exam.

**3. ABS = Absent from Final Examination**

- Excused absence may be cleared by make-up examination and the final grade will replace the "ABS".
- Prior to Fall 1989 semester, unexcused absences remained a permanent part of the transcript and no credit was given for the course.
- Fall 1989 to present, an unexcused absence will be recorded as "F" on the transcript if the grade for the course was to be based upon the missed examination.

**4. SIP = Course Still in Progress, No Grade Available**

**5. NC = No Credit Given**

**6. UA or NG = No Grade Yet Submitted by Instructor**

**7. P, S = Pass, Satisfactory**

**8. I, II, III, IV, E = Passing (HBS Grading System)**

**9. - - - = Multi-Term Course (Grade Assignment in Following Term)**

**10. An \* Followed by the Ordinal Grades of "A" through "F" are Language Courses taken at Harvard's Faculty of Arts and Sciences**

**11. H, P, L, CR = Passing (HLS Grading System)**

**Cross Registration -- School Abbreviations**

GSD	-	Harvard Graduate School of Design
DIV	-	Harvard Divinity School
FLE	-	Tufts Fletcher School of Law & Diplomacy
SAS	-	Harvard Graduate School of Arts & Sciences
GSE	-	Harvard Graduate School of Education
HBS	-	Harvard Business School
LAW	-	Harvard Law School
HMS	-	Harvard Medical School
HDS	-	Harvard School of Dental Medicine
HKS (KSG)	-	Harvard Kennedy School of Government
MIT	-	Massachusetts Institute of Technology
TUF	-	Tufts Friedman School of Nutrition Science & Policy

- Grading systems vary at the different schools. For example, a grade of "E" at GSAS is a failure whereas at the Business School an "E" is considered excellent.

**Grade Point Average**

- All grades with the exception of P are calculated into the G.P.A.
- When courses are taken on a pass/fail basis, a grade of "Pass" is equated with ordinal grades of "A" through "C-".
- A grade "F" in any system is a failure.
- Prior to September 1989, a failed course may be repeated for grade and credit and only the repeated grade was used in computing the G.P.A.
- Fall 1989 through Spring 2010, any "F" (if taken on the ordinal system) will be computed in the G.P.A. regardless of whether or not the course is repeated.

**TO VERIFY AUTHENTICITY:**

- The back of this document contains an artificial watermark: hold at an angle to view.
- If photocopied, the word "Void" will appear on the face of this document.
- A multilingual VOID (in English, French and Spanish) will appear when activated by ink eradicators such as bleach.
- Official only if signed by the Registrar and embossed with the Harvard seal.

This educational record is subject to the Educational Rights and Privacy Act of 1974 (Buckley Amendment), as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.

**\*FOR GRADE VERIFICATION PLEASE CALL 617-432-1032**



# HARVARD UNIVERSITY

AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE, acting on the recommendation of the Faculty of Public Health

and with the consent of the Honorable and Reverend the Board of Overseers, have conferred on

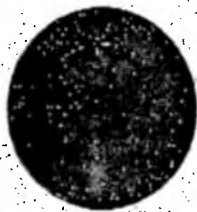
SADIA HAIDER  
the degree of Master of Public Health.

*In witness whereof, by authority duly committed to us, we have hereunder placed our names and the University seal on this seventh day of June in the Year of Our Lord two thousand and one and of Harvard College the three hundred and sixty-fifth.*

[Redacted signature area]

PRESIDENT

DEAN OF THE FACULTY OF PUBLIC HEALTH



# THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

**OFFICIAL TRANSCRIPT**

STUDENT NAME: **SADWA HAIDER**

STUDENT NUMBER: [REDACTED]

New 5-D

**DEGREES CONFERRED:**

**B.A.** BACHELOR OF ARTS WITH GENERAL HONORS  
ANTHROPOLOGY WITH HONORS  
JUNE 8, 1996

**M.D.** DOCTOR OF MEDICINE  
MEDICINE  
JUNE 8, 2001

**PROGRAM START QUARTERS:**

AUTUMN 1992 UNDERGRADUATE  
AUTUMN 1996 M.D. MEDICINE

**TRANSCRIPT NOTATIONS:**

**PREVIOUS INSTITUTIONS ATTENDED:**  
EMMA WILLARD SCHOOL  
TROY, NY 1992  
HARVARD UNIVERSITY  
CAMBRIDGE, MA 4CRS 1994-95  
UNIVERSITY OF OXFORD  
OXFORD, ENGLAND, UNITED KINGDOM 6CRS 1994-95

**ACCREDITATION:**

PLACEMENT PHYS ED REQ. 2 QTRS FULFILLED AUTUMN 1992  
PLACEMENT PRE-CALCULUS MATH PASSED AUTUMN 1992  
PLACEMENT ELEMENTARY FRENCH 100 AUTUMN 1992  
PLACEMENT ELEMENTARY URDU 300 AUTUMN 1992  
PLACEMENT INTERMEDIATE URDU 300 AUTUMN 1992  
CEEB APE 100-LEVEL BIOLOGICAL SCIENCES 300 AUTUMN 1992  
CEEB APE ELECTIVES 300 AUTUMN 1992

**AUTUMN 1992**

CHEM 111 BASIC CHEMISTRY-1  
FREN 121 CONTINUING ELEMENTARY FRENCH-1  
HUMA 115 PHILOSOPHICAL PERSPECTIVES-1  
MATH 151 CALCULUS-1  
PHED 097 PHYSICAL EDUCATION

TOTAL

**WINTER 1993**

CHEM 112 BASIC CHEMISTRY-2  
FREN 122 CONTINUING ELEMENTARY FRENCH-2  
HUMA 116 PHILOSOPHICAL PERSPECTIVES-2  
MATH 152 CALCULUS-2

TOTAL

**ISSUED TO:**

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
320 W. WASHINGTON ST.  
3RD FLOOR  
SPRINGFIELD, IL 62786

**SPRING 1993**

CHEM 113 BASIC CHEMISTRY-3  
FREN 201 INTERMEDIATE FRENCH-1  
HUMA 117 PHILOSOPHICAL PERSPECTIVES-3  
MATH 133 ELEM FUNCTIONS AND CALCULUS-3  
PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAKEN

DEAN'S LIST 1992-93

**AUTUMN 1993**

BIOS 109 BIOLOGY OF CELLS AND TISSUES  
CHEM 220 ORGANIC CHEMISTRY-1  
SOSC 121 SELF, CULTURE AND SOCIETY-1

TOTAL UNITS TAKEN

**WINTER 1994**

BIOS 148 REG HUMAN PHYSIOLOGY SYSTEMS  
CHEM 221 ORGANIC CHEMISTRY-2  
SOSC 122 SELF, CULTURE AND SOCIETY-2

TOTAL UNITS TAKEN

**SPRING 1994**

ANTH 308 INTRO TO SOUTH ASIAN CIV-3  
BIOS 200 INTRODUCTION TO BIOCHEMISTRY  
SOSC 123 SELF, CULTURE AND SOCIETY-3

TOTAL UNITS TAKEN

DEAN'S LIST 1993-94

**SUMMER 1994**

LEAVE OF ABSENCE APPR: DEAN OF STUDENTS IN THE COLL

**AUTUMN 1995**

RESUMPTION OF STUDIES APPROVED

ANTH 211 CLSCL RDG: CASTE/COLONL INDIA  
ANTH 308 INTRO TO SOUTH ASIAN CIV  
BIOS 232 MAMMALIAN BIOLOGY

TOTAL UNITS TAKEN

**RECEIVED**  
MAY 16 2011  
DFPR - MEDICAL UNIT

05/12/2011

1 OF 3

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE.

GABRIEL G. OLSZEWSKI  
UNIVERSITY REGISTRAR

# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

**1. Organization:** The University of Chicago includes the undergraduate College; the William B. Eerdmans School of Divinity; the School of Oriental Studies; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate professional schools: Divinity School, Law School, Parker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, the University of Chicago Booth School of Business.

**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts, Bachelor of Science, International Master of Business Administration, Master of Arts, Master of Arts in Teaching, Master of Business Administration, Master of Comparative Law, Master of Divinity, Master of Fine Arts, Master of Laws, Master of Liberal Arts, Master of Public Policy, Master of Science, Doctor of Comparative Law, Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Ministry, and Doctor of Philosophy.

The College also recommends the awarding of the Faculty Grade Certificate to students who, enter the College prior to formal completion of secondary education. Degrees which the University has conferred during its history for which programs no longer exist may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is the same while, full-time quarter registration in the College is for three or four units, and in the divisions and schools for three units. See 11 Graduate Residence Status for exceptions.

**4. Course Information:** Course numbers are five digits in which the first three digits numbered 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above are generally designed to meet requirements for higher degrees. (The five digit numbering system commenced Autumn 2001.)

**5. Credit:** The course unit is the measure of credit at The University of Chicago. One full unit (1800) is equivalent to 3.14 semester hours or 5 quarter hours. Courses of greater or lesser value (130, 0.50) carry proportionately more or fewer semester or quarter hours of credit.

**6. Grading Systems:** The marks A+, A, V, B+, B, B-, C+, C, D+, D and P are passing grades. The numeric value of grades is as follows: A+/A=4.0, A=3.7, B+ =3.3, B=3.0, B- =2.7, C+ =2.3, C =2.0, C- =1.7, D+ =1.3, D =1.0, Ineffective: Autumn 2006. Business uses an alternative plus/minus grading system. The numeric value of grades is as follows: A+ =4.33, A =4.0, A- =3.67, B+ =3.33, B =3.0, B- =2.67, C+ =2.33, C =2.0, C- =1.67, D+ =1.33, D =1.0.

Effective Dates of Plus/Minus Grading System	Autumn, 1976
Social Service Administration	Autumn, 1983
Public Policy Studies	Autumn, 1983
Divinity	Autumn, 1983
College (undergraduate)	Summer, 1984
Graduate Library School	Spring, 1986
Graduate Humanities	Autumn, 1986
Graduate Social Sciences	Autumn, 1986
Graduate Physical Sciences	Summer, 1988
Law	Spring, 2000
Business	Autumn, 2006

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade; in some courses it may be the only grade given. The mark I (incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I, for instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Announcements* of the College, of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality, P- to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated in an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P-N basis in a particular course. The mark W signifies withdrawal from the course, and grades of W, WP (withdrawal passing) or WT (withdrawal failing) do not affect grade point averages.

Where no grade is reported after a course, it means that more was available at the time the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *Interim Catalog*, published in each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois to be equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1992 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1992 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEIB Advanced Placement Examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs – Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level for both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarterly entries of academic work on student records include academic status and fields of study. The definition of academic status follows:

**Re-registration:** students registered in the Divinity School of The University of Chicago and in a cooperative Hyde Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIC Students:** students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro jure* at The University of Chicago.

**Doctoral:** students enrolled in Comp.L., D.M., J.S.D., or Ph.D. degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro jure* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro jure* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Masters/Professional:** students enrolled in programs leading to a master's or professional degree (J.D., M.D., Post-Doctoral: students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Carleton School of General Studies, and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees in the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a student at large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago.

However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree but will qualify grades be assigned. Non-degree candidates may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000) to include the first four years of graduate study.)

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2000.

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2000) to be limited to 12 years following admission to doctoral program.)

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (This status was terminated in Summer 2000.)

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence. (Revised Summer 2000.)

Students in Scholarship, Research or Advanced Residence Status, but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the seminar or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro jure*. The formal registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School; typically, University courses not taught through the Law School of 180 units are comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 180-180=A, 179-174=B, 173-168=C, 167-160=D, 159-155=F. The median grade at the Law School is F.

The frequency of Honors in a typical graduating class: High Honors (182+); Honors (180-181); High Honors (180.5-181); Honors (179-180); Pass/Fail and letter grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.

P+ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

IP ("In Progress") indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal.

W- indicates a late indicators fulfillment of one of two substantial writing requirements.

TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO  
KADAMIC RECORDS OF STUDENTS REGISTERED  
AFTER THE SPRING OF ARTUR OF 1979 ARE EITHER  
DIGITALLY SIGNED AND SINT ELETRONICALLY,  
OR COMPIER GENERATED AND PRINTED ON  
SHEVY PAPER. TRNSCRIPTS ARE CHIEFLY  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WHICH APPEAR IN  
WHITE ON A MAROON BACKGROUND ON THE FACE  
OF THIS DOCUMENT OR IF DIGITALLY SIGNED.  
DISPLAY A BLUE RIBBON CERTIFICATE OF  
AUTHENTICITY.

