

RECEIVED ICATION FOR LIGENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANTING ILL Completion of this form is necessary for consideration for licensure under 225 of the fillinois Compiled Statutes. Disclosure of this information is VOLUNTARY.

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.

DADT I. Application Category Information

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 1. Application Category Information						
A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4						
1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE			
Physician	036	Endorsement	\$ 300.00			
B. CHECK BOX INDICATING THE APPROPRIAT This is the first time I have made profession in Illinois. I have previously made application f Illinois. However, my previous applica now reapplying. Other:	application for this or this profession in	 My application for this p denied in Illinois. I am a additional requirements. I have previously made a 	rofession had previously been reapplying since I have fulfilled application for this profession in applying under new statutory			
PART II: Applicant Identifying Informa Division of Professional Regu file this application in order to	lation and/or Continental T	esting Service in writing, of a	rofessional Regulation - any address changes after you			
1. NAME LAST FIRST M	IDDLE 2. TITLE (e	g., M.D., D.D.S., etc.) 3. UNITE	D STATES SOCIAL SECURITY NO.			
Haider Sadia	M.D.					
4. PERMANENT MAILING ADDRESS STREE	T CITY STATE/COUN	TRY ZIP CO	DE COUNTY			
			5A			
5. BUSINESS ADDRESS STREET	CITY STATE/COUN	TRY ZIP CO	DE COUNTY			
6. MAIDEN, GIVEN SURNAME, OR ANY NAM		RTING 7. MOTH	ER'S MAIDEN NAME			
DOCUMENTS WILL BE SUBMITTED. (SEE	INSTRUCTIONS #5 ABOVE)	Ahma	1			
8. PLACE OF BIRTH CITY STATE/COUR	VTRY 9. DATE	OF BIRTH	10.AGE			
	1 * *					
11. TELEPHONE NUMBER WHERE YOU MAY	BE REACHED		12. PREFERRED e-MAIL			
Work:			ADDRESS(ES) [If available]			
F -1.						
Fax:	(Area Code					
(Area Code)	(Alea Code	<u> </u>				

PART III: Education Information				,
1. PRELIMINARY EDUCATION (Elementary	y and High School or G.E.D. Circle number of			
1 2 3 4 5 6 7 8 9 10 11	I ๋		eived 3.E.D.? Yes	s 🔲 No
2. NAME OF LAST PRELIMINARY SCHOOL		ATION 4	. DATE OF GRADE	
ATTENDED Emma Willard School	(City and State) Troy, NY		0 6 / 1 Month	9 9 2 Year
5. COLLEGE OR UNIVERSITY (Circle nur		L		
1 2 3 4 5 6 7 🛞	Graduated? X Yes	□No		
6. COLLEGE OR UNIVERSITY NAME	LOCATION		ATTENDANCE	TYPE OF DEGREE EARNED
(Undergraduate and Graduate)	(City and State or Country)	FROM	TO	DEGREE EARNED
University of Chicago	Chicago, IL	Month/Yea 09/1992	Month/Year 06/1996	B.A.
University of Chicago	Chicago, IL	0011222	06/7024	MD
University of Chicago	Cincago, IL	09/1996	06/2001	MU
7. SPECIALIZED TRAINING (Residency, F	L Professional Training, Vocational Training, Prac	I tical or Clinical	Training)	
INSTITUTION NAME	LOCATION (City and State or Country)		OF ATTENDANCE	Did You Complete Training?
		Month/Y		Training,
Beth Israel Deaconess Medical Center	Boston, MA	06/2001	06/2002	x Yes ☐ No
Sale James Harris Control	Boston, MA	06/2002	06/2005	
Beth Israel Deaconess Medical Center				Yes ☐ No
University of California	San Francisco, CA	07/2005	06/2007	
United Sity of California	man company an	0.72003	1 34,550	Yes No
				Yes No
				☐ Yes ☐ No

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		(limited)		
Massachusetts	MD		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	02/2006	Lapsed
		training		
		,		

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

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15.54
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YES NO

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.	х
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 res following questions)	pond to the
 In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in with a child support order. Fallure to certify shall result in disciplinary action, and making a false statement may subject the contempt of court. 	n complying
Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")	No x
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renew aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commiss appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)	the Illinois al if the
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 x
PART IX: Certifying Statement	
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitte connection therewith, and to the best of my knowledge, they are true, correct, and complete.	ed by me in
- 4 2711	
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater the	the amount

PART VI: Personal History Information (This part must be completed by all applicants)

__ OBGYN ADMIN.



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 drai, 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

Tel: (850) 444-9814 · Fax: (904) 339-9075 · Info@healthcarelicensing.com

REPORT OF COMMENDATIONS) 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	w of the de	ocuments,	it was move	ed, seconded, and car	ried that it be
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Submitted on bobal	f of the me		h 8.8	lanat i B	
Submitted on behal		mbers of the	ne Medical Li	censing Board.	
Date: August 10 2	111				
/			<u> </u>		
The undersigned	Director	of the [Division of	Professional Regula	tion, hereby
approves	_denies _	defers	takes	under advisement ti	he foregoina
recommendation.					33
Comments:					
		***************************************	7		La Contraction de la Contracti
Date <u>- 3/14/1/</u>					
	*****			Nimantan #2	
				Syllector #2	
				111773	
				IIIII	

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:

- 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.
- 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.

By:

Jay Stewart, Director #2
Division of Professional Regulation

Date: 3/4/1

Brent E. Adams, Secretary



Springfield, IL 62786

ed States Medical Licensing Immination® (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, 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

RECEIVED ELECTRONICALL

Examinee: Alt Name(s): Haider, Sadia

Sadia, Haider

Examinee ID#: Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. 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						denka da sirina minasa vi da da amatida ngga in amin	
			Three-Dig	git Score	Two-Digit	Score	
	Test Date 06/09/1998	Pass/Fail	Total	MP	Total	MP	Comments
USMLE STEP 2							
Clinical Knowledge (Cl	K)						
			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	09/02/1999						
USMLE STEP 3							
		,	Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
CALIFORNIA	12/07/2005						
MASSACHUSETTS	07/11/2005						
MASSACHUSETTS	03/31/2005						

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

AUG 0 2 2011

IDEPR-MEDICAL UNIT

AUG 1 2011

June 28, 2011

, P 18

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3rd 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

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

Best regards,

SadiaHaider MD, MPH

Beth Israel Deaconess Medical Center

Department of OB/GYN

Harvard Medical School

RECEIVED

AUG 0 2 2011

IDEPR - MEDICAL UNIT



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

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Best regards,

Sadia Haider MD, MPH

Beth Israel Deaconess Medical Center

JUL 2 0 2011

IDFPR

Div. of Professional Regulation

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

TRANSCRIPT OF ACADEMIC RECORD

Page:

27-JUL-2011 Date Issued:

Level:

Graduate

Recorder Section Baiser

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

****** CONTINUED ON NEXT COLUMN *

CRED GRD R PTS

SUBJ NO.

COURSE TITLE

CRED GRD

PTS

R

Institution Information continued:

Term: Ehrs:

GPA-Hrs:

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

Intro to Occup/Environ Medicin EH 232

HPM 247 Political Anal for Hlth Policy

ID 264 Practice of Family & Comm Hlth

The U.N. and Human Rights

War and Public Health PIH 321

INSTITUTION CREDIT:

Fall 1999-2000 Term: **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 262 ID Intro to Pract of Intnatl Hlth 264 Practice of Family & Comm Hlth ID PIH 225 Qual Rsrch Meth for Pop & Hlth 263 PIH Grant Writing/Rsrch & Hlth Car 250 PII Epi Inf Disease: Dev'g Countri Term: Ehrs: GPA-Hrs:

222

IGA

****** TRANSCRIPT TOTALS ****** INSTITUTION

Ehrs: GPA-Hrs:

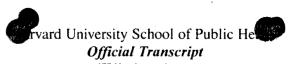
Ehrs: OVERALL

GPA-Hrs:

IDFPR - MEDICAL UNIT AUG 03 2011

REGISTRAR

THE BACK OF THIS TRANSCRIPT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW. SEE REVERSE FOR VERIFICATION INFORMAT



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	1973-1974	1974-1979	1979-1996	1996-2010
A,B = Honor Grades	H = Honors	H = Honors	A = 4.0 Excellent	See 1979-1996
C = Acceptable	HP = High Pass	HP = High Pass	A = 3.7	NS = Not Satisfactory
D = Acceptable,	P = Pass	P = Pass	$\mathbf{B} + = 3.3 \text{ Good}$	WD = Withdrawn from course
but of inferior	NC= No Credit	S = Satisfactory	$\mathbf{B} = 3.0$	
quality	CR = Credit	U = Unsatisfactory	B- = 2.7 Satisfactory	2010-On
F = Failing	AU= Audit		C + = 2.3	See 1996-2010
			C = 2.0 Poor	AU = Audit
1967-1973			C - = 1.7	F* = Not calculated in GPA
S = Satisfactory			$\mathbf{F} = 0.0 \text{ Failing}$	

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".

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
- 4. SIP = Course Still in Progress, No Grade Available
- 5. NC = No Credit Given
- 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 (K	SG)-	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

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.



AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

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.

PRESIDENT

DEAN OF THE FACULTY OF PUBLIC HEALTH



THE UNIVERSITY OF CHICAGO

OFFICIAL TRANSCRIPT

DEGREES CONFERRED:

BACHELOR OF ARTS WITH GENERAL HONORS B.A.

ANTHROPOLOGY WITH HONORS

JUNE 8, 1996

DOCTOR OF MEDICINE M.D.

MEDICINE

JUNE 8, 2001

PROGRAM START QUARTERS:

AUTUMN 1992 UNDERGRADUATE

AUTUMN 1996 M.D. MEDICINE

ANSCRIPT 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

CCREDITATION:

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

309 AUTUMN 1992

AUTUMN 1992

CHEM III BASIC CHEMISTRY-1

FREN 121 CONTINUING ELEMENTARY FRENCH-I

PHILOSOPHICAL PERSPECTIVES-I HUMA 115

MATH 151 CALCULUS-I

PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAK

WINTER 1993

CHEM 112 BASIC CHEMISTRY-2

FREN 122 CONTINUING ELEMENTARY FRENCH-2

HUMA 116 PHILOSOPHICAL PERSPECTIVES-2

MATH 152 CALCULUS-2

ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION

320 W. WASHINGTON ST.

3RD FLOOR

SPRINGFIELD, IL 62786

Office of the University Registrar

CHICAGO, ILLINOIS 60637

STUDEGRAPHIA HAIDER

SPRING 1993

CHEM 113 BASIC CHEMISTRY-3 **FREN 201** INTERMEDIATE FRENCH-I **HUMA 117** PHILOSOPHICAL PERSPECTIVES-3 **MATH 133 ELEM FUNCTIONS AND CALCULUS-3**

PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAKE

DEAN'S LIST 1992-93

AUTUMN 1993

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

TOTAL UNITS TAKE

WINTER 1994

BIOS 148 REG HUMAN PHYSIOLOGY SYSTEMS

CHEM 221 ORGANIC CHEMISTRY-2

SOSC 122 SELF, CULTURE AND SOCIETY-2

TOTAL UNITS TAKE

SPRING 1994

80E HTMA INTRO TO SOUTH ASIAN CIV-3 **BIOS 200** INTRODUCTION TO BIOCHEMISTRY

SOSC 123 SELF, CULTURE AND SOCIETY-J

TOTAL UNITS TAKE

DEAN'S LIST 1993-94

SUMMER 1994

LEAVE OF ABSENCE APPR: DEAN OF STUDENTS IN THE COLL

AUTUMN 1995

RESUMPTION OF STUDIES APPROVED

PECENTE NEDER UNIT **ANTH 211** CLSCL RDG: CASTE/COLONL INDI/ **ANTH 308**

BIOS 232

TOTAL UNITS TAKE

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 CNIVERSITY OF CHICAGO

Academic Records Key to Transcripts

Sciences, Humanities, Physical Sciences, Social Sciences, six School of General Studies: four graduate divisions: Biological graduate professional schools: Divinity School, Law School Public Pulicy Studies, School of Social Service Administration: Printer School of Medicine, In ing B. Harris Graduate School of Organization: The University of Cheago includes the dergraduate College; the William B. and Catherine V. Graham the University of Chicago Booth School of Business.