For on-line version of this key and any updates, please consult  
the web site of the Office of the University Registrar:  
[http://registrar.uchicago.edu/transcript\\_key.html](http://registrar.uchicago.edu/transcript_key.html)

Revised 04/2019  
1015800  
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# THE UNIVERSITY OF CHICAGO

## OFFICIAL TRANSCRIPT

Office of the University Registrar

CHICAGO, ILLINOIS 60637

STUDENT: **GABRIEL HAIDER**

**WINTER 1996**  
 ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 308 INTRO TO SOUTH ASIAN CIV-2  
 SOSOC 283 PROBLEMS IN GENDER STUDIES-2  
 TOTAL UNITS TAKEN

PHYSICAL EDUCATION: REQUIREMENT COMPLETED

**SPRING 1996**  
 ANTH 212 INSTV STDY: CARIB TRANSNATLSM  
 ANTH 214 PA: ETHNOG/CULTURAL COMMOD  
 ANTH 243 MEDICINE AND CULTURE  
 ARTH 183 SOUTH ASIAN VISUAL CULTURE  
 TOTAL UNITS TAKEN

DEAN'S LIST 1995-96

**AUTUMN 1996**  
 BCMB 301 MOLEC BASIS METABOLIC REG-1  
 CLIN 300 CLIN SKILLS 1A: INTERVIEWING  
 ORGB 300 HUMAN MORPHOLOGY-1  
 TOTAL UNITS TAKEN

**WINTER 1997**  
 BCMB 302 MOLEC BASIS METABOLIC REG-2  
 CLIN 301 CLIN SKILLS 1B: SOC CNTXT MED  
 CLIN 305 CLINICS: DOCTOR-PATIENT REL  
 MBIO 303 CELL AND ORGAN PHYSIOLOGY  
 ORGB 301 HUMAN MORPHOLOGY-2  
 TOTAL UNITS TAKEN

**SPRING 1997**  
 HGEN 339 MEDICAL GENETICS  
 MBIO 304 ORGAN PHYSIOLOGY/ENDOCRINOLOGY  
 MBIO 305 NEUROBIOLOGY  
 MEDC 616 TOPICS IN HIV INFECTION  
 OBGY 301 RSCH: OBSTETRICS/GYNECOLOGY  
 PSCR 301 DEVELOPMENT AND PSYCHOPATHOL  
 TOTAL UNITS TAKEN

**AUTUMN 1997**  
 MBIO 300 MEDICAL MICROBIOLOGY

MBIO 306 CELL AND GENERAL PATHOLOGY  
 PATH 306 IMMUNOBIOLOGY  
 PHAR 306 PHARMACOLOGY  
 TOTAL UNITS TAKEN

**WINTER 1998**  
 CLIN 302 CLIN SKILLS 2A: PHYSICAL DIAG  
 MBIO 307 CLINICAL PATHOPHYSIOLOGY  
 TOTAL UNITS TAKEN

**SPRING 1998**  
 CLIN 304 CLIN SKILLS 2B: PHYSICAL DIAG  
 HSTD 541 EPIDEMIOLOGY/CLINICAL INVEST  
 MEDC 302 NUTRITION IN HEALTH/DISEASE  
 PATH 388 SEMINAR: CLIN PATH CORR  
 PHAR 307 CLINICAL PHARMACOLOGY  
 TOTAL UNITS TAKEN

**SUMMER 1998**  
 SURG 303 JUNIOR CLERKSHIP: SURGERY  
 TOTAL UNITS TAKEN

**AUTUMN 1998**  
 MEDC 303 JR EXTNSHIP: INPT MED SERV  
 TOTAL UNITS TAKEN

**WINTER 1999**  
 FMED 303 FAMILY MED CKSHIP: MACHEAL  
 OBGY 303 CLERKSHIP: HOSPITAL  
 TOTAL UNITS TAKEN

**SPRING 1999**  
 PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS  
 PSCR 303 CLERKSHIP: PSYCHIATRY  
 TOTAL UNITS TAKEN

**SUMMER 1999**  
 ENROLLED FULL-TIME PRO FORMA  
 MEDC 600 TUTORIAL: MEDICINE  
 TOTAL UNITS TAKEN

**RECEIVED**  
 MAY 16 2011  
 DJPR - MEDICAL UNIT

**ISSUED TO:**  
 ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
 320 W. WASHINGTON ST.  
 3RD FLOOR  
 SPRINGFIELD, IL 62786

GABRIEL G. OLSZEWSKI  
 UNIVERSITY REGISTRAR

05/12/2011 2 OF 3

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE.

# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

**1. Organization:** The University of Chicago includes the undergraduate College; the William B. and Catherine V. Graham School of General Studies; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, The University of Chicago Booth School of Business.

**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science; International Master of Business Administration; Master of Arts; Master of Arts in Teaching; Master of Business Administration; Master of Comparative Law; Master of Divinity; Master of Fine Arts; Master of Laws; Master of Liberal Arts; Master of Public Policy; Master of Science; Doctor of Comparative Law; Doctor of Jurisprudence; Doctor of Law; Doctor of Medicine; Doctor of Ministry; and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full time quarterly registration in the College is for three or four units and in the divisions and schools for three units. See II. Graduate Residence Status for exceptions.

**4. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numerical (100 to 299) may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above are generally designed to meet requirements for higher degrees. The five digit numbering system commenced Autumn 2001.

**5. Credits:** The course unit is the measure of credit at The University of Chicago. (One full unit (100) is equivalent to 3.13 semester hours or 3 quarter hours. Courses of greater or lesser value (150, 160) carry proportionately more or fewer semester or quarter hours of credit.

**6. Grading System:** The marks A+, A, A-, B+, B, B-, C+, C, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+ = 4.0, A = 3.7, B+ = 3.3, B = 3.0, B- = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D+ = 1.3, D = 1.0, F = 0.0. Autumn 2006, Business uses an alternative plus-minus grading system. The numeric value of grades is as follows: A+ = 4.33, A = 4.0, A- = 3.67, B+ = 3.33, B = 3.0, B- = 2.67, C+ = 2.33, C = 2.0, C- = 1.67, D+ = 1.33, D = 1.0, F = 0.

Effective Dates of Plus/Minus Grading System	Autumn 1977- Autumn 1983
Social Service Administration	Autumn 1983
Public Policy Studies	Autumn 1983
Divinity	Autumn 1984
College (undergraduate)	Summer, 1984
Graduate Human School	Spring, 1986
Graduate Library	Autumn, 1986
Graduate Social Sciences	Autumn, 1986
Graduate Physical Sciences	Summer, 1988
Law	Spring, 2000
Business	Autumn, 2006

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade; in some courses it may be the only grade given. The mark I (incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I. For instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Announcements* of the College; of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality; P- to indicate pass at a high level and P+ to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of the work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No signal is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark W was discontinued effective Autumn 2005. The mark W signifies withdrawal from the course; and grades of W, WP (withdrawal passing) or WI (withdrawal failing) do not affect grade point averages.

Where no grade is reported after a course, it means that more was available at the time the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *Announcements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, acceleration tests, or CLEP Advanced Placement Examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs – Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarterly entries of academic work on students records include academic statuses and fields of study. The definition of academic status follows:

**Bi-registrants:** students registered in the Divinity School of The University of Chicago and in a cooperative Divinity Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIC Students:** students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at The University of Chicago.

**Doctoral:** students enrolled in CompL, D.Vin., J.S.D., or Ph.D. degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro forma* in the College, but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Master's/Professional:** students enrolled in programs leading to a master's or professional degree (J.D., M.D., Ph.D., etc.).

**Post-Doctoral:** students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Graham School of General Studies and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a Student at Large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree, nor will quality grades be assigned. Non degree candidates may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholastic Residence:** the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2004) to include the first four years of graduate study.

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2004.

Doctor of Philosophy is awarded. (Revised in Summer 2000) to be limited to 12 years following admission to doctoral program.)

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (This status was terminated in Summer 2000.)

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence (Revised Summer 2004).

Students in Scholastic, Research or Advanced Residence Status, but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School. Typically University courses not taught through the Law School of 100 units are comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 186-180=A, 179-174=B, 173-168=C, 167-161=D, 150-155=F. The median grade at the Law School is F.

The frequency of Honors in a typical graduating class:

Highest Honors (182+)	0.4%
High Honors (180-181)	3.8%
1 Honors (179+) / pro (2012-178+)	19.0%
Pass/Fail and lower grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.	

P+ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

IP ("In Progress") indicates that a grade was not available at the time the transcript was prepared.

W indicates an administrative withdrawal next to a title indicates fulfillment of one of two substantial writing requirements.

TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO  
ACADEMIC RECORDS OF STUDENTS REGISTERED  
AT THE SPRING QUARTER OF 1979 ARE EITHER  
DIGITALLY SIGNED AND SENT ELECTRONICALLY,  
OR COMPILED ON STRIPPED AND PRINTED ON  
SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WHO APPEARS IN  
WHITE ON A RIBBON BACKGROUND ON THE FACE  
OF THIS DOCUMENT OR IF DIGITALLY SIGNED  
DISPLAY A BLUE RIBBON CERTIFICATE OF  
AUTHENTICITY.

For on-line version of this key and any updates, please consult the web site of the Office of the University Registrar:  
[http://registrar.uchicago.edu/transcript\\_key.html](http://registrar.uchicago.edu/transcript_key.html)  
Revised 04/2010

10188010  
SCRIPSAVE, Security Products, Inc. (Cincinnati, OH) 415 Patent 5,171,140



**RECEIVED**  
**BUSINESS SERVICES**  
**APPLICATION FOR**  
**LICENSURE AND/OR EXAMINATION**

FOR OFFICIAL USE ONLY

IMPORTANT: The completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. If your application is not processed, it in this form not being processed.

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

- Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
- INSTRUCTION SHEET, which gives step by step application instructions for your profession.
- REFERENCE SHEET, which gives detailed coding information for your profession.
- SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
- 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:

- Type or print legibly with black ink only.
- FEES ARE NOT REFUNDABLE.**
- Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. 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, or 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, or to other entities for verification of identification.

**PART I: Application Category Information**

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

1. PROFESSION NAME Physician	2. PROFESSION CODE 036	3. LICENSURE METHOD Endorsement	4. FEE \$ 300.00
---------------------------------	---------------------------	------------------------------------	---------------------

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- 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 Financial and Professional Regulation - Division 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 Haider Sadia	2. TITLE (e.g., M.D., D.D.S., etc.) M.D.	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
--	---	--

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY USA
---	------------------------	---------------

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY [REDACTED]
--	------------------------	----------------------

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) N/A	7. MOTHER'S MAIDEN NAME Ahmad
---	----------------------------------

8. PLACE OF BIRTH CITY STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH [REDACTED]	10. AGE [REDACTED]
---	--------------------------------	-----------------------

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED [REDACTED]	12. PREFERRED e-MAIL [REDACTED]
---	------------------------------------

NAME (Last, First, MI):

Haider Sadia

SS#:

Profession:

MD

**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: Emma Willard School  
 3. LAST PRELIMINARY SCHOOL LOCATION (City and State): Troy, NY  
 4. DATE OF GRADUATION: 06 / 1992  
 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		TYPE OF DEGREE EARNED
		FROM	TO	
University of Chicago	Chicago, IL	09/1992	06/1996	B.A.
University of Chicago	Chicago, IL	09/1996	06/2001	MD

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
Beth Israel Deaconess Medical Center	Boston, MA	06/2001	06/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Beth Israel Deaconess Medical Center	Boston, MA	06/2002	06/2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
University of California	San Francisco, CA	07/2005	06/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

Haider, Sadia

SS#:

Profession:

MD

**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 Massachusetts	MD	(limited)	06/2001	Lapsed
State of Current Licensure where you most recently have been practicing. Massachusetts	MD	233771	08/2007	Active
Other States of Licensure				
California	MD	A93909 training	02/2006	Lapsed

(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
USMLE I	IL	05/1998	(Passed, Failed, Absent) pass
USMLE II	IL	1999	pass
USMLE III	CA	11/2005	pass

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

NAME (Last, First, MI)

Haider, Sadia

SS#

Profession:

MD

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.			x
2. Have you been convicted of a felony?			x
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.			x
4. 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.			x
5. 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.			x
6. 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.			x

**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: 

--	--

**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

1. 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.