Master of Business Administration: Master of Comparative Laws Master of Divinity: Master of Fine Aris: Master of Laws, Master of Law, Doctor of Medicines (Doctor of Ministry, and Doctor of Doctor of Comparative Law; Doctor of Jurispradence; Doctor of Jaheral Aris; Master of Public Policy; Master of Science, Bachelor of Science; International Master of Administration; Master of Arts; Master of Arts in Teaching warded by the University are as follows: Bachelot of Arts; outding of degrees is vested in the academic units. The degrees Degrees Offered: Authority for recommending the Business

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

- 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 Residence Status for exceptions. in the divisions and schools for three units. See 11. Graduate Calendar: The University calendar is the quarter system.
- requirements for higher degrees. (Seem commenced Autumn 2001) eginning with 300 and above are generally designed to meet Course Information: Course numbers are five diges in direments for baccalaureate degrees. Courses with numbers 100 to 200 may be considered as courses designed to meet Generally, courses with the first three digits numbered The five digit munbering
- 5. Credits: The course unit is the measure of credit at The value (150, 050) carry proportionately more or fewer semester or semester hours or 5 quarter hours. Courses of greater or lesser University of Chicago. One full unit (100) is equivalent to 3.1.3
- 2006, Business uses an alternative plot/minus grading system. The numeric value of grades is as follows: $\Delta + = 4.33$, $\Delta = 4.0$, $\Delta = 2.6$, $\Delta = 2.33$, $\Delta = 2.0$, is as followed A1/A=40, A=27, B1=33, B=30, B=27 D+=1,33, D=1, F=0. C+=13, (=20, C=1.7, D+=1.3, D=1, F=0, 13fecure Autumn (5, D+, D and P are passing grades. The numeric value of grades Grading Systems: The marks 1+, 1, 1-, B+, B, B+, C+, C,

Graduate Library School College (undergraduate) ME Graduate Physical Sciences Graduate Social Sciences Ciraduate Humanines Public Policy Studies Social Service Administration Effective Dates of Plus/Minus Grading System Summer, 1988 Spring, 1986 Summer, 1984 Spring, 2(KK) Autumn, 1986 Autumn, 1986 Autumn, 1983 Autumn, 1983 Autumn, 19

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

affect grade point averages. W. WP (withdrawal passing) or WI (withdrawal falling) do The mark W signifies withdrawal from the course; and grades of course. The mark N was discontinued effective Autumn 2005 conditions, chosen to be graded on a P. N basis in a particular for sudents in the College who have, under controlled by an examination. The mark \ confers no credit and is used at the graduate level for R may in some instances, be validated requirements. No stigma is attached to the mark R. Work taken in which the mark is given may be counted toward residence course but has submitted no evidence of the quality of his work in the course. This mark confers no academic credit, but courses The mark R is used when the student has registered for a

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

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

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

- program is recorded on the academic record. toward two graduate degrees. requirements and as part of a graduate degree requirement or courses to be counted both as part of the baccalaureate degree Programs to which some students are admitted permit specified 8. Joint Degree Programs - Undergraduate and Graduate: Admission to a joint degree
- 9. Joint Residence: Students may be permitted to work toward baccalaureate level and one at the graduate level or both may be two separate degrees simultaneously. One degree may be at the

- at the graduate level but they must be in different academic units of the University. Joint Residence is recorded on the academic
- 10. Academic Status and Department: The quarterly entries and fields of study. The definition of academic status follows: of academic work on students' records include academic statuses

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

Aurumn, 2006

Cooperation and who are registered pro Jonna at The CIC Students: students who are degree candidates at a University particular fields but who are not candidates for a degree. master's degree and register for advanced work in their Certificate of Advanced Studies: students who hold a thi tru the Commutee 923 lasummunal

Doctoral: students enrolled in Comp.L., D.Mn., J.S.D., or Ph.D. degree University of Chicago.

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

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

in the College but who are enrolled as students in the students Laboratory Schools: students who are registered pro-funda Laboratory Schools of the University as secondary school

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

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

Special Summer: students who are registered in a Summer Students-at-large: students who are not cardidates for a Quarter in credit courses but not candidates for a degree.

Undergraduate: students in a program leading to a baccalaureate degree

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

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

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

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

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

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

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

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

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

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

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

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

Law School Transcript Key

unless otherwise specifical. of 140 units are comparable to 3 credit hours at the Law School, opically University courses not saught through the Law School The credit hour is the measure of credit at the Law Schools

their equivalents: 186-180=A, 179-174=B, 173-168=C, 160-12, 139 155-15. The median grade at the Law School is The Law School trees the following numeric grades and 6

The Frequency of Honors in a typical graduating class: Highest Homers (182+) 19,42

Homes (1"91)(pre-2002 1"81) High Homor (180.5+)/pre-2002 (80+) * att'6. بسر کارڈ ش

CPA. law courses. Non law grades are not calculated into the law Pass/End and letter grades are awarded primarth for min-

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

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

Windicares an administrative withdrawal

substantial writing requirements. next to a tale unbeates fulfillment of one of

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Revised 04/2010

SCRIP-SAFE Security Products, Inc. Circinnata, OH+US Patent 5,171340 01085101

Office of the University Registrar THE UNIVERSITY OF CHICAGO CHICAGO, ILLINOIS 60637 OFFICIAL TRANSCRIPT STUDERATE HAIDER **MBIO 306** CELL AND GENERAL PATHOLOGY WINTER 1996 PATH 306 IMMUNOBIOLOGY **ANTH 299** PREP OF B. A. PAPER: ANTHRO **ANTH 299** PHAR 306 PHARMACOLOGY PREP OF B. A. PAPER: ANTHRO ANTH 308 INTRO TO SOUTH ASIAN CIV-2 TOTAL UNITS TA SOSC 183 PROBLEMS IN GENDER STUDIES-2 WINTER 1998 TOTAL UNITS T CLIN SKILLS 2A: PHYSICAL DIAG CLIN 302 PHYSICAL EDUCATION: REQUIREMENT COMPLETED **MBIO 307** CLINICAL PATHOPHYSIOLOGY TOTAL UNITS TA SPRING 1996 **SPRING 1998** ANTH 212 INSTY STDY: CARIB TRANSNATLSM CLIN 304 CLIN SKILLS 2B: PHYSICAL DIAG **ANTH 214** PA: ETHNOG/CULTURAL COMMOD **ANTH 243** MEDICINE AND CULTURE HSTD 541 EPIDEMIOLOGY/CLINICAL INVEST **MEDC 302** NUTRITION IN HEALTH/DISEASE ARTH 183 SOUTH ASIAN VISUAL CULTURE PATH 388 SEMINAR: CLIN PATH CORR TOTAL UNITS **PHAR 307** CLINICAL PHARMACOLOGY **DEAN'S LIST 1995-96** TOTAL UNITS TA **AUTUMN 1996** SUMMER 1998 BCMB 301 MOLEC BASIS METABOLIC REG-1 JUNIOR CLERKSHIP: SURGERY **SURG 303 CLIN 300** CLIN SKILLS IA: INTERVIEWING TOTAL UNITS TA **DRGB 300** HUMAN MORPHOLOGY-I **AUTUMN 1998** TOTAL UNITS MEDC 303 IR EXTRNSHIP: INPT MED SERV WINTER 1997 TOTAL UNITS TA **BCMB 302** MOLEC BASIS METABOLIC REG-2 WINTER 1999 CLIN 301 CLIN SKILLS IB: SOC CNTXT MED **FMED 303** FAMILY MED CKSHP: MACNEAL **CLIN 305** CLINICS: DOCTOR-PATIENT REL **OBGY 303** CLERKSHIP: HOSPITAL **MBTO 303** CELL AND ORGAN PHYSIOLOGY TOTAL UNITS TA ORGB 101 HUMAN MORPHOLOGY-2 TOTAL UNITS 1 SPRING 1999 PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS SPRING 1997 **PSCR 303** CLERKSHIP: PSYCHIATRY **HGEN 339** MEDICAL GENETICS TOTAL UNITS TA **MBIO 304** ORGAN PHYSIOLOGY/ENDOCRINOLOGY RECEIVED MAY 16 2011 DEPR-MEDICAL UNIT **MBIO 305** MEUROBIOLOGY SUMMER 1999 **MEDC 416** TOPICS IN HIV INFECTION ENROLLED FULL-TIME PRO FORMA OBCY 301 RISCH: OBSTETRICS/GYNECOLOGY PSCR 301 DEVELOPMENT AND PSYCHOPATHOL TOTAL UNITS TA TOTAL UNITS **AUTUMN 1997** MEDICINE MEDICAL MICROBIOLOGY ISSUED TO: 05/12/2011 2 OF 3 ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION This officially sealed and signed transcript is printed on maroon security paper with the name of the institution 320 W. WASHINGTON ST. printed in white type across the face of the document. A 3RD FLOOR raised seal is not required. When photocopied the name of the institution appears on one line and the word VOID SPRINGFIELD, IL 62786 appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED! TO VERIFY: **GABRIEL G. OLSZEWSKI** TRANSLUCENT GLOBE ICONS MUST BE VISIBLE UNIVERSITY REGISTRAR WHEN HELD TOWARD A LIGHT SOURCE. - TO BE VALID. THIS FIELD MUST DISPLAY ADDRESS AND COLORED BACKGROUND

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THE UNIVERSITY OF CHICAGO

Academic Records Key to Transcripts

Busines

Norumn, 2006

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

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

longer exist may appear on transcripts of older records. formal completion of secondary education. Degrees which the eniversity has offered during as histor, for which programs no The College also recommends the awarding of the Twelfth : Certificate to students who coner the College prior to

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

requirements for higher degrees. assem commenced Autumn 2001.) eginning with 300 and above are generally designed to meet Course Information: Gausse numbers are five digits in irements for lacculaureate degrees. Courses with numbers 140 to 299 may be considered as courses designed to meet Generally, courses with the first three digits numbered The five digit numbering

 Gredits: The course unit is the measure of credit at The University of Chicago. One full unit (100) is equivalent to 3.1.3 semester hours or 5 quarter hours. Courses of greater or lesser. value (150, 050) carry proportionately more or fewer semester or

2006, Business uses an alternative placeminus grading system. The numeric value of grades is as follows: $\Delta *=1.33, \Delta =4.0, \Delta =5.0^\circ, B *=2.33, B =3.0, B =2.0^\circ, C *=2.33, C =2.0, C =1.0^\circ,$ $C_{\infty}D^{+}$, D and P are passing grades. The numeric value of grades is as follows: A+A+40, A+37, B+30, B+30, B+30C+=23, C=20, C=1.7, D+=1.3, D=1, F=0. Effective Autumn Grading Systems: The marks 1+, 1, 1, B+, B, B, C+, C.

Public Policy Studies Social Service Administration Effective Dates of Plus/Minus Grading System \utumn_1977

Graduate Physical Sciences Ciraduate Social Sciences Craduate Humanities Graduate Library School College (undergraduate) Spring, 2000) Summer, 1988 Spring, 1986 Summer, 1984 \uumm, 1986 Autumn, 1986 Autumn, 1983 Vutumn, 1983

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

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

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

equivalent to the requirements for a high school diploma. satisfactorily completing work defined by the State of Illinois as diplomas may later quality for the Twelfth Grade Certificate by admined to baccalaurease programs without high school governed by strict rules. The Innomiconesis, published by each of the academic units, contain specific requirements. Students 6. General: I mollinent in a program leading to a degree is

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

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

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

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

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

of The University of Chicago and in a cooperative Hydr Bi-registrants: students registered in the Divinity School

master's degree and register for advanced work in their Certificate of Advanced Studies: students who hold a Park Theological School

Cooperation and who are registered pro jumin at The CIC Students: students who are degree candidates at a University within the Committee on particular fields but who are not candidates for a degree. Insutational

Ph.D. degree Doctoral: students enrolled in Comp.L., D.Mn., J.S.D., or I miversity of Chicago.

Exchange Scholar: students who are degree candidates at university, who, by formal arrangement, are

Graduate: students enrolled in programs leading to postregistered pm firms at The University of Chicago.

in the College but who are enrolled as students in the baccalaureate degrees. students Laboratory Schools of the University as secondary school Laboratory Schools: students who are registered pro-torned

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

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

Special Summer: students who are registered in a Summer Students-at-large: students who are not candidates for a Quarter in credit courses but not candidates for a degree.

baccalaureate degree students in a program leading to a

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

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

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

Scholastic Residence: Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree Revised Summer 2000 to include the first four years of graduate study.) the third and fourth years of

graduate study beyond the basedwarease degree. This status was terminated in Summer 2000.

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

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

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

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

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

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

requirement for the period of the absence. doctoral research requires residence away from the University student from any other residence requirements but suspends the register pro torms. I'm forms registration does not exempt a Students in Research or Advanced Residence Seins whose

Law School Transcript Key

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

their equivalents: 186-180=A, 179-174=B, 173-168=C, 160°D, 159 155°F. The median grade at the Law School is The Law School uses the following numeric grades and 6

The Frequency of Honors in a repical graduating classi-Highest Honors (182+) 0.44

1 (man (1"4+) (1 " - 2002 1" 8+) High Homes (180,5+)/pre-2002 180+) س) کار ع 19,00%

GPA. law courses. Non-law grades are not calculated into the law Pass/but and tener grades are awarded primarily for non-

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

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

Windicares an administrative withdrawal.

substantial writing requirements. ment to a title indicates fulfillment of one of

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http://registrar.uchicago.edu/transcript_key.html Revised 04/2010

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- 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:

- 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.

license, divorce decree, affidavit or co	JIT OIUEI.	144111111111111				
PART I: Application Category Informatio	n					
A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4						
1. PROFESSION NAME	2. PROFESSION C	CODE 3. LICENSURE ME	THOD	4. FEE		
Physician	036	Endorsemen	t ,	\$ 300.00		
B. CHECK BOX INDICATING THE APPROPRIA This is the first time I have made profession in Illinois. I have previously made application Illinois. However, my previous application now reapplying. Other:	application for this	is My application denied in Illinoi additional requii	for this profession had s. I am reapplying sind rements. Iy made application for er, I am now applying un	this profession in		
PART II: Applicant Identifying InformationYou 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 M	AIDDLE 2.	P. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SO	CIAL SECURITY NO.		
Haider Sadia		M.D.				
4. PERMANENT MAILING ADDRESS STRE	ET CITY STA	ATE/COUNTRY	ZIP CODE	COUNTY		
		entrante attaches ann	manife Aprilia (Managara) and Aprilia Aprilia (Managara) and Aprilia	USA		
5. BUSINESS ADDRESS STREET	CITY STA	ATE/COUNTRY	ZIP CODE	COUNTY		
		ANTONIOS ANDONIOS POR	mont winning tobasto white section sections			
6. MAIDEN, GIVEN SURNAME, OR ANY NAI	ME(S) UNDER WHIC	CH SUPPORTING	7. MOTHER'S MAIDEN I	VAME		
DOCUMENTS WILL BE SUBMITTED. (SEE	: INSTRUCTIONS #5	5 ABOVE)	Ahmad			
8, PLACE OF BIRTH CITY STATE/COU	NTRY	9. DATE OF RIRTH	10	AGE		
		-				
11. TELEPHONE NUMBER WHERE YOU MAY	BE REACHED		12. PREFERRI			
Work:			ADDRESS	(ES) [If available]		



RECEIVED ICATION FOR LIGENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANTING ICE Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY.

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:

- 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 IN	STRUCTIONS PRIOR TO C	OMPLETING ITEMS 1 THR	OUGH 4	
1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE ME	THOD	4. FEE
Physician	036	Endorsemen	.	\$ 300.00
B. CHECK BOX INDICATING THE APPROPRIAT This is the first time I have made profession in Illinois. I have previously made application f Illinois. However, my previous applica now reapplying. Other:	application for this for this profession in	My application denied in Illinoi additional required I have previous	for this profession had s. I am reapplying sin rements. Iy made application for er, I am now applying ur	this profession in
PART II: Applicant Identifying Informa Division of Professional Regu file this application in order to	ulation and/or Continent	al Testing Service in w	riting, of any address	changes after you
1. NAME LAST FIRST M	IIDDLE 2. TITI	.E (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SC	CIAL SECURITY NO.
Haider Sadia	м	.D.		endended epitologia Mitologia entre entre
4. PERMANENT MAILING ADDRESS STREE	T CITY STATE/C	OUNTRY	ZIP CODE	COUNTY
				USA
5. BUSINESS ADDRESS STREET	CITY STATE/C	OUNTRY	ZIP CODE	COUNTY
		production electronists being	allering Committee and Management appropriate appropri	
6. MAIDEN, GIVEN SURNAME, OR ANY NAM			7. MOTHER'S MAIDEN	NAME
DOCUMENTS WILL BE SUBMITTED. (SEE	INSTRUCTIONS #5 ABC	VE)	Ahmad	
8. PLACE OF BIRTH CITY STATE/COU	NTRY 9. [DATE OF BIRTH	11	0.AGE
	-			
11. TELEPHONE NUMBER WHERE YOU MAY	BE REACHED		12. PREFERR	
Work: (Fax: (TATES CODE)	(Alea	Code	ADDRESS	S(ES) [If available]

PART III: Education Information				
1. PRELIMINARY EDUCATION (Elementa	ry and High School or G.E.D. Circle number of		_	
1 2 3 4 5 6 7 8 9 10 1	1 ② Graduated High School? ☑ Yes ☐N	Receive o OR G.E		s 🔲 No
2. NAME OF LAST PRELIMINARY SCHO			ATE OF GRAD	
ATTENDED Emma Willard School	(City and State) Troy, NY		6 / 1 Month	- 9 9 2 Year
5. COLLEGE OR UNIVERSITY (Circle nu			Moriui	, , , , , , , , , , , , , , , , , , , ,
1 2 3 4 5 6 7 (8)		□No		
COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF AT	TENDANCE TO	TYPE OF DEGREE EARNED
		Month/Year	Month/Year	
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, Prac	tical or Clinical Tra	ining)	
INSTITUTION NAME	LOCATION DATES OF ATTENDANCE Did You Comple			Did You Complete Training?
Beth Israel Deaconess Medical Center	Boston, MA	Month/Year 06/2001	Month/Year 06/2002	ĭ Yes ☐ No
Beth Israel Deaconess Medical Center	Boston, MA	06/2002	06/2005	▲ Yes □ No
University of California	San Francisco, CA	07/2005	06/2007	Yes No
				☐ Yes ☐ No
				☐ Yes ☐ No

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	мо	(fimited)	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	мо	A93909	02/2006	Lapsed
		training		
		,		

(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 [r.	05/1998	(Passed, Falled, Absent)
USMLE II	IL	1999	pass
USMLE III	CA	11/2005	pass

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YES

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e	٠	7

No	х

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.)

Yes

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

Child Support and/or Student Loan Information (Every applicant is required by law to respond to the

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

	PA	RT	IX:	Certifying	Statement
--	----	----	-----	------------	-----------

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

PART VI: Personal History Information (This part must be completed by all applicants)

disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.

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

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:

Select examination(s) you desire

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.")

and enter Test Codes.

following questions)

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

Select the examination site you desire and enter Test Center Code:

a statement from the probation or parole office.

2. Have you been convicted of a felony?

attach a detailed explanation.

a) CHART II -

b) CHART III -

c) CHART IV -

PART VIII:

contempt of court.

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

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

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

5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit

6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes,

and to the best of my knowledge, they a	ire true, correct, and complete.	1
	<u> </u>	12711
Signature or Applicant		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.

Are Stud



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, does relevant to the requirements of licensure.

SEGMATURE

DATE

PRINT NAME

Tel: (850) 444-9814 · Fax: (904) 339-9075 · Info@healthcarelicensing.com

REPORT OF COMMENDATIONS) 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	w of the doci	uments, it wa	as move	ed, seconded,	and carried	that it be
recommended to the	e Director the	at Anco/	of 7-	epon Red	le.	
7 7			0			***************************************
**************************************						West of the second seco
Submitted on behal Date: August 10, 2	f of the meml	bers of the M	edical Li	censing Board		Manager Parket State Common
****************		******	*****			
The undersigned approves recommendation.	Director of	the Divisi _defers	ion of _takes	Professional under advise	Regulation, ement the f	hereby oregoing
Comments:						
Date <u>Shala</u>	_	жума				
				Director#	2	
				111776	3	

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:

- 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.

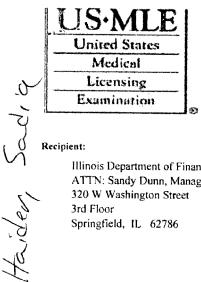
By:

Jay Stewart, Director #2

Division of Professional Regulation

Date: 5/9/1/

Brent E. Adams, Secretary



med States Medical Licensing mination® (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, 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

Examinee:

Haider, Sadia

Alt Name(s):

Sadia, Haider

Examinee ID#: Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. 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							
			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	06/09/1998						
USMLE STEP 2			· · · · · · · · · · · · · · · · · · ·				
Clinical Knowledge (Cl	K)						
			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	09/02/1999						
USMLE STEP 3			<u>, </u>				
		,	Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
CALIFORNIA	12/07/2005						
MASSACHUSETTS	07/11/2005						
MASSACHUSETTS	03/31/2005						

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



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

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AUG 0 2 2011

IDFPR-MEDICAL UNIT

AUG 1 " 2011

June 28, 2011

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3rd 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

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

Best regards,

SadiaHaider MD, MPH

Beth Israel Deaconess Medical Center

Department of OB/GYN

Harvard Medical School

RECEIVED

AUG 0 2 2011

IDEPR-MEDICAL UNIT



June 28, 2011
State of Illinois
Department of Financial and Professional Regulation
320 West Washington Street, 3rd 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:

Sadia Haider MD, MPH
Beth Israel Deaconess Medical Center

IDFPR
Div. of Professional Regulation

TRANSCRIPT OF ACADEMIC RECORD

Page:

27-JUL-2011 Date Issued:

Level:

Graduate

Boston,	MA	02	115	
रिक्कारी लिट	March.	la.	医树 160	9.6

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

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 R PTS

SUBJ NO.