Are you more than 30 days delinquent in complying with a child support order? Yes  No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes  No

**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.

\_\_\_\_\_  
Signature of Applicant

4/27/11  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and 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.

**HEALTHCARE LICENSING SERVICES**  
**3 W. Garden St., Suite 700**  
**Pensacola, FL 32502**


**RELEASE & WAIVER OF RIGHTS**

I hereby authorize the following entities and individuals to release all information in their possession concerning me, whether oral, in writing, documented or other, to HEALTHCARE LICENSING SERVICES and/or its agents acting on my behalf.

- A. All schools or universities which I have attended.
- B. All hospitals or healthcare facilities at which I have ever received training and all hospitals or healthcare facilities at which I have ever held staff privileges, whether full or limited, temporary or permanent.
- C. All professional societies, specialty boards, and other all other organizations with which I have ever been associated.
- D. All agencies from which I have now, or ever had obtained, Malpractice Insurance coverage.
- E. All attorneys who have ever participated in criminal or civil actions, in which I was named party, that would pertain to or directly effect my ability to obtain a State medical license, practice my profession and/or have clinical privileges.
- F. All state licensure boards, federal health agencies, and federal or state drug control agencies.

I hereby release the above-named entities and individuals from all liability for the release of information to the board and/or its agents.

I hereby agree to make this RELEASE & WAIVER OF RIGHTS for the purpose of allowing HEALTHCARE LICENSING SERVICES and/or its agents, to execute its duties pursuant to my request for a license to practice my profession. HLS will obtain written authorization from me prior to obtaining any additional information not authorized above that HLS may deem relevant to the requirements of licensure.

 4/15/11  
 SIGNATURE DATE  
 PRINT NAME SARAH HARTNER

REPORT OF COMMITTEE/BOARD RECOMMENDATION(S) TO THE DIRECTOR

To the Director  
Division of Professional Regulation  
Springfield, Illinois

We, the Illinois Medical Licensing Board, do hereby report that we fully reviewed documents relevant to the particular(s) listed/detailed below:

SADIA HAIDER MD

Endorsement  
68 IL ADM CODE 1285.80

Dr. Haider received her medical degree from University of Chicago in Chicago, IL in June 2001. She meets the educational & clinical training requirements for licensure by endorsement.

Dr. Haider passed Step 1 of the USMLE June 9, 1998; Step 2 September 2, 1999; and Step 3 December 7, 2005. She exceeds the 7-year rule by 5 months.

Dr. Haider states she was delayed in taking Step 3 because she completed a MPH degree at Harvard School of Public Health. See file for details.

Dr. Haider's application is being presented to the Board for consideration of waiver of the 7-year Rule.

Based upon review of the documents, it was moved, seconded, and carried that it be recommended to the Director that

Approve for waiver of 7-year Rule.

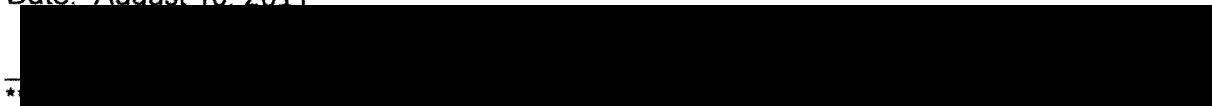
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Submitted on behalf of the members of the Medical Licensing Board.

Date: August 10, 2011



The undersigned Director of the Division of Professional Regulation, hereby  approves  denies  defers  takes under advisement the foregoing recommendation.

Comments: \_\_\_\_\_

Date: 8/10/11

\_\_\_\_\_  
Director #2

111773

VARIANCE

Pursuant to the authority granted to me in the provisions of 68 Illinois Administrative Code 1285.140, I hereby grant a Variance on behalf of Sadia Haider, M.D., to the provision of 68 Illinois Administrative Code 1285.60(a)(7) which states, in regard to examinations for licensure to practice medicine in all of its branches, that "In the event all USMLE Steps are not successfully completed within 7 years after passing the first step taken, either Step 1 or Step 2, credit for any step passed shall be forfeited." This Variance is granted based upon review of the recommendation of the Illinois Medical Licensing Board for the following reason:

1. Applicant successfully completed the USMLE Step 1 on June 9, 1998, USMLE Step 2 CK on September 2, 1999, and USMLE Step 3 on December 7, 2005, thereby exceeding the seven year time period set forth in Section 1285.60(a)(7) of the Rules for completion of the three part examination sequence.
2. The Board believes that a Variance is not unreasonable in this case because Applicant has in fact passed all 3 parts of the required USLME examination, exceeding the 7 year requirement by 5 months; and Applicant was delayed in taking Step 3 due to her enrollment in a MPH program.

The purpose of this Variance is to vary 68 Illinois Administrative Code 1285.60(a)(7) in order to extend the time period for which examination scores are considered valid, such that Applicant is eligible for licensure should all other requirements for licensure be met.

This Variance is to be narrowly construed and in no event shall this Variance be construed as qualifying the Applicant for licensure until all other requirements for licensure have been met.

I have determined that the provision from which this Variance is granted is not statutorily mandated; no party will be injured by the granting of this Variance; and the rules from which this Variance is granted would, in this particular case, be unreasonable.

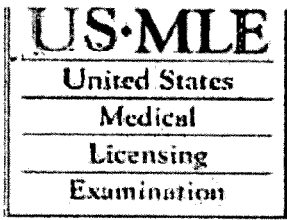
Brent E. Adams, Secretary  
Department of Financial and Professional Regulation

By:

  
Jay Stewart, Director #2  
Division of Professional Regulation

Date:

5/19/11



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76039-3856 -- Telephone (817) 868-4041

Date : 05/03/2011

**Recipient:**

Illinois Department of Financial and Professional Regulation  
ATTN: Sandy Dunn, Manager of Med Licensure  
320 W Washington Street  
3rd Floor  
Springfield, IL 62786

**RECEIVED ELECTRONICALLY**

*Haider, Sadia*

**Examinee:** Haider, Sadia  
**Alt Name(s):** Sadia, Haider

**Examinee ID#:** [REDACTED]  
**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. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

**USMLE STEP 1**

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/1998	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

**USMLE STEP 2**

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/02/1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

**USMLE STEP 3**

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
CALIFORNIA	12/07/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
MASSACHUSETTS	07/11/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
MASSACHUSETTS	03/31/2005	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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

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MAY 03 2011  
IDPR-MEDICAL UNIT



**RECEIVED**

AUG 02 2011

IDFPR - MEDICAL UNIT

June 28, 2011

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3<sup>rd</sup> Floor

Springfield, Illinois 62786

**Re: 7-year rule waiver**

BUSINESS

AUG 1 2011

IDFPR  
Div. of Professional Regulation

Dear Medical Licensing Board of Illinois,

I am writing in regards to my recent application for medical licensure in the state of Illinois, and the letter I received dated 6/23/11. I am writing to request a waiver of Section 1285.60, the 7-year rule. I very much appreciate the opportunity to write this letter to request a waiver and to explain my unique situation.

I began medical school at the University of Chicago in 1996, and I extended my medical school training an additional year to receive a dual degree. From 1999 to 2000, between third and fourth year of medical school, I attended public health school to obtain a Masters in Public Health (MPH) degree at the Harvard School of Public Health. I then returned to the University of Chicago to complete medical school in 2001 and graduated with an MD, MPH dual degree. The MPH coursework was done between 1999 to 2000, but the MPH degree was received with my medical degree in 2001 as the MPH was contingent on completion of medical school.

I passed USMLE step 1 on June 9, 1998 followed by USMLE step 3 on December 7, 2005, 7 years and 6 months from the passing USMLE step 1. I request that you waive the 7 year rule as I extended medical school by one year with an additional year of graduate school in the interim. Furthermore, I currently have an active license in Massachusetts which I applied for in 2007. Massachusetts also has the same guidelines for licensure including the 7 year rule. I also requested a similar waiver which I was granted by the board in Massachusetts. Additionally, I have been a physician in good standing in both the state of California and in Massachusetts working as a board certified Obstetrician Gynecologists committed to the underserved as well as a clinician educator training medical students and residents.

I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any

questions or concerns you may have. Please feel free to contact me at your earliest convenience at: email: [REDACTED] or cell phone [REDACTED]

Best regards,

[REDACTED]

SadiaHaider MD, MPH

Beth Israel Deaconess Medical Center

Department of OB/GYN

Harvard Medical School

[REDACTED]

**RECEIVED**  
AUG 02 2011  
IDFPR - MEDICAL UNIT

036

June 28, 2011  
State of Illinois  
Department of Financial and Professional Regulation  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786

Dear Medical Licensing Board of Illinois,

I am writing in regards to my recent application for medical licensure in the state of Illinois, and the letter I received dated 6/23/11. I am writing to request a waiver of Section 1285.60, the 7-year rule. I very much appreciate the opportunity to write this letter to request a waiver and to explain my unique situation.

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I am hopeful that if granted a license in Illinois I will be able to contribute to the medical and public health mission of Illinois through my commitment to women's health and public health at the University of Illinois at Chicago Medical Center. I appreciate your consideration of my unique situation, and I am readily available to address any questions or concerns. Please feel free to contact me at your earliest convenience at: email: [REDACTED] or cell phone: [REDACTED]

Best regards,

[REDACTED]  
Sadia Haider MD, MPH  
Beth Israel Deaconess Medical Center  
[REDACTED]

JUL 20 2011

**IDFPR**  
Div. of Professional Regulation



**Harvard**  
**School of Public Health**  
 677 Huntington Ave, Suite G4  
 Boston, MA 02115

**TRANSCRIPT OF ACADEMIC RECORD**

Page: 1  
 Date issued: 27-JUL-2011  
 Level: Graduate

Record of **Sadia Halder**

Course Level: Graduate  
 Matriculated: Fall 1999-2000

Current Program  
 Master of Public Health  
 Program : Master of Public Health  
 College : Harvard Schl. of Public Health  
 Major : MD/Master of Public Health  
 Maj/Concentration : Family and Community Health

Degree Awarded Master of Public Health 07-JUN-2001

Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

Primary Degree  
 Program : Master of Public Health  
 Major : MD/Master of Public Health  
 Maj/Concentration : Family and Community Health

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

Term: Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

Term: Spring 1999-2000  
 BIO 214 Prin of Clinical Trials

EH 232 Intro to Occup/Environ Medicin

HPM 247 Political Anal for Hlth Policy

ID 264 Practice of Family & Comm Hlth

IGA 222 The U.N. and Human Rights

PIH 321 War and Public Health

Term: Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

\*\*\*\*\*  
 INSTITUTION Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]

OVERALL Ehrs: [REDACTED]  
 GPA-Hrs: [REDACTED]  
 \*\*\*\*\*

INSTITUTION CREDIT:

Term:	Fall 1999-2000
BIO 200	Principles of Biostatistics
EPI 201	Introduction to Epidemiology
EPI 202	Elements Epidemiologic Researc
HPC 506	Practice of Public Hlth in US
ID 250	Eth Basis of Prct of Pub Hlth
ID 262	Intro to Pract of Intnatl Hlth
ID 264	Practice of Family & Comm Hlth
PIH 225	Qual Rsrch Meth for Pop & Hlth
PIH 263	Grant Writing/Rsrch & Hlth Car
PII 250	Epi Inf Disease: Dev'g Countri

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

IDFPR - MEDICAL UNIT

AUG 03 2011

RECEIVED

REGISTRAR

[Handwritten signature and stamp]

Harvard University School of Public Health

**Official Transcript**

677 Huntington Avenue  
Boston, Massachusetts 02115

*This is an official transcript only if bearing the Registrar's signature and embossed seal. Under the provisions of the Family Rights and Privacy Act of 1974, this transcript may not be released or revealed to a third party without written consent of the student.*

**1965-1967**

A,B = Honor Grades  
C = Acceptable  
D = Acceptable, but of inferior quality  
F = Failing

**1973-1974**

H = Honors  
HP = High Pass  
P = Pass  
NC = No Credit  
CR = Credit  
AU = Audit

**1974-1979**

H = Honors  
HP = High Pass  
P = Pass  
S = Satisfactory  
U = Unsatisfactory

**1979-1996**

A = 4.0 Excellent  
A- = 3.7  
B+ = 3.3 Good  
B = 3.0  
B- = 2.7 Satisfactory  
C+ = 2.3  
C = 2.0 Poor  
C- = 1.7  
F = 0.0 Failing

**1996-2010**

See 1979-1996  
NS = Not Satisfactory  
WD = Withdrawn from course

**2010-On**

See 1996-2010  
AU = Audit  
F\* = Not calculated in GPA

**1967-1973**

S = Satisfactory  
U = Unsatisfactory

**Notations Carrying No Quality Points**

**1. I or Inc = Incomplete**

- Through Spring of 1982, a final grade replaced the "I". If the incomplete was not made up by the end of the following semester, the grade was recorded permanently as an "F".
- From Fall 1982 to January 1986, the "I" remained part of the grade, "I/grade". An "I" not completed by the end of the following semester was recorded as "I/F".
- From January 1986 to Fall 1989, and "I" not completed by the end of the following semester was recorded as a permanent "I". If completed, the incomplete was recorded as "I/grade".
- From Fall 1989 to present, an "I" completed by the end of the following semester is recorded as "I/grade". If not completed, a grade of "F" is given for the work not completed. If this work accounts for the entire grade, the final grade given will be "I/F".

**2. NS = Not Satisfactory**

- The grade "NS" is assigned for failure by the student to drop the course within the published deadlines for the period.
- The grade "NS" is assigned for failure by the student to gain approval to drop the course late by petitioning the Committee on Admissions and Degrees. Student does not receive a final grade for the course.
- The grade "NS" is assigned for failure by the student to file an "Incomplete Contract" form to make up the course work.
- The grade "NS" is assigned for failure by the student to file an "Absent from Exam" form to reschedule the final exam.

**3. ABS = Absent from Final Examination**

- Excused absence may be cleared by make-up examination and the final grade will replace the "ABS".
- Prior to Fall 1989 semester, unexcused absences remained a permanent part of the transcript and no credit was given for the course.
- Fall 1989 to present, an unexcused absence will be recorded as "F" on the transcript if the grade for the course was to be based upon the missed examination.

**4. SIP = Course Still in Progress, No Grade Available**

**5. NC = No Credit Given**

**6. UA or NG = No Grade Yet Submitted by Instructor**

**7. P, S = Pass, Satisfactory**

**8. I, II, III, IV, E = Passing (HBS Grading System)**

**9. --- = Multi-Term Course (Grade Assignment in Following Term)**

**10. An \* Followed by the Ordinal Grades of "A" through "F" are Language Courses taken at Harvard's Faculty of Arts and Sciences**

**11. H, P, L, CR = Passing (HLS Grading System)**

**Cross Registration -- School Abbreviations**

GSD	-	Harvard Graduate School of Design
DIV	-	Harvard Divinity School
FLE	-	Tufts Fletcher School of Law & Diplomacy
SAS	-	Harvard Graduate School of Arts & Sciences
GSE	-	Harvard Graduate School of Education
HBS	-	Harvard Business School
LAW	-	Harvard Law School
HMS	-	Harvard Medical School
HDS	-	Harvard School of Dental Medicine
HKS (KSG)	-	Harvard Kennedy School of Government
MIT	-	Massachusetts Institute of Technology
TUF	-	Tufts Friedman School of Nutrition Science & Policy

- Grading systems vary at the different schools. For example, a grade of "E" at GSAS is a failure whereas at the Business School an "E" is considered excellent.

**Grade Point Average**

- All grades with the exception of P are calculated into the G.P.A.
- When courses are taken on a pass/fail basis, a grade of "Pass" is equated with ordinal grades of "A" through "C-".
- A grade "F" in any system is a failure.
- Prior to September 1989, a failed course may be repeated for grade and credit and only the repeated grade was used in computing the G.P.A.
- Fall 1989 through Spring 2010, any "F" (if taken on the ordinal system) will be computed in the G.P.A. regardless of whether or not the course is repeated.

**TO VERIFY AUTHENTICITY:**

- The back of this document contains an artificial watermark: hold at an angle to view.
- If photocopied, the word "Void" will appear on the face of this document.
- A multilingual VOID (in English, French and Spanish) will appear when activated by ink eradicators such as bleach.
- Official only if signed by the Registrar and embossed with the Harvard seal.

This educational record is subject to the Educational Rights and Privacy Act of 1974 (Buckley Amendment), as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.

**\* FOR GRADE VERIFICATION PLEASE CALL 617-432-1032**



# HARVARD UNIVERSITY

AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE, acting on the recommendation of the Faculty of Public Health

and with the consent of the Honorable and Reverend the Board of Overseers, have conferred on

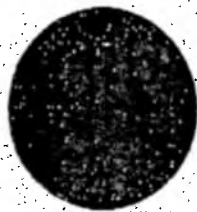
SADIA HAIDER  
the degree of Master of Public Health.

*In witness whereof, by authority duly committed to us, we have hereunder placed our names and the University seal on this seventh day of June in the Year of Our Lord two thousand and one and of Harvard College the three hundred and sixty-fifth.*

*[Signature]*  
[Redacted Signature]

PRESIDENT

DEAN OF THE FACULTY OF PUBLIC HEALTH



# THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

**OFFICIAL TRANSCRIPT**

**DEGREES CONFERRED:**

B.A. BACHELOR OF ARTS WITH GENERAL HONORS  
ANTHROPOLOGY WITH HONORS  
JUNE 8, 1996

M.D. DOCTOR OF MEDICINE  
MEDICINE  
JUNE 8, 2001

**PROGRAM START QUARTERS:**

AUTUMN 1992 UNDERGRADUATE  
AUTUMN 1996 M.D. MEDICINE

**TRANSCRIPT NOTATIONS:**

PREVIOUS INSTITUTIONS ATTENDED:  
EMMA WILLARD SCHOOL  
TROY, NY 1992  
HARVARD UNIVERSITY  
CAMBRIDGE, MA 4CRS 1994-95  
UNIVERSITY OF OXFORD  
OXFORD, ENGLAND, UNITED KINGDOM 6CRS 1994-95

**CREDITATION:**

PLACEMENT PHYS ED REQ. 2 QTRS FULFILLED AUTUMN 1992  
PLACEMENT PRE-CALCULUS MATH PASSED AUTUMN 1992  
PLACEMENT ELEMENTARY FRENCH 100 AUTUMN 1992  
PLACEMENT ELEMENTARY URDU 300 AUTUMN 1992  
PLACEMENT INTERMEDIATE URDU 300 AUTUMN 1992  
CEEB APE 100-LEVEL BIOLOGICAL SCIENCES 300 AUTUMN 1992  
CEEB APE ELECTIVES 300 AUTUMN 1992

**AUTUMN 1992**

CHEM 111 BASIC CHEMISTRY-1  
FREN 121 CONTINUING ELEMENTARY FRENCH-1  
HUMA 115 PHILOSOPHICAL PERSPECTIVES-1  
MATH 131 CALCULUS-1  
PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAX

**WINTER 1993**

CHEM 112 BASIC CHEMISTRY-2  
FREN 122 CONTINUING ELEMENTARY FRENCH-2  
HUMA 116 PHILOSOPHICAL PERSPECTIVES-2  
MATH 132 CALCULUS-2

TOTAL UNITS TAX

**ISSUED TO:**

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
320 W. WASHINGTON ST.  
3RD FLOOR  
SPRINGFIELD, IL 62786

**STUDENT: AMBA HAIDER**

**SPRING 1993**  
CHEM 113 BASIC CHEMISTRY-3  
FREN 201 INTERMEDIATE FRENCH-1  
HUMA 117 PHILOSOPHICAL PERSPECTIVES-3  
MATH 133 ELEM FUNCTIONS AND CALCULUS-3  
PHED 097 PHYSICAL EDUCATION

**DEAN'S LIST 1992-93**

**AUTUMN 1993**

BIOS 109 BIOLOGY OF CELLS AND TISSUES  
CHEM 226 ORGANIC CHEMISTRY-1  
SOSC 121 SELF, CULTURE AND SOCIETY-1

**WINTER 1994**

BIOS 148 REG HUMAN PHYSIOLOGY SYSTEMS  
CHEM 221 ORGANIC CHEMISTRY-2  
SOSC 122 SELF, CULTURE AND SOCIETY-2

**SPRING 1994**

ANTH 308 INTRO TO SOUTH ASIAN CIV-3  
BIOS 200 INTRODUCTION TO BIOCHEMISTRY  
SOSC 123 SELF, CULTURE AND SOCIETY-3

**DEAN'S LIST 1993-94**

**SUMMER 1994**

LEAVE OF ABSENCE APPR. DEAN OF STUDENTS IN THE COLL

**AUTUMN 1995**

RESUMPTION OF STUDIES APPROVED

ANTH 211 CLSCL RDG: CASTE/COLONL INDIAN  
ANTH 308 INTRO TO SOUTH ASIAN CIV  
BIOS 232 MAMMALIAN BIOLOGY

**RECEIVED**  
MAY 16 2011  
DPR - MEDICAL UNIT

05/12/2011

1 OF 3

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE.

GABRIEL G. OLSZEWSKI  
UNIVERSITY REGISTRAR

# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

Effective Dates of Plus/Minus Grading System	Autumn, 1972
Social Service Administration	Autumn, 1983
Public Policy Studies	Autumn, 1983
Drama	Autumn, 1983
College (undergraduate)	Summer, 1984
Graduate Library School	Spring, 1986
Graduate Humanities	Autumn, 1986
Graduate Social Sciences	Autumn, 1986
Graduate Physical Sciences	Summer, 1988
Law	Spring, 2000
Business	Autumn, 2006

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade; in some courses it may be the only grade given. The mark I (meaning incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I, for instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Announcements* of the College, of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality, P+ to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No stigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P-N basis in a particular course. The mark W signifies withdrawal from the course; and grades of W, WP (withdrawal passing) or WI (withdrawal failing) do not affect grade-point averages.

Where no grade is reported after a course, it means that more was available at the time the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *Requirements*, published in each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois to be equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1992 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1992 were required to successfully complete a minimum of 42 quarter courses, 1 credit by placement tests, accreditation tests, or CEHB. Advanced Placement Examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs – Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarterly entries of academic work on students' records include academic status and fields of study. The definition of academic status follows:

**Bi-Registrar:** students registered in the Divinity School of The University of Chicago and in a cooperative Hyde Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIC Students:** students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at The University of Chicago.

**Doctoral:** students enrolled in Comp.L., D.M., J.S.D., or Ph.D. degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory School:** students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Master's/Professional:** students enrolled in programs leading to a master's or professional degree (J.D., M.D., Post-Doctoral); students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Graham School of General Studies, and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptably toward those degrees at a foreign institution.

Work taken as a student at large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago. However, such courses are available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree but will qualify grades be assigned. Non-degree candidates may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000 to include the first four years of graduate study.)

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2000.

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2000 to be limited to 12 years following admission to doctoral program.)

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. (This status was terminated in Summer 2000.)

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence (Revised Summer 2000.)

Students in Scholarship, Research or Advanced Residence Status, but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholar or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the payment of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School, typically University courses not taught through the Law School of 100 units are comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 180-180=A, 179-174=B, 173-168=C, 167-160=D, 159-155=E. The median grade at the Law School is F+.

The frequency of Honors in a typical graduating class:  
High Honors (182+): 3%  
High Honors (180-182): 3%  
High Honors (179): 10%  
Pass/Fail and lower grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.

P+ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

IP ("In Progress") indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal.

W next to a title indicates fulfillment of one of two substantial writing requirements.