COURSE TITLE

CRED GRD

PTS

R

Institution Information continued:

Term: Ehrs: GPA-Hrs:

Term: BIO 214

232

Spring 1999-2000 Prin of Clinical Trials

HPM 247 Intro to Occup/Environ Medicin Political Anal for Hlth Policy

ID 264

Practice of Family & Comm Hlth

*** END OF TRANSCRIPT ****

222 IGA PIH 321

The U.N. and Human Rights War and Public Health

EH

Ehrs: Term:

GPA-Hrs: INSTITUTION

Ehrs GPA-Hrs

OVERALL

Ehrs GPA-Hrs

INSTITUTION CREDIT:

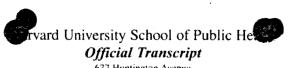
Term: Fall 1999-2000 BIO 200 Principles of Biostatistics EPI 201 Introduction to Epidemiology EPI 202 Elements Epidemiologic Researc HPC 506 Practice of Public Hlth in US ID 250 Eth Basis of Prct of Pub Hlth ID 262 Intro to Pract of Intnatl Hith 264 ID Practice of Family & Comm Hlth 225 PIH Qual Rsrch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

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

AUG 03 2011 EIVE



IDFPR - MEDICAL UNIT



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	1973-1974	1974-1979	1979-1996	1996-2010
A,B = Honor Grades	H = Honors	H = Honors	A = 4.0 Excellent	See 1979-1996
C = Acceptable	HP = High Pass	HP = High Pass	A = 3.7	NS = Not Satisfactory
D = Acceptable,	P = Pass	P = Pass	$\mathbf{B} + = 3.3 \text{ Good}$	WD = Withdrawn from course
but of inferior	NC= No Credit	S = Satisfactory	$\mathbf{B} = 3.0$	
quality	CR = Credit	U = Unsatisfactory	B- = 2.7 Satisfactory	2010-On
F = Failing	AU= Audit		C+ = 2.3	See 1996-2010
			C = 2.0 Poor	AU = Audit
1967-1973			$C_{-} = 1.7$	F^* = Not calculated in GPA
S = Satisfactory			$\mathbf{F} = 0.0 \text{ Failing}$	

Notations Carrying No Quality Points

I. I or Inc = Incomplete

U = Unsatisfactory

- 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 (K	SG)-	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."

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AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

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.

PRESIDENT

DEAN OF THE FACULTY OF PUBLIC HEALTH



THE UNIVERSITY OF CHICAGO

OFFICIAL TRANSCRIPT

Q DEGREES CONFERRED:

BACHELOR OF ARTS WITH GENERAL HONORS ANTHROPOLOGY WITH HOMORS DOCTOR OF MEDICINE TUNE 8, 1996 MEDICINE B.A. 3

PROCRAM START QUARTERS:

JUNE 8, 2001

AUTUMN 1992 UNDERGRADUATE AUTUMN 1996 M.D. MEDICINE

RANSCRUPT NOTATIONS:

PREVIOUS INSTITUTIONS ATTENDED. CAMBRIDGE, MA 4CRS 1994-95 EMMA WILLARD SCHOOL UNIVERSITY OF OXFORD HARVARD UNIVERSITY TROY. NY 1992

CCREDITATION:

OXFORD, ENGLAND, UNITED KINGDOM 6CRS 1994-95

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AUTUMN 1992

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PHYSICAL EDUCATION

CALCULUS-1

MATH 151

PHED 997

WINTER 1993

CONTINUING ELEMENTARY FRENCH-2 BASIC CHEMISTRY-2 CHEM 12 FREN 122

PHILOSOPHICAL PERSPECTIVES-2 CALCULUS-2 HUMA 116 MATH 152 DITAL INITS TAKE

ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION 320 W. WASHINGTON ST.

SPRINGFIELD, IL 62786 3RD FLOOR

Office of the University Registrar

STUDESAMIN HAIDER

S.B.P.S.T. D.UMBER

PHILOSOPHICAL PERSPECTIVES-3 INTERMEDIATE FRENCH-I BASIC CHEMISTRY-3 HUMA 117 SPRING 1993 GEMEN FED 20

ELEM FUNCTIONS AND CALCULUS-3

MATH 133

THED 897

PHYSICAL EDUCATION

DEAN'S LIST 1992-93

AUTUMIN 1993

BIOLOGY OF CELLS AND TISSUES ORGANIC CHEMISTRY-1 CHEM 220 BIOS 109

SELF, CULTURE AND SOCIETY: 1

SOSC 121

WINTER 1994

REG HUMAN PHYSIOLOGY SYSTEMS ORGANIC CHEMISTRY-2 CHEM 221 BIOS 148

SELF, CULTURE AND SOCIETY-2

SOSC 122

INTRODUCTION TO BIOCHEMISTRY SELF, CULTURE AND SOCIETY-3 INTRO TO SOUTH ASIAN CIV-3 SPRING 1994 ANTH 308 **BIOS 200** SOSC 123

DEAN'S LIST 1993-94

SUMMER 1994

LEAVE OF ABSENCE APPR: DEAN OF STUDENTS IN THE COLL

AUTUMN 1995

RESUMPTION OF STUDIES APPROVED

TOTAL UNITS TAKE

AAMMAALIAN BIOLOGY

MAMMAALIAN BIOLOGY

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This ANTH 211 ANTH 308 **BIOS 232**

05/12/2011

1 OF 3

COPY SHOULD NOT BE ACCEPTED! TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE 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 WHEN HELD TOWARD A LIGHT SOURCE.

GABRIEL G. OLSZEWSKI UNIVERSITY REGISTRAR

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THE UNIVERSITY OF CHICAGO

Academic Records Key to Transcripts 2

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

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

formal completion of secondary education. Degrees which the Grade Certificate to students who enter the College prior to lunger exist may appear on transcripts of older records. I niversity has offered during as history for which programs no The College also recommends the awarding of the Twelfih

- Residence Status for exceptions. in the divisions and schools for three units. See 11. Graduate quarterly registration in the College is for three or four units and Each quarter of the academic year is of the same value. Full time Calendar: The University calendar is the quarter system.
- requirements for higher degrees. The five digit numbering System commenced Autumn 2001.) reginning with 300 and above are generally designed to meet Course Information: Course numbers are five diges in incinents for bacculaurene degrees. Courses with numbers 100 to 290 may be considered as courses designed to meet Generally, courses with the first three digits numbered
- University of Chicago. One full unit (100) is equivalent to 3.1.3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) early proportionately more or fewer semester or The course unit is the measure of endit at The
- 2006, Business uses an alternative play/minus grading system. The numeric value of grades is as follows: $\Delta + = 1.33$, $\Delta = 4.0$, $\Delta = 2.67$, $\Delta = 2.33$, $\Delta = 2.6$, $\Delta = 2.6$, $\Delta = 2.33$, $\Delta = 2.6$, $\Delta = 2.6$, $\Delta = 2.33$, $\Delta = 2.6$, $\Delta = 2.6$, $\Delta = 2.33$, $\Delta = 2.6$, $\Delta = 2.6$, $\Delta = 2.33$, $\Delta = 2.6$, $\Delta = 2.6$, $\Delta = 2.33$, $\Delta = 2.6$, $\Delta = 2.6$, $\Delta = 2.33$, $\Delta = 2.6$, $\Delta =$ C++2.3, C+2.0, C+1.7, D++1.3, D+1, F+0. Effective Automin C., D3, D and P are passing grades. The numeric value of grades is as follows: A+/A=4.0, A+3.7, B+=XX, B+3.0, B+2.7, D+=1.33, D=1, F=0, Grading Systems: The marks N+, N, N, B+, B, B+, C+, C,

Graduate Library School Graduate Physical Sciences Graduate Social Sciences Ciraduate Humanines College (undergraduate) Public Policy Studies Social Service Administration Effective Dates of Plus/Minus Grading System Summer, 1988 Summer, 1984 Autumn, 1986 Autumn, 1986 Spring, 1986 Autumn, 1983 Autumn, 1983 Autumn, 19

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 within four quarters. Reports on examinations may use the mark H to indicate work of honors quality, P* to indicate pass at a high 2005 in Medicine, the mark I is removed if work is completed level and P to indicate pass of the schools. Effective Autumn 2004 in Divinity and Autumn be found in the Annamements of the College, of the divisions and have special regulations concerning the mark I: regulations may the mark I, for instance, IA or IB. Some units of the University quality grade, the change is reflected by a quality grade following required for a final grade. Where the mark I is changed to a The mark P indicates that the student has submitted

affect grade point averages. course. The mark N was discontinued effective Autumn 2005 requirements. No stigma is attached to the mark R. Work taken in which the mark is given may be counted toward residence in the course. This mark confers no academic credit, but courses course but has submutted no evidence of the quality of his work W. WP (withdrawal passing) or WT (withdrawal falling) do nor The mark W signifies withdrawal from the course; and grades of conditions, chosen to be graded on a P. N basis in a particular for students in the College who have, under controlled by an examination. The mark \ confers no credit and is used at the graduate level for R may, in some instances, be validated The mark R is used when the student has registered for a

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

equivalent to the requirements for a high school diploma. 6. General: Enrollment in a program leading to a degree is diplomas may larer qualify for the Twelfth Grade Certificate by satisfactorily completing work defined by the State of Illinos. is admirted to the academic units, contain specific requirements. Students governed by strict rules. The Innumeration, published by each of baccalaureare programs without high school

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

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

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 of 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

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

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

Spring, 2000

\unumn, 3XX

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

Cooperation and who are registered for Jonne at The CHIVETSIN CIC Students: students who are degree candidates at a unthin the Committee on Insummal

University of Chicago.

Doctoral: students enrolled in Comp.L., D.Ma., J.S.D., or

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

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

in the College but who are enrolled as students in the Laboratory Schools: students who are registered pro-familia laboratory Schools of the University as secondary school

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

candidates for a degree Returning Scholars: students who are registered through the Cenham School of Ceneral Studies and are not

Students-at-large: students who are not candidates for a Quarter in credit courses but not candidates for a degree. Special Summer: students who are registered in a Summer

baccalaureate degree. Undergraduate: students in a program leading to

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

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

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

Scholastic Residence: the first two years of 2000 to include the first four years of graduate study.] study beyond the baccaliureate degree Revised Summer graduate

graduate study beyond the bacculaureate degree [This status was terminated in Sommer 2000.) the third and fourth years of

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

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

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

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

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

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

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

Law School Transcript Key

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

160-D, 159 155-F. The median grade at the Law School is their equivalents: 186-180=A, 179-174=B, 173-168=C, 167-The Law School uses the following numeric grades and

The Frequency of Honors in a typical graduating class Highest Honors (182+)

Homors (1"91)(pre-2002 1"81) High Homos (180,5+)/pre-2002 180+) "office! امر 20 د

law courses. Non his grades are not calculated into the law Pass/Ent and letter grades are awarded primarily for non-

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

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

Windicards an administrative withdrawal

substantial writing requirements. ' next to a tale indicates fulfillment of one of

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Revised 04, 2010

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	SPRINGFIELD, IL 62786				the institution appears on one line and the word VOID
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		TOO AND COLORED DACKEDOURS	UNIVE	RSITY REGISTRAR	WHEN HELD TOWARD A LIGHT SOURCE.

Key to Transcripts of Academic Records

1. Organization: The University of Cheego includes the undergraduate College: the William B, and Catherine V. Graham School of General Studies: four graduate thysions: Biological Sciences, Humanities, Physical Sciences, Social Sciences, is graduate professional schools: Dirminy School, Law School of Phylic Robots (School of Medicine, Irving B, Harris Graduate School of Medicine, Irving B, Harris Graduate School of Medicine, Irving B, Grevier 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 Divinies Administration; Master of Arts in Teaching; Master of Divinies Master of the Arts; Master of Laws; Doctor of Compartite Law; Doctor of Jirisprudence; Doctor of Jan; 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 histori 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 seask-titie year is of the same value. Full time quarterly registration in the Collège is for three or four units and in the divisions and schools for three units. See 11. Gradante Residence Status for exceptions.
- 4. Course Information: Course numbers are five digits in which circurally, courses with the first three digits numbered 100 to 299 may be considered as courses designed to meet paintments for baceabareate 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.)
- Credits: The course unit is the measure of credit at The University of Chicago. One full our 100 is equivalent to 3.1.3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 000) earry perpendiculated more or fewer semester or quarter hours of credit.