TRANSCRIPT OF THE UNIVERSITY OF CHICAGO  
MAINTAINS RECORDS OF STUDENTS REGISTERED  
AFTER THE SPRING OF 1979. ARI, FATHER,  
DIGITALY SIGNED AND SIGNED ELECTRONICALLY,  
OR COMPILED BY SEARCHED AND PRINTED ON  
SHEET PAPER. TRANSCRIPTS ARE OFFICIAL  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WHICH APPEARS IN  
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For online version of this key and any updates, please consult  
the web site of the Office of the University Registrar:  
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Revised 04/2010

10189010

SCRIP SAFI Security Products, Inc. Cincinnati, OH 45115, Patent 5,171,040



# THE UNIVERSITY OF CHICAGO

## OFFICIAL TRANSCRIPT

**WINTER 1996**  
 ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 299 PREP OF B. A. PAPER: ANTHRO  
 ANTH 308 INTRO TO SOUTH ASIAN CIV-2  
 SOCS 283 PROBLEMS IN GENDER STUDIES-2

PHYSICAL EDUCATION REQUIREMENT COMPLETED

**SPRING 1996**  
 ANTH 212 INSTY STUDY: CARIBB TRANSMATLSM  
 ANTH 214 PA. ETHNO/CULTURAL COMMOOD  
 ANTH 243 MEDICINE AND CULTURE  
 ARTH 183 SOUTH ASIAN VISUAL CULTURE

DEAN'S LIST 1995-96

**AUTUMN 1996**  
 BCMB 301 MOLEC BASIS METABOLIC REG-1  
 CLIN 300 CLIN SKILLS 1A: INTERVIEWING  
 ORGB 300 HUMAN MORPHOLOGY-1

**WINTER 1997**  
 BCMB 302 MOLEC BASIS METABOLIC REG-2  
 CLIN 301 CLIN SKILLS 1B: SOC CNTXT MED  
 CLIN 305 CLINCS: DOCTOR-PATIENT REL  
 MBIO 303 CELL AND ORGAN PHYSIOLOGY  
 ORGB 301 HUMAN MORPHOLOGY-2

**SPRING 1997**  
 HGEN 319 MEDICAL GENETICS  
 MBIO 304 ORGAN PHYSIOLOGY/ENDOCRINOLOGY  
 MBIO 305 NEUROBIOLOGY  
 MEDC 616 TOPICS IN HIV INFECTION  
 ORGY 301 RESCH: OBSTETRIC/GYNECOLOGY  
 PSYC 301 DEVELOPMENT AND PSYCHOPATHOL

**AUTUMN 1997**  
 MBIO 302 MEDICAL MICROBIOLOGY

**ISSUED TO:**  
 ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
 320 W. WASHINGTON ST.  
 3RD FLOOR  
 SPRINGFIELD, IL 62786

## Office of the University Registrar

STUDIES/ARBA HAIDER

MBIO 306 CELL AND GENERAL PATHOLOGY  
 PATH 306 IMMUNOBIOLOGY  
 PHAR 306 PHARMACOLOGY

**WINTER 1998**  
 CLIN 302 CLIN SKILLS 2A: PHYSICAL DIAG  
 MBIO 307 CLINICAL PATHOPHYSIOLOGY

**SPRING 1998**  
 CLIN 304 CLIN SKILLS 2B: PHYSICAL DIAG  
 HIST 541 EPIDEMIOLOGY/CLINICAL INVEST  
 MEDC 302 NUTRITION IN HEALTDISEASE  
 PATH 348 SEMINAR: CLIN PATH CORR  
 PHAR 307 CLINICAL PHARMACOLOGY

**SUMMER 1998**  
 SURG 303 JUNIOR CLERKSHIP: SURGERY

**AUTUMN 1998**  
 MEDC 303 JR EXTENSIVEP: INPT MED SERV

**WINTER 1999**  
 FMED 303 FAMILY MED CLERIP: MACNEAL  
 ORGY 303 CLERKSHIP: HOSPITAL

**SPRING 1999**  
 PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS  
 PSYC 303 CLERKSHIP: PSYCHIATRY

**SUMMER 1999**  
 ENROLLED FULL-TIME PRO FORMA  
 MEDC 800 TUTORIAL: MEDICINE

TOTAL UNITS TAKEN

TOTAL UNITS TAKEN

TOTAL UNITS TAKEN

TOTAL UNITS TAKEN

TOTAL UNITS TAKEN

TOTAL UNITS TAKEN

TOTAL UNITS TAKEN

TOTAL UNITS TAKEN

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05/12/2011

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 the institution appears on one line and the word VOID  
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# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

### Effective Dates of Plus/Minus Grading System

Social Service Administration	Autumn, 1977
Public Policy Studies	Autumn, 1983
Divinity	Autumn, 1983
(College Undergraduate)	Summer, 1984
Graduate History School	Spring, 1986
Graduate Humanities	Autumn, 1986
Graduate Social Sciences	Autumn, 1986
Graduate Physical Sciences	Summer, 1988
Law	Spring, 2000
Business	Autumn, 2006

**1. Organization:** The University of Chicago includes the undergraduate College; the William B. and Catherine V. Graham School of General Studies; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, the University of Chicago Booth School of Business.

**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science; International Master of Business Administration; Master of Arts; Master of Arts in Teaching; Master of Business Administration; Master of Comparative Law; Master of Divinity; Master of Fine Arts; Master of Laws; Master of Liberal Arts; Master of Public Policy; Master of Science; Doctor of Comparative Law; Doctor of Jurisprudence; Doctor of Law; Doctor of Medicine; Doctor of Ministry; and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

**2. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Fall time quarterly registration in the College is for three or four units and in the divisions and schools for three units. See II. Graduate Residence Status for exceptions.

**3. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numerical (100 to 299) may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above are generally designed to meet requirements for higher degrees. The five digit numbering system commenced Autumn 2001.

**4. Credits:** The course unit is the measure of credit at The University of Chicago. One full unit (100) is equivalent to 3.13 semester hours or 5 quarter hours. Courses of greater or lesser value (1/2, 1/3) carry proportional more or fewer semester or quarter hours of credit.

**6. Grading Systems:** The marks A+, A, A-, B+, B, B-, C+, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+ = 4.0, A = 3.7, B+ = 3.3, B = 3.0, B- = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D+ = 1.3, D = 1.0, F = 0. Effective Autumn 2006, Business uses an alternative plus/minus grading system. The numeric value of grades is as follows: A+ = 4.5, A = 4.0, A- = 3.6, B+ = 3.3, B = 3.0, B- = 2.6, C+ = 2.3, C = 2.0, C- = 1.6, D+ = 1.3, D = 1.0, F = 0.

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade; in some courses it may be the only grade given. The mark I (incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I; for instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Announcements* of the College, of the divisions and of the schools. Effective Autumn 2001 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality, P+ to indicate pass at a high level and P to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No sigma is attached to the mark R. Work taken at the graduate level for R may, in some instances, be validated by an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark S was discontinued effective Autumn 2005. The mark W signifies withdrawal from the course and grades of W, WP (withdrawal passing) or WT (withdrawal failing) do not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

**6. General:** Involvement in a program leading to a degree is governed by strict rules. The *Requirements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1992 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1992 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEU/IB Advanced Placement examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs – Undergraduate and Graduate:** Programs in which some students are admitted prior specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarter centers of academic work on students records include academic status and fields of study. The definition of academic status follows:

**Bi-registered:** students registered in the Divinity School of The University of Chicago and in a cooperative High Park Theological School.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIC Students:** students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro forma* at The University of Chicago.

**Doctoral:** students enrolled in CompL, D.M., J.S.D., or Ph.D. degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Masters/Professional:** students enrolled in programs leading to a master's or professional degree (M.A., M.D., M.P.S., etc.).

**Post-Doctoral:** students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Graham School of General Studies and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a Student at Large, Special Summer Student or Certificate of Advanced Studies Student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if the student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may be applied toward a degree; non-will quality grades be assigned. Non-degree candidates may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree. (Revised Summer 2000) to include the first four years of graduate study.

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2000.

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2000) to be limited to 12 years following admission to doctoral program).

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the Library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University. This status was terminated in Summer 2000.

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence. (Revised Summer 2000)

Students in Scholarship, Research or Advanced Residence Status, but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholastic or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

### Law School Transcript Key

The credit hour is the measure of credit at the Law School; typically, University courses not taught through the Law School of 180 units are comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 150-180=A, 139-174=B, 123-168=C, 167-160=D, 159-155=F. The median grade at the Law School is F.

The frequency of Honors in a typical graduating class:  
High Honors (182+)  
19/20's  
Honors (179) (pre-2002) 178-171  
19/20's  
Pass/Fail and letter grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.

P+ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

IP ("In Progress") indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal.

N next to a title indicates fulfillment of one of two substantial writing requirements.

TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO  
MAINTAIN RECORDS OF STUDENTS REGISTERED  
AT THE SPRING QUARTER 1979 ARE EITHER  
DIGITALLY SIGNED AND SENT ELECTRONICALLY,  
OR COMPILED, GENERATED AND PRINTED ON  
SATINY PAPER. TRANSCRIPTS ARE OFFICIAL  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WITH APPEARANCE  
IN WHITE ON A MARBON BAKGROUNDO ON THE FACE  
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[http://register.uchicago.edu/transcript\\_key.html](http://register.uchicago.edu/transcript_key.html)  
Revised 04/2010

# THE UNIVERSITY OF CHICAGO

## OFFICIAL TRANSCRIPT

Office of the University Registrar

STUDENTS/ARND HAIDER

### SUMMER 2000

EMED 306 CLERKSHIP-EMERGENCY MEDICINE  
MEDC 645 PATHOPHYS OF CRITICAL ILLNESS  
MEDC 745 CLIN SKILLS-4: ADV HST TAKING  
NURL 453 SENIOR REQ COURSE: NEUROLOGY  
OBGY 366 MATERNAL-FETAL MED/BIRTHDOOMS

TOTAL UNITS TAX

### AUTUMN 2000

MEDC 533 DERMATOLOGY CONSULTS/CLIN DEBAM  
MEDC 509 TUTORIAL: MEDICINE  
OBGY 444 EXTENSIONSHIP: OB/GYN

TOTAL UNITS TAX

### WINTER 2001

MEDC 503 ECG INTERPRETATION  
MEDC 592 TEACHING: PHYSICAL DIAGNOSIS  
MEDC 596 VIGNETTES IN CLINICAL MEDICINE  
MEDC 603 CRITCL APPRSL INFLUENTL MED LIT  
MEDC 692 CLIN APPROACH TO CHEST X-RAY  
MEDC 777 ADV CLIN PHARM/THERAPEUTICS  
RADI 306 MEDICAL IMAGING  
RADI 321 READING TUTORIAL: RADIOLOGY

TOTAL UNITS TAX

### SPRING 2001

EMED 307 ADV CARDIAC LIFE SUPPORT(IACLS)  
MEDC 737 STUDY AWAY AT UNIV OR MED CTR  
MEDC 800 TUTORIAL: MEDICINE

TOTAL UNITS TAX

\*\*\* END OF OFFICIAL TRANSCRIPT \*\*\*

### ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION  
320 W. WASHINGTON ST.  
3RD FLOOR  
SPRINGFIELD, IL 62786

GABRIEL G. OLSZEWSKI  
UNIVERSITY REGISTRAR

05/12/2011

3 OF 3

This officially sealed and signed transcript is printed on maroon security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE.

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# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

**1. Organization:** The University of Chicago includes the undergraduate College; the William R. and Catherine V. Gribban School of General Studies; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, the U. S. Center for the Study of Biological Resources, and the U. S. Center for the Study of the History of Science and Medicine.

**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts; Bachelor of Science; International Master of Business Administration; Master of Arts; Master of Arts in Teaching; Master of Business Administration; Master of Comparative Law; Master of Divinity; Master of Fine Arts; Master of Laws; Master of Liberal Arts; Master of Public Policy; Master of Science; Doctor of Comparative Law; Doctor of Jurisprudence; Doctor of Law; Doctor of Medicine; Doctor of Ministry; and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full time graduate registration in the College is for three or four units and in the divisions and schools for three units. See II (Graduate Residence Status for exceptions).

**4. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numbered 100 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above are generally designed to meet requirements for higher degrees. The five-digit numbering system commenced Autumn 2001.

**5. Credits:** The course unit is the measure of credit at The University of Chicago. One full unit (180) is equivalent to 3 ECTS semester hours or 3 quarter hours. Courses of greater or lesser value (150, 180) carry proportionately more or fewer semester or quarter hours of credit.

**6. Grading Systems:** The marks A+, A, A-, B+, B, B-, C+, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+ = 4.0, A = 3.7, B+ = 3.3, B = 3.0, B- = 2.7, C+ = 2.3, C = 2.0, C- = 1.7, D+ = 1.3, D = 1.0, F = 0.0. Effective Autumn 2006, Business uses an alternative plus-minus grading system. The numeric value of grades is as follows: A+ = 4.33, A = 4.0, A- = 3.67, B+ = 3.33, B = 3.0, B- = 2.67, C+ = 2.33, C = 2.0, C- = 1.67, D+ = 1.33, D = 1.0, F = 0.

**7. Joint Degree Programs - Undergraduate and Graduate:** Programs in which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

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**Doctoral:** students enrolled in (Cmpl., D.Mn., J.S.D., or Ph.D. degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Master's/Professional:** students enrolled in programs leading to a master's or professional degree (J.D., M.D., Post-Doctoral; students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Graham School of General Studies and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a Student at Large; Special Summer Student or Certificate of Advanced Studies; student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree nor will quarter grades be assigned. Non-degree candidates may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

**Scholarship Residence:** the first two years of graduate study beyond the baccalaureate degree. Revised Summer 2000 to include the first four years of graduate study.

**Research Residence:** the third and fourth years of graduate study beyond the baccalaureate degree. This status was terminated in Summer 2000.

**Advanced Residence:** the period of registration following completion of Scholarship and Research Residence until the

Doctor of Philosophy is awarded. (Revised in Summer 2000) to be limited to 12 years following admission to doctoral program.)

**Active File Status:** a student in Advanced Residence status who makes no use of University facilities other than the library may, upon recommendation of the appropriate department and the approval of the Dean of Students in the University, maintain an Active File with the University.

**Leave of Absence:** the period during which a student suspends work toward a graduate degree and expects to resume work following a maximum of one academic year.

**Extended Residence:** the period of registration following the conclusion of Advanced Residence (Revised Summer 2000).

Students in Scholarship, Research or Advanced Residence Status, but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholarship or research residence requirement on a half-time basis will indicate half-time status.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro forma*. *Pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School, except for Law School courses not taught through the Law School of 180 units are comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 186-180 = A, 179-174 = B, 173-168 = C, 167-161 = D, 159-155 = E. The median grade at the Law School is F++.

The frequency of Honors in a typical graduating class: High Honors (180-174) 3.8%, Honors (173-168) 19.0%, Pass (167-161) 49.2%, Fail (159-155) 18.0%.

P++ indicates that a student has successfully completed the course but technical deficiencies, not attributable to the student, interfered with the grading process.

HP ("In Progress") indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal new to a title indicates fulfillment of one of two substantial writing requirements.

TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO  
M ADJUDIC RECORDS OF STUDENTS REGISTERED  
AFTER THE SPRING OF 1979 MAY EITHER  
ORIGINALLY SIGNED AND SENT ELECTRONICALLY  
OR COMPLETED AND PRINTED ON  
SHEETY PAPER. TRANSCRIPTS ARE OBJECTIVE  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WHO APPEARS IN  
WHITE ON MARION BARGROIND ON THE FACE  
OF THIS DOCUMENT OR IF DIRECTLY SIGNED  
DISPLAY A BLUE RIBBON CLIP-TAG: OF  
AT THE BOTTOM.

For online version of this key and any updates, please consult  
the web site of the Office of the University Registrar:  
[http://registrar.uchicago.edu/transcript\\_key.html](http://registrar.uchicago.edu/transcript_key.html)  
Revised 04/2010  
1015810  
SCRIP SAFE, Security Products, Inc. Copyright © 2010 Patent # 5,717,040

# THE UNIVERSITY OF CHICAGO

## Key to Transcripts of Academic Records

**1. Organization:** The University of Chicago includes the undergraduate College; the William B. and Catherine V. Graham School of General Studies; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, and the University of Chicago Booth School of Business.

**Degrees Offered:** Authority for recommending the awarding of degrees is vested in the academic units. The degrees awarded by the University are as follows: Bachelor of Arts, Bachelor of Science, International Master of Business Administration, Master of Arts, Master of Arts in Teaching, Master of Business Administration, Master of Comparative Law, Master of Divinity, Master of Fine Arts, Master of Laws, Master of Liberal Arts, Master of Public Policy, Master of Science, Doctor of Comparative Law, Doctor of Jurisprudence, Doctor of Law, Doctor of Medicine, Doctor of Ministry, and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Certificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

**3. Calendar:** The University calendar is the quarter system. Each quarter of the academic year is of the same value. Full time graduate registration in the College is for three or four units and in the divisions and schools for three units. See II. Graduate Residence Status for exceptions.

**4. Course Information:** Course numbers are five digits in length. Generally, courses with the first three digits numbered 180 to 299 may be considered as courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above are generally designed to meet requirements for higher degrees. The five-digit numbering system commenced Autumn 2001.

**5. Credits:** The course unit is the measure of credit at The University of Chicago. One full-time (180) is equivalent to 3 ECTS semester hours or 5 quarter hours. Courses of greater or lesser value (150, 180) carry proportionately more or fewer semester or quarter credits.

**6. Grading Systems:** The marks A+, A, A-, B+, B, B-, C+, C-, D+, D and P are passing grades. The numeric value of grades is as follows: A+=4.0, A=3.7, B+=3.3, B=3.0, B-=2.7, C+=2.3, C=2.0, C-=1.3, D=1, F=0. Effective Autumn 2006, Honors uses an alternative plus-minus grading system. The numeric value of grades is as follows: A+=4.3, A=4.0, A-=3.6, B+=3.3, B=3.0, B-=2.6, C+=2.3, C=2.0, C-=1.6, D+=1.3, D=1, F=0.

## Effective Dates of Plus/Minus Grading System

Social Service Administration	Autumn, 1977
Public Policy Studies	Autumn, 1983
Divinity	Autumn, 1983
College (undergraduate)	Summer, 1984
Graduate Juris School	Spring, 1986
Graduate Humanities	Autumn, 1986
Graduate Social Sciences	Autumn, 1986
Graduate Physical Sciences	Summer, 1988
Law	Spring, 2000
Business	Autumn, 2006

The mark P indicates that the student has submitted sufficient evidence to receive a passing grade; in some courses it may be the only grade given. The mark I (pending incomplete) indicates that the student has not yet submitted all the evidence required for a final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I; for instance, IA or IB. Some units of the University have special regulations concerning the mark I; regulations may be found in the *Announcements* of the College, of the divisions and of the schools. Effective Autumn 2004 in Divinity and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark H to indicate work of honors quality. P+ to indicate pass at a high level and P- to indicate pass.

The mark R is used when the student has registered for a course but has submitted no evidence of the quality of the work in the course. This mark confers no academic credit, but courses in which the mark is given may be counted toward residence requirements. No signum is attached to the mark R. Work taken at the graduate level for R may, in some instances, be substituted by an examination. The mark N confers no credit and is used for students in the College who have, under controlled conditions, chosen to be graded on a P/N basis in a particular course. The mark N was discontinued effective Autumn 2005. The mark W signifies withdrawal from the course; and grades of W, W/P (withdrawal passing), or WT (withdrawal failing) do not affect grade point averages.

Where no grade is reported after a course, it means that none was available at the time the transcript was prepared.

**6. General:** Enrollment in a program leading to a degree is governed by strict rules. The *Requirements*, published by each of the academic units, contain specific requirements. Students admitted to baccalaureate programs without high school diplomas may later qualify for the Twelfth Grade Certificate by satisfactorily completing work deferred by the State of Illinois is equivalent to the requirements for a high school diploma.

Students who entered the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter courses and a maximum of 45 to meet the requirements for a baccalaureate degree. Students who entered the College after 1982 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or CEI/38 Advanced Placement Examinations may be used to fulfill course requirements for a degree.

**8. Joint Degree Programs – Undergraduate and Graduate:** Programs to which some students are admitted permit specified courses to be counted both as part of the baccalaureate degree requirements and as part of a graduate degree requirement or toward two graduate degrees. Admission to a joint degree program is recorded on the academic record.

**9. Joint Residence:** Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the baccalaureate level and one at the graduate level or both may be

at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic record.

**10. Academic Status and Department:** The quarter courses of academic work on students' records include academic centers and fields of study. The definition of academic status follows:

**Bi-Registrant:** students registered in the Divinity School Park Theological School, and in a cooperative field.

**Certificate of Advanced Studies:** students who hold a master's degree and register for advanced work in their particular fields but who are not candidates for a degree.

**CIC Students:** students who are degree candidates at a University within the Committee on Institutional Cooperation and who are registered *pro passim* at The University of Chicago.

**Doctorate:** students enrolled in (Compl., D.M.A., J.S.D., or Ph.D. degree.

**Exchange Scholar:** students who are degree candidates at another university, who, by formal arrangement, are registered *pro passim* at The University of Chicago.

**Graduate:** students enrolled in programs leading to post-baccalaureate degrees.

**Laboratory Schools:** students who are registered *pro passim* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

**Master's/Professional:** students enrolled in programs leading to a master's or professional degree (J.D., M.D., etc.).

**Post-Doctoral:** students who hold a Doctor of Medicine or Doctor of Philosophy and are not candidates for a degree.

**Returning Scholars:** students who are registered through the Graham School of General Studies and are not candidates for a degree.

**Special Summer:** students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

**Students-at-large:** students who are not candidates for a degree.

**Undergraduate:** students in a program leading to a baccalaureate degree.

**Undergraduates in Foreign Study Programs:** students who are candidates for baccalaureate degrees from the College and taking work acceptable toward those degrees at a foreign institution.

Work taken as a Student at Large, Special Summer Student or Certificate of Advanced Studies student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree, but will qualify grades be assigned. Non-degree emergencies may be created to meet special needs and will be specifically identified on academic records.

**II. Graduate Residence Status:** Effective Autumn 1984 the academic records of students who enroll in programs leading to the degree of Doctor of Philosophy will reflect the residence status as established by the University.

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**Extended Residence:** the period of registration following the conclusion of Advanced Residence (Revised Summer 2000).

Students in Scholarship, Research or Advanced Residence Status, but not in the active file or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholar or research residence requirement on a half-time basis will indicate half-time study.

Students in Research or Advanced Residence Status whose doctoral research requires residence away from the University register *pro passim*. *Pro passim* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

**Law School Transcript Key**

The credit hour is the measure of credit at the Law School, except in University courses not taught through the Law School of 100 units are comparable to 3 credit hours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 180-180=A, 179-174=B, 173-168=C, 167-160=D, 159-155=E. The median grade at the Law School is F++.

The frequency of Honors in a typical graduating class is as follows:

Honors (179-174) per 2002-2002	180%
Honors (173-168) per 2002-2002	38%
Honors (167-160) per 2002-2002	100%

Pass that and letter grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.

P++ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

HP ("In Progress"), indicates that a grade was not available at the time the transcript was printed.

W indicates an administrative withdrawal.

N+/- new to a table indicates fulfillment of one of two substantial writing requirements.

**TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO**  
M.A. ADHIC. RECORDS OF STUDENTS REGISTERED  
AFTER THE SPRING OF 1979 ARE EITHER  
DIGITALLY SIGNED AND SEALED ELECTRONICALLY,  
OR COMPILED, PRINTED AND PRINTED ON  
SHEETS. PAPER TRANSCRIPTS ARE OBJECTIVE  
DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE  
OF THE UNIVERSITY REGISTRAR WITH IT APPEARING IN  
WHITE ON A VARNISHED BACKGROUND ON THE FACE  
OF THIS DOCUMENT OR IF DIGITALLY SIGNED  
DISPLAY A BLUE RIBBON CRYPTICALLY OF  
AUTHENTICITY.

For on-line version of this key and any updates, please consult the web site of the Office of the University Registrar:  
[http://registrar.uchicago.edu/transcript\\_key.html](http://registrar.uchicago.edu/transcript_key.html)  
Revised 04/2010

THE UNIVERSITY OF CHICAGO

ON THE RECOMMENDATION OF THE FACULTY  
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM  
THE TRUSTEES OF THE UNIVERSITY HAVE CONFERRED ON

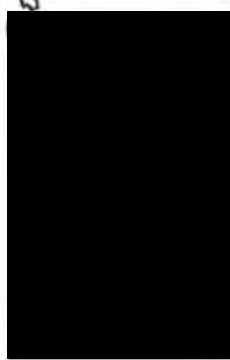
SADIA HAIDER

THE DEGREE OF

**Doctor of Medicine**

THE PRITZKER SCHOOL OF MEDICINE

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF  
GIVEN IN THE CITY OF CHICAGO IN THE STATE OF ILLINOIS  
IN THE UNITED STATES OF AMERICA IN THE YEAR  
TWO THOUSAND AND ONE  
ON THE EIGHTH DAY OF JUNE



104

C

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

## VERIFICATION OF EMPLOYMENT / EXPERIENCE-- PROFESSIONAL CAPACITY

SUPPORTING DOCUMENT

# VE-PC

1 NAME LAST FIRST MIDDLE  
Holder Suffix

2 PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:

	Profession Code
<input checked="" type="checkbox"/> Permanent Physician License	036
<input type="checkbox"/> Temporary Physician Training License	125
<input type="checkbox"/> Chiropractic Physician License	038

3. ADDRESS STREET, CITY, STATE, ZIP CODE

4. DATE OF BIRTH

5. SOCIAL SECURITY NUMBER

6. MAIDEN OR GIVEN SURNAME

Please provide a list of all employers, including military service, for which you have worked, starting with present employment.