Graduate Humanines College (undergraduate) Graduate Physical Science Graduate Social Sciences Graduate Library School Public Policy Studies Social Service Administration Effective Dates of Plus/Minus Grading System Summer, 1988 Spring, 1986 Summer, 1984 Spring, 2000) Autumm, 1986 \uumn, 1986 Autumn, 1983 Vutumn, 1983 \utumn, 1977

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 fineating 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 orgalations concerning the mark I; regulations may be found in the Amountament of the College, of the divisions and of the schoods. Effective Aniunna 2004 in Diventing and Autumn 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark II 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 submutted no evidence of the quality of his work in the course. This mark conties 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 evanitation. The mark N confers no credit and is used for students in the College who have, under controlled course. The mark N was discontinued effective Autumn 2015. The mark W significs withdrawal from the course; and grades of W. WP (withdrawal passing) or WT (withdrawal falling) 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: Frinollinen in a program lealing to a degree is givened by street rules. The . Introducerrus, published by each of the academic units, contain specific requirements. Students azimuted to baccalaureare programs without high school diplomas may later qualify for the Twelith Grade Certificate by satisfaction completing work defined by the State of Illinois as equivalent to the requirements for a high school diploma.

Students who enterted the College after 1965 and before 1982 were required to successfully complete a minimum of 39 quarter groups and a maximum of 45 to meet the requirements for a baccalaneare degree. Students who enterted the College after 1992 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, actroditation tests, or CISEB. Manneed 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 bacealauteate 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 accademic record.

 Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the bacedaureate 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 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.

\urumn, 2006

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

Doctoral: students enrolled in Comp.L., D.Mn., J.N.D., or Ph.D. degree.

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

registered pro jarras at The University of Chicago. Graduate: students entrolled in programs leading to postbaccalaureate degrees.

Laboratory Schools: students who are registered pass tomain 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.Dw.)
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.

candidates for a degree.

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

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

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

Undergraduates in Foreign Study Programs: students who are candidates for baccalatreate 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 Cheiquo However, such courses become available for academic credit of a student is later admitted to an approved degree program at The University of Cheiquo, Efficience Vutunin 1989 courses taken by Returning Scholats may not be applied toward a degree nor will quadicy grades be assigned. Not degree categories may be created to meet special needs and will be specialfic identified on academic records.

 Graduate Residence Status: 1-freence Annum 1984 the academic records of students who can all in programs leading to the degree of Doctor of Philosophy will reflect the re-alence status as established by the University.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree. Restord 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 Scholastic 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 max, 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).

Lenve of Absence: the period during which a student suspends work roward 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 2001).

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 homa. Pro forma registration does not everify 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 Schoolt pically University courses not raught 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 equivalence 186-180=A, 179-174=B, 173-168=C, 167-10, 159-155=F. The median grade at the Law School is 170.

The Frequency of Honors in a typical graduating class:

High tectors (182+)

High Honors (180.5+) [pre-2002 180+)

Honors (179+) [pre-2002 178+)

Honors (179+) [pre-2002 178+)

Pass/Ful and letter grades are not calculated into the law a courses. Non-law grades are not calculated into the law

OPA.
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") uniteries that a grade was not available at the time the transcript was printed.

Windeares an administrative withdrawal of one of two

substantial writing requirements.

TRANSCRIPTS OF THE CYNTESTTY OF CHECAGO ACADEMIC RECORDS OF STUDIATYS REGISTERED ACTOR TO REGISTERED ACTOR OF STUDIATY REGISTERED ACTOR CORRESPONDS OF STUDIATYS REGISTERED ACTOR COMPUTER GENERALD AND PRINTED ON OR COMPUTER GENERATED AND PRINTED ON SAFETY PAPER. TRANSCRIPTS ARE OPETHE CONTROL THEY HEAR THE SIGNATURE OF THE ON AMERON BACKGROUND ON THE FACE OF THIS DOCUMENT OR BEDGATALY SIGNED OF THIS DOCUMENT OR BEDGATALY SIGNED AND ALLE RIBBON. CERTIFICATE OF METHER ALLE RIBBON.

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.echi/transcript_kev.html Revised 04/ 2010

10158010
SCRIP-SAFE: Security Products, Inc. Cincinnata, OH+C: S. Patent 5,171300

THE UNIVERSITY OF CHICAGO Office of the University Registrar CHICAGO, ILLINOIS 60637 OFFICIAL TRANSCRIPT STUDENA HAIDER SUMMER 2000 **EMED 306** CLERKSHIP: EMERGENCY MEDICINE MEDC 685 PATHOPHYS OF CRITICAL ILLNESS MEDIC 745 CLIN SKILLS-4: ADV HIST TAXING **NURL 453** SIMOR REQ COURSE: NEUROLOGY **OBGY 360** MATERNAL-FETAL MED/BIRTHROOMS TOTAL UNITS **AUTUMN 2000** MHDC 533 DERMATOLOGY CONSULTS/CLIN DERM MEDC 800 TUTORIAL- MEDICINE **OBCY 444** EXTERNSHIP: OBJOYN TOTAL UNITS WINTER 2001 MEDC 503 ECG INTERPRETATION MEDC 592 TEACHING: PHYSICAL DIAGNOSIS MEDC 596 VIGNETTES IN CLINICAL MEDICINE MEDC 603 CRITCL APPRIL INFLUNTL MED LIT **MEDC 692** CLIN APPROACH TO CHEST X-RAY MEDIC 777 ADV CLIN PHARM/THERAPEUTICS RADI 306 MEDICAL IMAGING **RADI 321** READING TUTORIAL RADIOLOGY TOTAL UNITS 1 SPRING 2001 **EMED 307** ADV CARDIAC LIFE SUPPORT(ACLS) RECEIVED MAY 16 2011 DEPR-MEDICAL UNIT **MEDC 737** STUDY AWAY AT UNIV OR MED CTR MEDC 800 TUTORIAL: MEDICINE TOTAL UNITS T *** END OF OFFICIAL TRANSCRIPT ***

ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION 320 W. WASHINGTON ST.

3RD FLOOR

SPRINGFIELD, IL 62786

05/12/2011

3 OF 3

This officially sealed and signed transcript is printed on marcon 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





FOR OFFICIAL USE ONLY

IMPORTANTING IDERCOMPletion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY.

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:

- 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 INS	STRUCTIONS PRIC	OR TO COMPLETING ITEMS 1 THR	OUGH 4	
1. PROFESSION NAME	2. PROFESSION	N CODE 3. LICENSURE ME	THOD	4. FEE
Physician	036	Endorsement		\$ 300.00
B. CHECK BOX INDICATING THE APPROPRIAT This is the first time I have made profession in Illinois. I have previously made application for Illinois. However, my previous application ow reapplying. Other:	application for t or this profession tion expired and I	this	y made application for r, I am now applying un	this profession in der new statutory
Division of Professional Regu file this application in order to	lation and/or Co receive any fur	notify the Department of Financ ontinental Testing Service in wr ther information.	ial and Professional Re iting, of any address c	egulation - hanges after you
1. NAME LAST FIRST M	IDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SO	CIAL SECURITY NO.
Haider Sadia		M.D.		
4. PERMANENT MAILING ADDRESS STREE	T CITY S	STATE/COUNTRY	ZIP CODE	COUNTY
5. BUSINESS ADDRESS STREET	CITY S	STATE/COLINTRY	ZIP CODE	COUNTY
 MAIDEN, GIVEN SURNAME, OR ANY NAM DOCUMENTS WILL BE SUBMITTED. (SEE N/A 			7. MOTHER'S MAIDEN N	IAME
8. PLACE OF BIRTH CITY STATE/COUN	ITRY	9. DATE OF BIRTH	10.	AGE
,,		_		
11. TELEPHONE NUMBER WHERE YOU MAY Work: Fax: (Area Code)	BE REACHED	(Area Code)	112. PREFERRE	D e-MAII le]
(1100 0000)		(1,100,000)		

PART III: Education Information				
PRELIMINARY EDUCATION (Elemental	ry and High School or G.E.D. Circle number of			
1 2 3 4 5 6 7 8 9 10 1	1 1 Graduated High School?	Receive No OR G.E.		No
NAME OF LAST PRELIMINARY SCHO ATTENDED	OL 3. LAST PRELIMINARY SCHOOL LO (City and State)		ATE OF GRADU	
Emma Willard School	Troy, NY		Month	Year
5. COLLEGE OR UNIVERSITY (Circle nu 1 2 3 4 5 6 7 8)		s □No		
COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF AT	TENDANCE TO	TYPE OF DEGREE EARNED
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
	·			
. SPECIALIZED TRAINING (Residency I	Professional Training, Vocational Training, Pra		ning)	
INSTITUTION NAME	LOCATION (City and State or Country)		ATTENDANCE TO	Did You Complete Training?
Beth Israel Deaconess Medical Center	Boston, MA	Month/Year 06/2001	Month/Year 06/2002	
Beth Israel Deaconess Medical Center	Boston, MA	06/2002	06/2005	▼ Yes □ No
University of California	San Francisco, CA	07/2005	06/2007	▼ Yes □ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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		(limited)		
Massachusetts	MD		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	02/2006	Lapsed
		training		
		,		

(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 [IL.	05/1998	(Passed, Failed, Absent
USMLE II	IL	1999	pass
USMLE III	CA	11/2005	pass
/If additional space	is needed, attach a separat	e sheet.)	

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PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
 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?		х
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.		х
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
 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:		
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 restollowing questions)	pond t	o the
In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent with a child support order. Fallure to certify shall result in disciplinary action, and making a false statement may subject the contempt of court.	n comply	ing
Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")	No [х
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renew aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commisappropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)	the Illino al if the	
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 [x
PART IX: Certifying Statement		
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitt connection therewith, and to the best of my knowledge, they are true, correct, and complete.	ed by n	ne in
1 27 II		
UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater the submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater the submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than the required fee hereunder.	the amo	ount

OBGYN ADMIN.



2003

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 drai, 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

Tel: (850) 444-9814 · Fax: (904) 339-9075 · Info@healthcarelicensing.com

REPORT OF COMETEE/BOARD RECOMMENDATIONS) 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	
Former of 7-yearlele.	
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 approvesdeniesdeferstakes under advisement the foregoing recommendation. Comments:	
Date <u>Slight</u> 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:

- 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.
- 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.

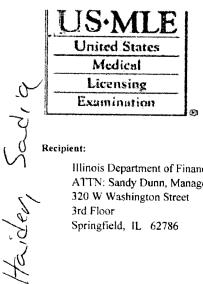
I have determined that the provision from which this Variance is granted is not statutorily mandated; no party will be injured by the granting of this Variance; and the rules from which this Variance is granted would, in this particular case, be unreasonable.

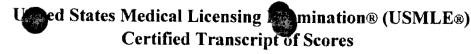
By:

Jay Liewak, Pirector

Division of Professional Regulation

Brent E. Adams, Secretary





This document was prepared by the Federation of State Medical Boards of the United States, Inc. Federation Place, 400 Fuller Wiser 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

Examinee:

Haider, Sadia

Alt Name(s):

Sadia, Haider

Examinee ID#:	
Date of Birth:	

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. 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							
			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	06/09/1998						
USMLE STEP 2			***************************************				
Clinical Knowledge (C	K)				**************************************		
			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	09/02/1999						
USMLE STEP 3							
		,	Three-Dig	it Score	Two-Digit S	Score	**************************************
A	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
CALIFORNIA	12/07/2005						
MASSACHUSETTS	07/11/2005						
MASSACHUSETTS	03/31/2005						
MASSACHUSETTS	03/31/2005						

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



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

RECEIVED

June 28, 2011

IDFPR - MEDICAL UNIT

AUG 1 2011

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3rd 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

questions or concerns you may have. convenience at: email:	Please feel free to contact me at your earliest or cell phone:
Best regards,	
SadiaHaider MD, MPH	
Beth Israel Deaconess Medical Center	
Department of OB/GYN	
Harvard Medical School	
	IVED

RECEIVED

AUG 0 2 2011

IDEPR-MEDICAL UNIT



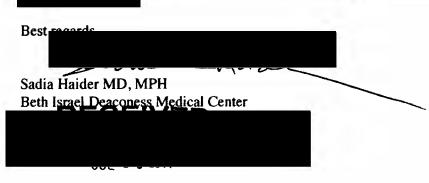
June 28, 2011
State of Illinois
Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

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IDFPR
Div. of Professional Regulation

TRANSCRIPT OF ACADEMIC RECORD

Page:

27-JUL-2011 Date Issued:

Level:

Graduate

Record करे	केंद्र की है जो	Maddet
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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

GPA-Hrs:

Primary Degree

INSTITUTION CREDIT:

Program : Master of Public Health

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

SUBJ NO.

Term:

EPI

EPI

HPC

ID

ID

ID

BIO 200

201

202

506

250

262

PII 250

COURSE TITLE

Principles of Biostatistics

Introduction to Epidemiology

Elements Epidemiologic Researc

Practice of Public Hlth in US

Epi Inf Disease: Dev'g Countri

CRED GRD R PTS

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

232 Intro to Occup/Environ Medicin

Political Anal for Hlth Policy 247

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:

***** TRANSCRIPT TOTALS ***

INSTITUTION Ehrs: GPA-Hrs:

Ehrs:

END OF

ALL

GPA-Hrs:

Eth Basis of Prct of Pub Hlth Intro to Pract of Intnatl Hlth

264 Practice of Family & Comm Hlth

PIH 225 Qual Rsrch Meth for Pop & Hlth

Fall 1999-2000

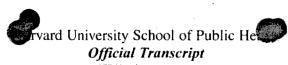
PIH 263 Grant Writing/Rsrch & Hlth Car

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

IDFPR - MEDICAL UNIT AUG 03 2011 EIVE

REGISTRAR

THE BACK OF THIS TRANSCRIPT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW SEE REVERSE FOR VERIFICATION INFORMATION



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	1973-1974	1974-1979	1979-1996	1996-2010
A,B = Honor Grades	H = Honors	H = Honors	A = 4.0 Excellent	See 1979-1996
C = Acceptable	HP = High Pass	HP = High Pass	A = 3.7	NS = Not Satisfactory
D = Acceptable,	P = Pass	P = Pass	$\mathbf{B} + = 3.3 \text{ Good}$	WD = Withdrawn from course
but of inferior	NC= No Credit	S = Satisfactory	$\mathbf{B} = 3.0$	
quality	CR = Credit	U = Unsatisfactory	$\mathbf{B}_{-} = 2.7 \text{ Satisfactory}$	2010-On
F = Failing	AU= Audit		C+ = 2.3	See 1996-2010
			C = 2.0 Poor	AU = Audit
1967-1973			$C_{-} = 1.7$	F^* = Not calculated in GPA
S = Satisfactory			$\mathbf{F} = 0.0 \text{ Failing}$	

Notations Carrying No Quality Points

I or Inc = Incomplete

U = Unsatisfactory

- 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
- 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 (K	SG)-	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.

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- 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 cradicators such as bleach.
- Official only if signed by the Registrar and embossed with the Harvard scal.

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AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

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.

PREMILEN

DEAM OF THE PACULTY OF YORLICHEALTH



OFFICIAL TRANSCRIPT

DEGREES CONFERRED:

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

RANSCRIPT NOTATIONS:

PREVIOUS INSTITUTIONS ATTEMDED:

EMMA WILLARD SCHOOL

TROY, NY 1992

HARVARD UNIVERSITY

CAMBRIDGE, MA 4CRS 1994-95

UNIVERSITY OF OXFORD OXFORD, ENGLAND, UNITED KINGDOM 6CRS 1994-95

CCREDITATION:

PLACEMENT PHYS ED REQ. 2 OTRS FULFILLED AUTUMN 1992

PLACEMENT PRE-CALCULUS MATH PASSED AUTUMN 1992

PLACEMENT ELEMENTARY FRENCH

100 AUTUMN 1992

PLACEMENT ELEMENTARY URDU PLACEMENT INTERMEDIATE URDU 300 AUTUMN 1992 300 AUTUMN 1992

CEEB APE 100-LEVEL BIOLOGICAL SCIENCES 300 AUTUMN 1992

CEEB APE ELECTIVES 300 AUTUMN 1992

AUTUMN 1992

HUMA IIS

CHEM III BASIC CHEMISTRY-I

FREN 121 CONTINUING BLEMENTARY FRENCH-1

PHILOSOPHICAL PERSPECTIVES-1

MATH ISI 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

ISSUED TO:

ILLINOIS DEPARTMENT OF PROFESSIONAL REGUL

320 W. WASHINGTON ST.

3RD FLOOR

SPRINGFIELD, IL 62786

Office of the University Registrar

CHICAGO, ILLINOIS 60637

STUDENTANA HAIDER

CHEM 113

SPRING 1993

BASIC CHEMISTRY-3

FREN 201 INTERMEDIATE FRENCH-I

HUMA 117 PHILOSOPHICAL PERSPECTIVES-3

MATH 133 ELEM FUNCTIONS AND CALCULUS-3

PHED 097 PHYSICAL EDUCATION

TOTAL UNITS TAKE

DEAN'S LIST 1992-93

AUTUMN 1993

BIOS 109 BIOLOGY OF CELLS AND TISSUES

CHEM 220 ORGANIC CHEMISTRY-I

SOSC 121 SELF, CULTURE AND SOCIETY-1

TOTAL UNITS TAKE

WINTER 1994

BIOS 148 REG HUMAN PHYSIOLOGY SYSTEMS

CHEM 221 ORGANIC CHEMISTRY-2

SOSC 122 SELF, CULTURE AND SOCIETY-2

TOTAL UNITS TAKE

SPRING 1994

ANTH 308 INTRO TO SOUTH ASIAN CIV-3

BIOS 200 INTRODUCTION TO BIOCHEMISTRY

SOSC 123 SELF, CULTURE AND SOCIETY-3

TOTAL UNITS TAKE

DEAN'S LIST 1993-94

SUMMER 1994

LEAVE OF ABSENCE APPR: DEAN OF STUDENTS IN THE COLL

AUTUMN 1995

ANTH 308

RESUMPTION OF STUDIES APPROVED

CLSCL RDG: CASTE/COLONL INDIA **ANTH 211**

BIOS 232

TOTAL UNITS TAKE

05/12/2011

1 OF 3

DEPR. NEDCAL UNIT 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

Key to Transcripts Academic Records

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

of Law, Dictor of Medicine, Doctor of Ministry, and Dictor of Doctor of Comparative Law, Doctor of Jurispradence, Doctor of Liberal Arts; Master of Public Policy; Master of Sciences Master of Divinity: Master of Fine Arts; Master of Laws; Master Master of Business Administration: Master of Comparative Law; Bachelor of Science, International Master of Business awarded by the University are as follows: Bachelor of Ares; Administration; Master of Arts; Master of Arts in Teaching; sourding of degrees is vested in the academic units. The degrees Degrees Offered: Authorive for recommending the

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 The College also recommends the awarding of the Twelfth

- Residence Status for exceptions. in the divisions and schools for three units. See 11. Graduate quarterly registration in the College is for three or four units and Each quarter of the academic year to of the same value. Full turne The University calendar is the quarter system.
- «умет ситтепсед Лишта 2001.) requirements for higher degrees. seginning with 340 and above are generally designed to meet Course Information: Course numbers are five digns in 100 to 299 may be considered as courses designed to meet irrements for baccalaurente degrees. Courses with numbers Generally, courses with the first three digits numbered The five digit numbering
- quarter hours of credit. value (150), 050) carry programmanch more or fewer semester or Conversity of Chicago. One full ante (190) is equivalent to 3.1.3 semester hours or 5 quarter hours. Courses of greater or lesser The course unit is the measure of credit at The
- C., D+, D and P are passing grades. The numeric value of grades is as follows: A+A=4.0, A=6.37, B+5.33, B=3.0, B=2.7, fi. Grading Systems: The marks 1+, 1, 1, B+, B, B, C+, C, 2006, Business uses an ahermanic plus/minus grading system. The numeric value of grades is as follows: A+-4.53, A-4.0, A C+=2.3, (=2.0, C=1.7, D+=1.3, D=1, F=0. Effective Autumn B-=333 B=30 B=26, C+=233 C=20 C=16.

Effective Dates of Plus/Minus Grading System

Ciraduate Physical Sciences Graduate Social Sciences Graduate Humanities Graduate Library School College (undergraduate) Social Service Administration Business Public Policy Studies Spring, 2(KM) Summer, 1988 Autumn, 1986 Autumn, 1986 Spring, 1986 Summer, Autumn, 1983 Autumn, 1983 vurumin, 2006 Mumn, 1977 1984

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

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

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

equivalent to the requirements for a high school diploma. satisfactorily completing work defined by the State of Illinois is diplomas may later qualify for the Twelfth Grade Certificate by admined to the academic units, contain specific requirements. Students governed by since rules. The . Introductoria, published by each of General: Ennailment in a program leading to a degree is baccalaurcate programs without high Chini

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

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

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

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

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

the Library may, upon recommendation of the appropriate

department and the approval of the Dean of Students in the status who makes no use of University facilities other than Active File Status: a student in Advanced Residence 2000 to be limited to 12 years following admission Doctor of Philosophy is awarded. (Revised in Summer

(This status was terminated in Summer 2000)

maintain

an Active tile with the University

Leave of Absence: the period during which a student

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

Cooperation and who are registered pro jorna at The CHIVETSHY WITHIN CIC Students: students who are degree candidates at a particular fields but who are not candidates for a degree. master's degree and register for advanced work in their Certificate of Advanced Studies: students who hold the Commutee 993 Institutional

the conclusion

Ph.D. degree. Doctoral: students enrolled in Comp.L., D.Ma., J.S.D., or University of Chicago.

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

half time basis will indicate half time study

complete the scholastic or research residence requirement on a

The academic records of students who are permitted to

Status, but not in the active file or Extended Residence status

Students in Scholastic, Research or Advanced Residence

resume work following a maximum of one academic year. suspends work toward a graduate degree and expects

Extended Residence: the period of registration following

of Advanced Residence

(Revised Summer

are considered full-time students.

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

in the Collège but who are enrolled as students in the Laboratory Schools of the University as secondary school Laboratory Schools: students who are registered pro-furner

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

candidates for a degree the Grabam School of General Studies and Returning Scholars: students who are registered through depare are ma

Students-at-large: students who are not candidates for a Quarter in credit courses but not candidates for a degree. Special Summer: students who are registered in a Summer

baccalaureate degree. Undergraduate: students in a program leading to

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

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

academic records of students who curvil in programs leading to the degree of Doctor of Philosophi will reflect the residence status as established by the University Graduate Residence Status: 1/fective Autumn 1984 the

Scholastic Residence: the first two years of graduate 2000 to include the first four years of graduate study.) study beyond the baccalauncate degree Revised Summer

graduate study beyond the baccalaureate degree. This status Advanced Residence: the period of registration following was terminated in Nominer 2000. the third and fourth per saean

completion of Scholastic and Research Residence until the

01085101

of 100 units are comparable to 3 credit hours at the Law School, repically University courses not taught through the Law School The credit hour is the measure of credit at the Law Schools Law School Transcript Key

unices otherwise specifical.

student from any other residence requirements but suspends the

doctoral research requires residence away from the University

Pro forma registration does not exempt

Students in Research or Advanced Residence Status whose

register pro forma.

requirement for the period of the absence.

The Law School uses the following numeric grades and their equivalents: 180-180=A, 179-174=B, 173-168=C, 167-160-D, 159 155-1. The median grade at the Law School is

The frequency of Horses in a typical graduating class Highest Honors (182+) 0.4"

High Homos (180,5+)/pre-2002 180+) Homes (1"91)(pre-2002 1"81) "alf'e. بر ایج د

law courses. Non-law grades are not calculated into the law Pass/Fail and letter grades are awarded primarily for thin

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

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

Windicates an administrative withdrawal.