A. NAME OF BUSINESS / INSTITUTION  
*Harvard Medical Faculty*

ADDRESS STREET, CITY, STATE, ZIP CODE  
*MASCO Building 375 Longwood Ave. Boston, MA 02215*

DATE OF EMPLOYMENT/ATTENDANCE  
From *08/12/07*  
Month Day Year

To *present*  
Month Day Year

HOURS WORKED PER WEEK  
*50*

TYPE OF EMPLOYMENT  
 Full-time  Part-time

TOTAL TIME WORKED (Year/Month)  
*3 years 8 months*

JOB TITLE  
*Director, Division of Family Planning*

DESCRIPTION OF DUTIES PERFORMED  
*Worked as a full-time OB/GYN on Faculty at Beth Israel Deaconess Medical Center. Performed full spectrum of clinical OB/GYN. Participated in Residency Training. Performed administrative duties related to Director position.*

B. NAME OF BUSINESS / INSTITUTION  
*SAN FRANCISCO GENERAL HOSPITAL*

ADDRESS STREET, CITY, STATE, ZIP CODE  
*1001 Potrero Ave, SF, CA 94112*

DATE OF EMPLOYMENT/ATTENDANCE  
From *07/01/2005*  
Month Day Year

To *06/30/2007*  
Month Day Year

HOURS WORKED PER WEEK  
*50*

TYPE OF EMPLOYMENT  
 Full-time  Part-time

TOTAL TIME WORKED (Year/Month)  
*2 years*

JOB TITLE  
*CLINICAL FELLOW in Family Planning*

DESCRIPTION OF DUTIES PERFORMED  
*in training as a clinical fellow - worked as an attending in OB/GYN performing the full range of OB/GYN duties*

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT / EXPERIENCE-- PROFESSIONAL CAPACITY

SUPPORTING DOCUMENT

# VE-PC

<p>1. NAME      LAST                      FIRST                      MIDDLE</p> <p style="padding-left: 40px;">Haider                      Sadia</p>	<p>2. PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:</p>								
<p>3. ADDRESS    STREET, CITY, STATE, ZIP CODE</p> <p style="padding-left: 20px;">5 Paul Gore Street Jamaica Plain, MA 02130</p>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><u>Profession Code</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Permanent Physician License</td> <td style="text-align: right;">036</td> </tr> <tr> <td><input type="checkbox"/> Temporary Physician Training License</td> <td style="text-align: right;">125</td> </tr> <tr> <td><input type="checkbox"/> Chiropractic Physician License</td> <td style="text-align: right;">038</td> </tr> </table>		<u>Profession Code</u>	<input checked="" type="checkbox"/> Permanent Physician License	036	<input type="checkbox"/> Temporary Physician Training License	125	<input type="checkbox"/> Chiropractic Physician License	038
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<input checked="" type="checkbox"/> Permanent Physician License	036								
<input type="checkbox"/> Temporary Physician Training License	125								
<input type="checkbox"/> Chiropractic Physician License	038								
<p>4. DATE OF BIRTH</p> <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> <p style="font-size: small;">Month    Day    Year</p>									
<p>5. SOCIAL SECURITY NUMBER</p> <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>	<p>6. MAIDEN OR GIVEN SURNAME</p>								

**Record work history chronologically for the five (5) years preceding the date of application beginning with present employment.**

<p>A. NAME OF BUSINESS / INSTITUTION</p> <p style="padding-left: 20px;">Harvard Medical Faculty</p>	<p>JOB TITLE</p>										
<p>ADDRESS    STREET, CITY, STATE, ZIP CODE</p> <p style="padding-left: 20px;">MASCO Building 375 Longwood Ave.    Boston, MA 02215</p>	<p>DESCRIPTION OF DUTIES PERFORMED</p>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">DATE OF EMPLOYMENT/ATTENDANCE</td> <td style="width: 50%;">HOURS WORKED PER WEEK</td> </tr> <tr> <td>From <u>08</u> / <u>  </u> / <u>2007</u></td> <td style="text-align: center; font-size: 24px;"><u>50</u></td> </tr> <tr> <td style="font-size: small;">Month    Day    Year</td> <td></td> </tr> <tr> <td>To <u>present</u> / <u>  </u> / <u>  </u></td> <td style="border: none;">TYPE OF EMPLOYMENT</td> </tr> <tr> <td style="font-size: small;">Month    Day    Year</td> <td style="border: none;"><input checked="" type="checkbox"/> Full-time    <input type="checkbox"/> Part-time</td> </tr> </table>	DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK	From <u>08</u> / <u>  </u> / <u>2007</u>	<u>50</u>	Month    Day    Year		To <u>present</u> / <u>  </u> / <u>  </u>	TYPE OF EMPLOYMENT	Month    Day    Year	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<p>TOTAL TIME WORKED (Year/Month)</p> <p style="padding-left: 20px;">3 years 8 months</p>
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Month    Day    Year											
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Month    Day    Year	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time										

<p>B. NAME OF BUSINESS / INSTITUTION</p>	<p>JOB TITLE</p>										
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Month    Day    Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time										



S/12



# Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

STANCEL M. RILEY, JR. MD.  
EXECUTIVE DIRECTOR

5/23/2011

To Whom It May Concern:

This certifies that Sadia Haider, M.D., a 2001 graduate of Pritzker School of Medicine, University of Chicago, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 233771 was issued to Dr. Haider on 08/22/2007. The license status is: Active. The expiration date is 9/17/2012.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

**Closed Complaint Information**

Our files contain 0 closed complaint(s) on this physician.

**Final Board Disciplinary Action**

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

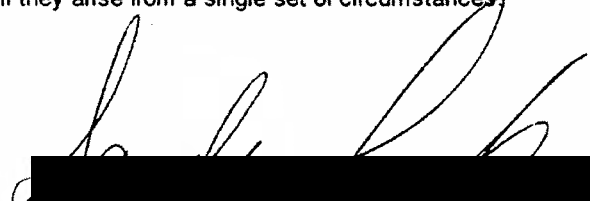
As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL

**RECEIVED**  
MAY 27 2011  
IDPR-MEDICAL UNIT

  
[Redacted Name]

Staff Member, Board of Registration in Medicine  
Sandra Lentine

**RECEIVED**  
BUSINESS SERVICES

MAY 27 2011

IDPR

Div. of Professional Regulation



SIR

<p><b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>	<p><b>CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING</b></p>	<p>SUPPORTING DOCUMENT</p> <p style="font-size: 2em; text-align: center;"><b>TN-MED</b></p> <p style="text-align: right;">(DPR)</p>
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**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.

<p>1. NAME LAST: Haider FIRST: Sadia MIDDLE:</p>	<p>2. DATE OF BIRTH</p>	<p>3. SOCIAL SECURITY NUMBER</p>
<p>4. ADDRESS STREET, CITY, STATE, ZIP CODE</p>	<p>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</p>	
<p>6. MAIDEN OR GIVEN SURNAME</p>	<p>Physician _____ 036 _____ Profession Name Profession Code</p>	
<p>7. ILLINOIS TEMPORARY LICENSE NUMBER (if applicable)</p>	<p>8. ISSUANCE DATE</p>	

**POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR**

Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT.

This is to certify that the above-named applicant satisfactorily completed 36 months of postgraduate clinical training in OBSTETRICS & GYNCOLOGY  
(Name of Specialty Program)

from 6.17.2002 to 6.16.2005 at the following hospital:  
MM/DD/YYYY MM/DD/YYYY

Hospital: BETH ISRAEL DEACONESS MEDICAL CENTER

Number and Street: 330 BROOKLINE AVENUE

City, State and Zip Code: BOSTON, MA 02215

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> the ACGME | <input type="checkbox"/> the CFPC, RCPC or FMLAC (Canadian Programs) |
| <input type="checkbox"/> the AOA              | <input type="checkbox"/> not accredited in the US or Canada          |
- RECEIVED  
MAY 13 2011  
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Name of Postgraduate Clinical Training Program Director: HOPE RICCIARDI, M.D.

Signature of Postgraduate Clinical Training Program Director: \_\_\_\_\_

Date of this Certification: \_\_\_\_\_

University/Hospital  
**SEAL**

Telephone No: \_\_\_\_\_

(If no seal, attach letter on letterhead stating no seal exists.)

036 APPLICATION CHECKLIST

APPLICATION FINDINGS

Approved Program 6-Year
Application Complete
Release on File

POSITIVE PERSONAL HISTORY INFO

Yes# See Worksheet for documents
VE-PC from Grad to Present for PPH
MLB ITD

HEALTHCARE LICENSING SERVICES

DOMESTIC GRADUATES

Premedical Transcripts

Univ of Chicago
Medical Transcripts w/degree date 6/8/01
Chicago, Ill

FOREIGN GRADUATES

ECFMG 5th Pathway Social Service
Premedical Transcripts Translations FCVS Profile
Medical Transcripts Translations
Degree Date IL TEMP LIC #

6-Year Post Secondary Education

AF-MED Part A

AF-MED Part B DOCUMENTATION:

Int Med Hosp:
Evaluation:
AF-MED B and Agreement
OR
Verbal Affidavits: Hospital School

Psych Hosp:
Evaluation:
AF-MED B and Agreement
OR
Verbal Affidavits: Hospital School

Ob/Gyn Hosp:
Evaluation:
AF-MED B and Agreement
OR
Verbal Affidavits: Hospital School

Surgery Hosp:
Evaluation:
AF-MED B and Agreement
OR
Verbal Affidavits: Hospital School

Peds Hosp:
Evaluation:
AF-MED B and Agreement OR Verbal Affidavits: Hospital School

ED-NON Total months -must be minimum of 36 w/premed; 54 combined
Minimum 4-weeks: IM Ob/Gyn Peds Surgery
Psych Psych Affidavit

SUPPORTING DOCUMENTS

VE-PC submitted is incomplete.

VE-PC - Verification of Professional Capacity - active practice in 2-years preceding app
CME Required/Submitted

CT - Original Jurisdiction of Licensure - State & Number MA 233771 Discipline No-Active

CT - Current Jurisdiction of Licensure - State & Number same Discipline "

TN-MED - Clinical Training - 12 months if began program prior to 1/1/1988; all others 24 months

Seal of State Accredited

Acceptable Examination or Combination

NBME NBOME/COMLEX FLEX LMCC

USMLE Complete w/in 7-Rule(USMLE only) Not over 5 Failures (All exams)

State-constructed must have American Board Certification

Name Change
Federation Check

7yr rule
5M 28D over

Direct Inquiries to the  
Technical Assistance Unit

Telephone No.: 217-782-8556  
TDD No.: 217-524-6735

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
[www.idfpr.com](http://www.idfpr.com)

Date: 7/20/2011

Initials: DO

License No: 036 Attn: Medical

**YOUR APPLICATION OR REQUEST CANNOT BE PROCESSED DUE TO ERRORS OR DEFICIENCIES.  
NO FURTHER ACTION CAN BE TAKEN ON YOUR APPLICATION UNTIL SUCH TIME AS ALL DEFICIENCIES HAVE  
BEEN MET.**

TO:

SADIA HAIDER MD



**RETURN THIS FORM  
AND APPLICATION  
WITH REMITTANCE,  
IF APPLICABLE**

**Deficiency Checklist**

A copy of the waiver request of the 7 year rule has been received by the Department. Application will be submitted to the Board for review in August but will not be issued if approved by the Board, until waiver request with original signature is received.

RETURN INFORMATION IN THE ENCLOSED ENVELOPE WITH A COPY OF THIS NOTICE.

Direct Inquiries to the  
Technical Assistance Unit

Telephone No.: 217-782-8556  
TDD No.: 217-524-6735

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
[www.idfpr.com](http://www.idfpr.com)

Date: 6/23/2011

Initials: DO

License No: 036 Attn: Medical

**YOUR APPLICATION OR REQUEST CANNOT BE PROCESSED DUE TO ERRORS OR DEFICIENCIES.  
NO FURTHER ACTION CAN BE TAKEN ON YOUR APPLICATION UNTIL SUCH TIME AS ALL DEFICIENCIES HAVE  
BEEN MET.**

TO:

SADIA HAIDER MD



**RETURN THIS FORM  
AND APPLICATION  
WITH REMITTANCE,  
IF APPLICABLE**

**Deficiency Checklist**

VE-PC form accounting for the entire time frame from receipt of your degree to the present is required prior to review by the Licensing Board. The initial VE-PC form did not include job title and description of duties performed. On the new VE-PC form please complete all sections.