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

OF THIS DOCUMENT OR IF DIGITALLY SIGNED, DISPLAY A BLUE RIBBON CERTIFICATE OF WHITE ON A MAROON BACKGROUND ON THE FACE OF THE UNIVERSITY REGISTRAR WHICH APPEARS IN DIGITALLY SIGNED AND NEXT ELLCTRONICALLY, OR COMPUTER GENERATED AND PRINTED ON ALIBENTED IN DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE SAFETY PAPER. METER THE SPRING QUARTER OF 1979 ARE RETHER TRANSCRIPTS OF THIS UNIVERSITY OF CHICAGO MADEMIC RECORDS OF STUDENTS REGISTERED TRANSCRIPTS ARE OFFICIAL

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chin registrar achiego edu/transcript key hind Revised 04, 2010

SCRIP-SAFT: Security Products, Inc. Constituent, OH+U S. Patent 5,171,040

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 SOSC 283 PROBLEMS IN GENDER STUDIES-2 TOTAL UNITS TAX

PHYSICAL EDUCATION. REQUIREMENT COMPLETED

SPRING 1996 ANTH 212 INSTV STDY: CARIB TRANSNATLSM **ANTH 214** PA: ETHNOG/CULTURAL COMMOD ANTH 243 MEDICINE AND CULTURE

ARTH IRS SOUTH ASIAN VISUAL CULTURE

DEAN'S LIST 1993-96

AUTUMN 1996

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

TOTAL UNITS TAX

WINTER 1997

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

TOTAL UNITS TAI

TOTAL UNITS TA

TOTAL UNITS TAX

SPRING 1997

HGEN 339 MEDICAL GENETICS

MINIO 104 ORGAN PHYSIOLOGY/ENDOCRINOLOGY

MBIO 305 NEUROBIOLOGY

MEDC 616 TOPICS IN HIV INFECTION

OBGY 301 RSCH: OBSTETRICS/GYNECOLOGY

PSCR 101 DEVELOPMENT AND PSYCHOPATHOL

AUTUMN 1997

MEDICAL MICROBIOLOGY

ISSUED TO:

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

Office of the University Registrar

CHICAGO, ILLINOIS 60637

TOTAL UNITS T

STUDEOLYSIA HAIDER

MBIO 306 CELL AND GENERAL PATHOLOGY PATH 306 IMMUNOBIOLOGY

PHAR 306 PHARMACOLOGY

WINTER 1998

CLIN 302 CLIN SKILLS 2A: PHYSICAL DIAG

MRIO 307 CLINICAL PATHOPHYSIOLOGY

SPRING 1998

CLIN 304 CLIN SKILLS 28: PHYSICAL DIAG HSTD SAI **EPIDEMIOLOGY/CLINICAL INVEST** MEDC 302 NUTRITION IN HEALTH/DISEASE

PATH 388 SEMINAR: CLIN PATH CORR CLINICAL PHARMACOLOGY PHAR 307

SUMMER 1998

SURG 303 JUNIOR CLERKSHIP: SURGERY

AUTUMN 1998

MEDC 303 TR EXTRINSIP: INPT MED SERV

WINTER 1999

FMED 303 FAMILY MED CKIMP: MACKEAL

OBGY 303 CLERKSHIP: HOSPITAL

SPRING 1999

PEDS 303 JUNIOR CLERKSHIP: PEDIATRICS

PSCR 303 CLERKSHIP: PSYCHIATRY

SUMMER 1999

ENROLLED FULL-TIME PRO FORMA

RECEIVED

WAY 16 2011

DEPR-MEDICAL UNIT

05/12/2011

2 OF 3

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GABRIEL G. OLSZEWSKI UNIVERSITY REGISTRAR

Key to Transcripts of Academic Records

Graduate Physical Science

Summer, 1988

Spring, 2000)

\unumn, 2006

L. Organization: The University of Cheaga 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, Phirizber 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 Dicting, Master of Time Arts; Master of Law, Master of Dicting, Master of Public Policy, Master of Law, Comparative Law, Master of Arts, Master of Public Policy, Master of Dicting Offered Arts, Master of Public Policy, Master of Diction of Comparative Law, Doctor of Jurisprudence; Dictor of Jurisprudence; Dictor of Law, Doctor of Medicine; Doctor of Ministry, and Doctor of Philosophy.

The College also recommends the awarding of the Twelfth Grade Cortificate to students who enter the College prior to formal completion of secondary education. Degrees which the University has offered during its biston 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 cackenic 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 11. Graduate Residence Status for exceptions.

4. Course Information: Course numbers are five digits in the Generally, courses with the first three digits numbered by 100 to 299 may be considered as courses designed to meet addresses for baccabareate 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 2011.)

 Credits: The course unit is the measure of credit at The University of Chicago. One full unit (100) is equivalent to 3.1.3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 650) earry proportionated more or fewer semester or quarter from of credit.

6. Grading Systems: The marks V+, V, N, B+, B, B, C+, C, C+, D+ md P are passing grades. The numeric value of grades is as follower: V+ V+ A+40, X+-X, B++X, B+30, B+30, B+30, C+23, C+23, C+24, C+17, D+13, D+1, P+0, Efficience Variantial grading systems with Bestures view on afternative plus minus grading systems. The numeric value of grades is as follower: X++3, X+40, X+30, X+3

Effective Dates of Plus/Minus Grading System Sucial Service Administration Autumn, 197 Public Policy Studies Divinity Collegy (undergraduate) Ciraduate Library Schwid Graduate Library Schwid Graduate Library Schwid Graduate Systems Ciraduate Syst

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 fineating 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 Annuancounts of the Gollege, of the divisions and of the schoods. Effective Anuman 2004 in Demnity and Anuman 2005 in Medicine, the mark I is removed if work is completed within four quarters. Reports on examinations may use the mark II 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 course in which the mark is given may be counted toward residence requirements. Yo sigiral is attached to the mark R. Work taken at the graduate level for R may, in some instances, he validated his an examination. The mark N confers no credit and is used for students in the College who have, under controlled countinous, chosen to be graded on a P/N basis in a particular course. The mark N was discontinued effective Autumn 2015. 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: Frandlment in a program leading to a degree is givened by street rules. The . https://doi.org/10.1001/j.nead-to-article

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 baccalaireate degree. Students who entered the College after 1942 were required to successfully complete a minimum of 42 quarter courses. Credit by placement tests, accreditation tests, or C134-B. Als arried Placement Examinations may be used to fulfill course requirements for a degree.

 Joint Degree Programs - Undergraduate and Graduate: Programs to which some students are admitted permit specified contests to be counted both as part of the bacedattreate 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.

 Joint Residence: Students may be permitted to work toward two separate degrees simultaneously. One degree may be at the bacedatureate 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 Definity School of The University of Chicago and in a ecoperative 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 of Chicago.

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

Cooperation and who are registered pro joined at The

the Commune

on Insurumenal

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered projument. The University of Chocago, Graduate: students currolled in programs leading to post-

baccalaureate degrees.

Laboratory Schools: students who are registered pm panulin the Callege but who are enrolled as students in the Laboratory Schools of the University as secondary school

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

the Graham School of General Studies and are not

the curaint seriou of cenetii stitutes 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.

degree.

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

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

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

Work taken as a Student arlarge, Special Summer Student our Certificate of Advanced Studies Student normally dies not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit of 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 not will quality grades be assigned. Non degree categories may be created to meet special needs and will be specifically identified on academic records.

 Graduate Residence Status: Fivense Amonto 1984 th academic records of students who consil in programs leading to the degree of Doctor of Philosophs will reflect the residence status as established by the Universit.

Scholastic Residence: the first two years of graduate study beyond the baccalaureate degree 'Revised Summer 2000 to include the first four years of graduate vindy; Research Residence: the third and fourth years of graduate study beyond the barechaureate degree 'This status'

was terminated in Summer 2000.)

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

Ductor 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 Sommer 2001).

Leave of Absence: the period during which a student suspens to unspends work inward a graduate degree and expects to resume work following a maximum of one readstens year. Extended Residence: the period of registration following the conclusion of Advanced Residence: (Revised Summer power).

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 echolastic or research residence requirement on a half time basis will indicate half time study.

Students in Research or Advanced Residence Statis whose thortoral research requires residence away from the University register pro turns. Pro farma 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, repeally University courses not raught through the Law School of 100 units are comparable to 3 credit bours at the Law School, unless otherwise specified.

The Law School uses the following numeric grades and their equivalents: 186-180=A, 179-174=B, 173-188=C, 167-160=C, 167-17, 159 155-15. The median grade at the Law School is

The Frequency of Honors in a typical graduating class:
Highest Honors (1824)

10th Hammar April 2 from 2011 (81.4)

High Horses (180.5+)(pre-2002 180+) 38% (19.00 (179+)(pre-2002 178+)

Pass/Ful and letter grades are awarded primarily for nonlaw courses. Non-law grades are not calculated into the law

1 the P* indicates that a student has successfully completed the course but rechnical difficulties, nor attributable to the student interfered with the grading process.

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

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

TRANSCRIPTS OF THE CANCERTRY OF CHECAGO ACADEMIC RECORDS OF STUDENTS REGISTRED AUTER THE SPRING QUARTH OF 1979 AND EITHER DIGITALLY SIGNED AND SENT ELECTRONICALLY, OR COMPUTER GYMEN WHILD AND PRINTED ON SAFEY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY BYTHEY BEAR THE SIGNATURE OF THE CANCERD ARGORD ON THE CANCERD ARGORD ON THE EAGE OF THIS DOCUMENT OR, IF DIGITALLY SIGNED DISPLAY A BLLE RIBBON CERTHECATE OF THIS DOCUMENT OR, IF DIGITALLY SIGNED DISPLAY A BLLE RIBBON CERTHECATE.

For on-line version of this key and any updates, please consult the web site of the Office of the University Registrary

http://registrar.uchicago.edu/transcript_kev.html Revised 04/2010

HISMHO (CRIP-SAFT: Security Products, Inc. Cincinnat, OH+US Patent 5.171 JRO



RECEIVED ICATION FOR LIGENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANTING ITER completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY.

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:

- 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.

license, divorce decree, anidavit or co-	urt order.	identification.		
PART I: Application Category Informatio	n			
A. SEE REFERENCE SHEET, CHART I, OR IN	STRUCTIONS PRIOR TO			
1. PROFESSION NAME	2. PROFESSION COL	E 3. LICENSURE ME	THOD	4. FEE
Physician	036	Endorsemen .	t .	\$ 300.00
B. CHECK BOX INDICATING THE APPROPRIA This is the first time I have made profession in Illinois. I have previously made application Illinois. However, my previous application now reapplying. Other:	application for this for this profession in	☐ My application denied in Illinoi additional requi	for this profession had s. I am reapplying sin- rements. Iy made application for er, I am now applying un	ce I have fulfilled this profession in
PART II: Applicant Identifying Informa Division of Professional Regulation in order to	ulation and/or Contine	ental Testing Service in wi		
1. NAME LAST FIRST N	AIDDLE 2. T	ITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SO	CIAL SECURITY NO.
Haider Sadia		M.D.		
4. PERMANENT MAILING ADDRESS STREE	ET CITY STATE	COUNTRY	ZIP CODE	COUNTY
5. BUSINESS ADDRESS STREET	CITY STATE	COUNTRY	ZIP CODE	COUNTY
 MAIDEN, GIVEN SURNAME, OR ANY NAM DOCUMENTS WILL BE SUBMITTED. (SEE N/A 			7. MOTHER'S MAIDEN (NAME
8. PLACE OF BIRTH CITY STATE/COU	NTRY 9.	DATE OF BIRTH	10). AGE
11. TELEPHONE NUMBER WHERE YOU MAY	BE REACHED		12. PREFERRI	ED e-MAIL
(Area Code)	(Are	a Code)	1	