The time frame for completion the USMLE sequence exceeds 7-years. See addendum to deficiency letter.

Additional information and/or review may be required upon receipt and review of all requested documentation.

Your application will be reviewed by the Medical Licensing Board when complete.

**ADDENDUM TO DEFICIENCY NOTICE**

In accordance with Section 1285.60 of the Administrative Rules, if an applicant fails to successfully complete all USMLE Steps within seven (7) years of passing the first Step taken, either Step 1 or Step 2, credit for any Step passed shall be forfeited. Records indicate Step 1 was passed on June 9, 1998. Step 3 was passed on December 7, 2005, exceeding the 7-year rule. Therefore, you would be ineligible for licensure in Illinois pursuant to the 7-year rule until such time that you have retaken and successfully passed all three Steps of USMLE.

**Be advised, you may request a waiver of the 7-year rule by submitting a letter to the Department. The letter must state that you are requesting a waiver of the 7-year rule and your reason for requesting the waiver. The letter must also include specific information that you wish the Department to consider when making a decision to grant your waiver request. Upon receipt of aforementioned letter, the Medical Licensing Board will review your application and request for waiver.**

RETURN INFORMATION IN THE ENCLOSED ENVELOPE WITH A COPY OF THIS NOTICE.



**MEDICAL BOARD OF CALIFORNIA**

Licensing Program  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(916) 263-2382 FAX (916) 263-2944  
[www.mbc.ca.gov](http://www.mbc.ca.gov)



May 03, 2011

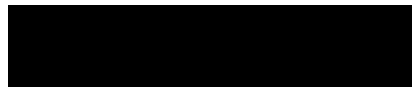
TO WHOM IT MAY CONCERN:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN: SADIA HAIDER  
LICENSE NUMBER: A93909  
ISSUED: February 01, 2006  
EXAM TYPE: A Written Examination  
EXPIRATION DATE: September 30, 2007  
STATUS: DELINQUENT  
BOARD DISCIPLINE: No

This license information was last updated on: 05/03/2011

Further public records pertaining to the above licensee may be available from the Board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov).



Curtis J. Worden  
Chief of Licensing

**RECEIVED**

MAY 03 2011

IDPR-MEDICAL UNIT

**RECEIVED ELECTRONICALLY**

3/12

<b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. sec. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.		<b>CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING</b>		SUPPORTING DOCUMENT  <b>TN-MED</b>  <small>(DPR)</small>	
<b>APPLICANT:</b> 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 <small>Family Name</small>	FIRST <small>Given Name</small>	MIDDLE	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	
6. MAIDEN OR GIVEN SURNAME				Physician _____ 036 Profession Name _____ Profession Code _____	
7. ILLINOIS TEMPORARY LICENSE NUMBER (If applicable)				8. ISSUANCE DATE	

**POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR**

**Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT.**

This is to certify that the above-named applicant satisfactorily completed 24 months of postgraduate clinical training in UCSF FAMILY PLANNING FELLOWSHIP  
(Name of Specialty Program)

from 7/1/2005 to 6/30/2007 at the following hospital:  
MM/DD/YYYY MM/DD/YYYY

Hospital: SAN FRANCISCO GENERAL HOSPITAL

Number and Street: 1001 POTRERO AVENUE

City, State and Zip Code: SAN FRANCISCO, CA 94110

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

the ACGME  
 the AOA  
 the CFPC, RCPSC or FMLAC (Canadian Programs)  
 not accredited in the US or Canada

**RECEIVED BUSINESS SERVICES MAY 16 2011**

Name of Postgraduate Clinical Training Program Director: JESE LOSBERG

Signature of Postgraduate Clinical Training Program Director: \_\_\_\_\_

Date of this Certification: \_\_\_\_\_

Telephone No: \_\_\_\_\_



**RECEIVED**  
MAY 17 2011

**IDPR-MEDICAL UNIT**

Sadia Haider, MD

April 18, 2011

Illinois Department of Professional Regulation

Dear Illinois Department of Professional Regulation:

Enclosed is my application for licensure to practice medicine. All supporting documents have been requested. A check or money order in the amount of \$300.00 is included.

I have engaged the services of Meghan Brown with Healthcare Licensing Services to assist with this process. Please forward any letters of deficiency to the address below:

**Healthcare Licensing Services, Inc.**

Attn: Meghan Brown  
3 West Garden Street  
7<sup>th</sup> Floor, Suite 700  
Pensacola, FL 32502  
Tel: (850) 444-9814

I have personally reviewed my application for accuracy and completeness.

Thank you for your consideration.

Cordially,

  
  
Sadia Haider, MD



Electronic Renewal Record



Exit

Find Another

License Number 036128822

Pin

Phone

Authorization

SSN

Address Change (IVR only) N

Perjury Disclaimer Y

Transaction Dt 5/14/2014

Renewal Fee \$690.00

Fee Type R

Service Fee \$0.00

Memo

Method

Credited:

**User Responses**

1	SSN	Y	9	PH6	N
2	IA1	N	10	PH7	N
3	CS1	N	11	PH8	N
4	PH1	N	12		
5	PH2	N	13		
6	PH3	N	14		
7	PH4	N	15		
8	PH5	N			

Print Record

Next Record

## IDFPR

## Credit Card Renewal Question Codes, Definitions and Response/Direction (updated 04/04/2011)

Question Code	Question	Response/Direction
This is the default perjury question for all licensees and is not coded.	If the information you will be asked to give is not truthful, disciplinary action may be taken against your license. Do you affirm that the information you are about to give or answer is true and correct?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
PER1	Do you understand that if you provide false or fraudulent information, you could lose your certification, be fined up to \$25,000 or have other penalties assessed?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
PER2	Do you acknowledge that by submitting this renewal that you authorize the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
PER3	Do you swear under penalty or perjury that you are in compliance with all averments pursuant to the Residential Mortgage Act Rules Section 1050.2165?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
CE1	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. Processing continues. If no then person must contact the department.
CE2	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked and processing continues. If no then question CE4 should be asked.
CE4	Are you exempt from the continuing education requirement?	If yes, continue to CE6. If no then person must contact the department.
CE6	Are you at least 62 years of age?	If yes, no other CE question should be asked and processing continues. If no then question CE7 should be asked.
CE7	Have you been licensed as a cosmetologist, cosmetology teacher or cosmetology clinic teacher for at least 25 years?	If yes, no other CE question should be asked and processing continues. If no then person must contact the department.
CE1C	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. If no then CE5 question should be asked.
CE5	Are you exempt from the continuing education because you have actively been licensed for 40 years?	If yes, processing continues. If no then person must contact department.

Question Code	Question	Response/Direction
CER1	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. If no then CER2 question should be asked.
CER2	I am exempt from the CE requirements in accordance with the Real Estate License Act.	If yes, processing continues. If no then person must contact department.
CER3	Have you instructed a minimum of one Illinois approved continuing education course during this pre-renewal period OR taken an instructor training program approved by IDFPR?	If yes, processing continues. If no then person must contact department.
CER4	Have you instructed a minimum of one Illinois approved pre-license education course during this pre-renewal period OR taken an instructor training program approved by IDFPR?	If yes, processing continues. If no then person must contact department.
CEB1	Have you fully complied the required SIX hours of continuing education requirement for the renewal of your license?	Processing continues regardless of Yes or No answer.

Question Code	Question	Response/Direction
CS1	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.)	Must respond if asked. If no process continues. If yes then person must contact the department.
IA1	Would you like to place your license on inactive status?	If yes, and expiration date has not passed, then note and end phone. If after expiration date, then person must pay late renewal fee amount. No other questions should be asked. If no, continue to next question.
IA3	Would you like to place your license on inactive status?	If yes, and expiration date has not passed, inactive fee is required and no other questions should be asked. If after expiration date then person must pay late renewal fee amount plus inactive fee amount. If no, continue to next question.
PH1	Since MMDDYYYY, have you been convicted of any criminal offense in any state or federal court other than minor traffic violations?	If no, continue to next question. If yes then person must contact the department.
PH2	Since MMDDYYYY, have you had or do you now have any disease or condition that impairs or impaired your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community?	If no, continue to next question. If yes then person must contact the department.
PH3	Since MMDDYYYY, 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 no, continue to next question. If yes then person must contact the department.
PH4	Since MMDDYYYY, have your clinical, hospital or practice privileges relating to patient care been involuntarily restricted, suspended or revoked other than for noncompletion of medical records?	If no, continue to next question. If yes then person must contact the department.

Question Code	Question	Response/Direction
SP1	Do you have a current cardio pulmonary resuscitation certificate?	If yes, continue to next question. If no then person must contact department.
SP2	Is the barber school for which you are renewing actually providing instruction and maintaining the equipment required by the Barber, Cosmetology, Esthetics and Nail Technology Act of 1985?	If yes, continue to next question. If no then person must contact department.
SP3	Have you fully complied with the seismic education requirements?	If yes, continue to next question. If no then person must contact department.
SP4	Is the Supervising Physician of Record correct?	If yes, continue to next question. If no then person must contact department.
SP5	Do you have current public liability and property damage insurance with the minimum of \$100,000 per occurrence of property damage and \$300,000 per occurrence of personal injury or bodily harm?	If yes, continue to next question. If no then person must contact department.
SP6	Do you have a current Surety Bond with a \$5,000 minimum?	If yes, continue to next question. If no then person must contact department.
SP7	Are you currently Certified as a Pharmacy Technician?	Record Answer and proceed to next question
SP8	Are you currently a Student enrolled in an Approved Pharmacy Program?	Record Answer and proceed to next question
CON1	Have you been convicted of a crime (other than a minor traffic violation), which you have NOT previously reported to this office?	If no continue to next question. If yes then person must contact department.
CON2	In the past year, have you been arrested and/or convicted of any misdemeanor or felony crime?	If no continue to next question. If yes then person must contact department.
DSP1	Have you had a professional license in this or any other state disciplined and NOT previously reported the action in writing to this office?	If no continue to next question. If yes then person must contact department.
PEN1	Do you currently have any outstanding penalties or fines owed to the Department of Financial and Professional Regulation ?	If no continue to next question. If yes then person must contact department.
SOL1	As a Solicitor, have you completed a loan application or received payment for loan originating in the past year?	If no continue to next question. If yes then person must contact department.
TAX1	Are you more than 30 days in arrears on state taxes due to the Illinois Department of Revenue?	If no continue to next question. If yes then person must contact department.
TAX2	Have you received notification of any unpaid state taxes or unfiled tax return due to the Illinois Department of Revenue, Internal Revenue Service or by any other tax authority?	If no continue to next question. If yes then person must contact department.
ACT1	Do you maintain special accounts or hold money belonging to others?	Record answer and continue to next question.

Question Code	Question	Response/Direction
SSN	Please Enter your Social Security Number	Please enter your Social Security Number. Nine Digits must be entered.
ISAC	Are you more than 30 days in arrears on a student loan acquired through the Illinois Student Assistance Commission?	If no continue to next question. If yes then person must contact department.
CMP1	Are you in compliance with the Home Inspector License Act, Administrative Section 1410.110?	If yes, continue to next question. If no then person must contact department.
AC1	Has your address changed from the one shown on your renewal notice?	If yes, then Address change phone recording will be made at end of renewing.
AC2	Has your address changed from the one shown on your renewal notice?	If yes, then ask question AC2A. If no, do not ask question AC2A and use the fees identified in first renewal fee areas.
AC2A	Is your new address in Illinois?	If yes, the use fees identified in Illinois fee area. If no then use fees identified in non-Illinois fee areas.
	The "MD" questions were asked of Medical (036 & 038) on the 2011 Renewal for the Governor's Office of Healthcare Information Technology	
MD1	Have you implemented an electronic health record (EHR) system in your practice?	If yes, then Skip Question MD1A.
MD1A	If not, do you plan to implement an electronic health record (EHR) system in the next 12 months?	Record Answer and proceed to next question
MD2	Do you use e-prescribing, either through an EHR system or other electronic means?	Record Answer and proceed to next question
MD3	Do you electronically exchange data (e.g. lab results or clinical summaries) with other Physicians or entities outside of your practice or health system?	Record Answer and proceed to next question
<b>Contact The Department</b>	We are unable to renew your license based on the information provided. For additional information contact the department at ###-###-####	Use the Support Phone Field in the Renewal Record. Please enunciate phone # slowly and repeat phone # if possible.