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PART III: Education Information				,
	ry and High School or G.E.D. Circle number of	years completed)		
1 2 3 4 5 6 7 8 9 10 1	Graduated	Receive		
1 2 3 4 5 6 7 6 5 10 1	High School?	OR G.E	.D.? ∐Yes	s □No
2. NAME OF LAST PRELIMINARY SCHO		1	ATE OF GRADI	
ATTENDED Emma Willard School	(City and State) Troy, NY		6 / 1 Month	9 9 2 Year
5. COLLEGE OR UNIVERSITY (Circle no		<u></u>		
1 2 3 4 5 6 7 🛞	Graduated? X Yes	□No		
6. COLLEGE OR UNIVERSITY NAME	LOCATION	DATES OF AT	TENDANCE	TYPE OF
(Undergraduate and Graduate)	(City and State or Country)	FROM	то	DEGREE EARNED
University of Chicago	Chicago, IL	Month/Year	Month/Year	
		09/1992	06/1996	B.A.
University of Chicago	Chicago, IL	09/1996	06/2001	MD
	·			
7. SPECIALIZED TRAINING (Residency,	Professional Training, Vocational Training, Prac	tical or Clinical Trai	ining)	
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF FROM	ATTENDANCE TO	Did You Complete Training?
	(City and State or Country)	Month/Year	Month/Year	Training.
Beth Israel Deaconess Medical Center	Boston, MA			x Yes □ No
		06/2001	06/2002	
Beth Israel Deaconess Medical Center	Boston, MA	06/2002	06/2005	↑ Yes □ No
				103 🗀 110
University of California	San Francisco, CA	07/2005	06/2007	
				Yes No

				☐ Yes ☐ No
			<u> </u>	
				☐ Yes ☐ No
				L 163 L 140

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		(limited)		
Massachusetts	мо		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	02/2006	Lapsed
		training		
		J		
		,		

(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 !	IL.	05/1998	(Passed, Failed, Absent)
USMLE II	ĬL.	1999	pass
USMLE III	CA	11/2005	pass
// JPV:1	to a social office a company	2 2 2 2 2 1	<u> </u>

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

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PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
 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.		х
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.		х
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
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 res following questions)	oond to	o the
 In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in with a child support order. Fallure to certify shall result in disciplinary action, and making a false statement may subject the contempt of court. 	complyi	na
Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")	No [×
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by th Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renews aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commis appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)	the Illinoi al if the	
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 connection therewith, and to the best of my knowledge, they are true, correct, and complete.	ed by m	e in
Signature of Applicant Date		-
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater the	the amo	unt

04/15/11 12:4 PAX 617



OBGYN ADMIN.



Ø003

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 drai, 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 about that HIS may door relevant to the requirements of licensure.

SEGNATURE

DATE 4/15/11

PRINT NAME

Tel: (850) 444-9814 · Fax: (904) 339-9075 · Info@healthcarelicensing.com

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.

Submitted on behalf of the members of the Medical Licensing Board. The jundersigned Director of the Division of Professional Regulation, hereby
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
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The undersigned Director of the Division of Professional Regulation, hereby
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deniesdeferstakes under advisement the foregoing
recommendation.
Comments:
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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:

- 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.
- 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.

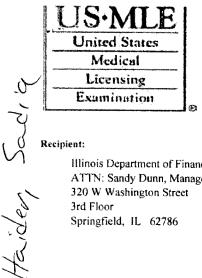
I have determined that the provision from which this Variance is granted is not statutorily mandated; no party will be injured by the granting of this Variance; and the rules from which this Variance is granted would, in this particular case, be unreasonable.

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

By:

Jay Stewart, Director #2

Division of Professional Regulation



med States Medical Licensing mination® (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, 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

Examinee:

Haider, Sadia

Alt Name(s):

Sadia, Haider

Examinee ID#:

Date of Birth:



Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. 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							
			Three-Dig	it Score	Two-Digit	Score	Manager and the second
	Test Date 06/09/1998	Pass/Fail	Total	MP	Total	MP	Comments
USMLE STEP 2		· · · · · · · · · · · · · · · · · · ·					
Clinical Knowledge (Cl	K)				el Malaita de la Clarica de Constante de Constante de Constante de Constante de Constante de Constante de Cons		
			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	09/02/1999						
USMLE STEP 3							
		,	Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
CALIFORNIA	12/07/2005						
MASSACHUSETTS	07/11/2005						
MASSACHUSETTS	03/31/2005						
		-					

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

June 28, 2011

IDFPR - MEDICAL UNIT

AUG 1 2011

State of Illinois

Department of Financial and Professional Regulation

320 West Washington Street, 3rd 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

questions or concerns you may have.
convenience at: email:

Best regards,

SadiaHaider MD, MPH

Beth Israel Deaconess Medical Center

Department of OB/GYN

Harvard Medical School

RECEIVED

AUG 0 2 2011

IDEPR-MEDICAL UNIT



June 28, 2011
State of Illinois
Department of Financial and Professional Regulation
320 West Washington Street, 3rd 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:

Best regards,

Sadia Haider MD, MPH

Beth Israel Deaconess Medical Center

JUL 2 0 2011

IDFPR
Div. of Professional Regulation

TRANSCRIPT OF ACADEMIC RECORD

Page:

27-JUL-2011 Date Issued:

Level:

Graduate

Record of	SEELL	That A share
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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

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 R PTS

🖭 THE BACK OF THIS TRANSCRIPT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW. SEE REVERSE FOR VERIFICATION INFORMATION

SUBJ NO.

🕽 THE FACE OF THIS TRANSCRIPT HAS A CRIMSON BACKGROUND ON WHITE PAPER 📆

COURSE TITLE

Practice of Family & Comm Hlth

CRED GRD

PTS

R

Institution Information continued:

Term: Ehrs:

GPA-Hrs:

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

Intro to Occup/Environ Medicin 232

HPM 247 Political Anal for Hlth Policy

222 IGA The U.N. and Human Rights

War and Public Health PIH 321

Ehrs: Term: GPA-Hrs:

264

ID

INSTITUTION Ehr.

GPA-Hr

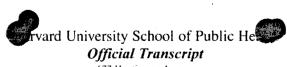
OVERALL Ehr: GPA-Hr

INSTITUTION CREDIT:

Term: Fall 1999-2000 BIO 200 Principles of Biostatistics EPI 201 Introduction to Epidemiology EPI 202 Elements Epidemiologic Researc Practice of Public Hlth in US HPC 506 ID 250 Eth Basis of Prct of Pub Hlth 262 ID Intro to Pract of Intnatl Hith 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 EV П

REGISTRAR



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	1973-1974	1974-1979	1979-1996	1996-2010
A,B = Honor Grades	H = Honors	H = Honors	A = 4.0 Excellent	See 1979-1996
C = Acceptable	HP = High Pass	HP = High Pass	A = 3.7	NS = Not Satisfactory
D = Acceptable,	P = Pass	P = Pass	$\mathbf{B} + = 3.3 \text{ Good}$	WD = Withdrawn from course
but of inferior	NC= No Credit	S = Satisfactory	B = 3.0	
quality	CR = Credit	U = Unsatisfactory	$B_{-} = 2.7 \text{ Satisfactory}$	2010-On
F = Failing	AU= Audit		C+ = 2.3	See 1996-2010
			C = 2.0 Poor	AU = Audit
1967-1973			$C_{-} = 1.7$	F* = Not calculated in GPA
S = Satisfactory			$\mathbf{F} = 0.0 \text{ Failing}$	

S = SatisfactoryU = Unsatisfactory

Notations Carrying No Quality Points

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)
- --- = 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 (K	(SG)-	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.

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- 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

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AT CAMBRIDGE IN THE COMMONWEALTH OF MASSACHUSETTS

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

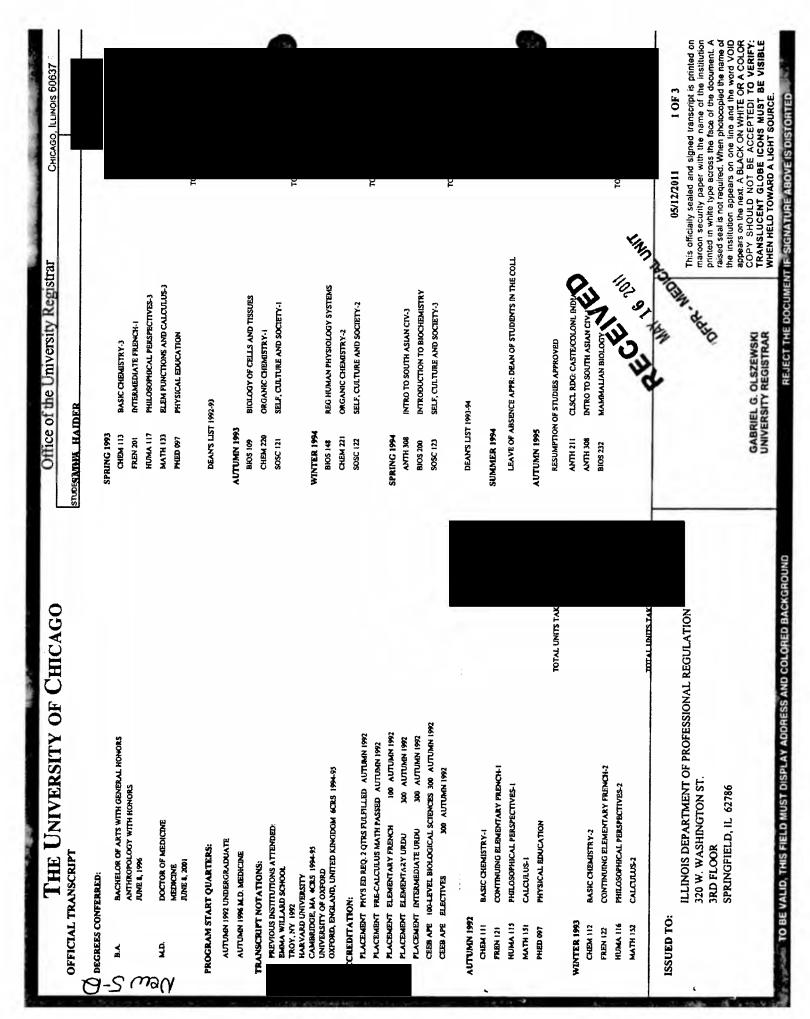
SADIA HAIDER the degree of Master of Public Health.

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.

PRESIDENT

DEAN OF THE FACULTY OF PUBLIC HEALTH





Academic Records Key to Transcripts 9

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

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

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

Each quarter of the academic year is of the same value. Full time in the divisions and schools for three units. See 11. Graduate quarterly registration in the College is for three or four units and Residence Status for exceptions. The University calendar is the quarter system.

system eventurenced Autumn 2011.) requirements for higher degrees. eginning with 300 and above are generally designed to meet Course Information: Course numbers are five digits in irements for haccalaureae degrees. Courses with numbers 100 to 200 may be considered as courses designed to meet Generally, courses with the first three digits numbered The five digit numbering

University of Chicago. One full unit (18th) is equivalent to 3.1.3 quarter beens of credit. value (150, 050) carry proportunately more or fewer semester or semester hours or 5 quarter hours. Courses of greater or lesser The course unit is the measure of credit at The

C₂D+₃D 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+2.0. D+=1.33, D=1, F=0, C+=1.3, C=2.0, C=1.7, D+=1.3, D=1, F=0. Effective Autumnt The numeric value of grades is as follows: 1+-4.33, 1-4.0, 1 2006, Business uses an alternative plus/minus grading system. Grading Systems: The mark, 1+, 1, 1, B+, B, B, C+, L, , B+=3.33, B=3.0, B=2.61, (.+=2.33, C=2.0, C=1.61,

Effective Dates of Plus/Minus Grading System

Ciraduate Physical Sciences Graduate Social Sciences Ciraduate Humanines Ciraduate Library School College (undergraduate) Public Policy Studies Social Service Administration Business Spring, 2000 Summer, 1988 Autumn, 1986 Autumn, 1986 Spring, 1986 Summer, 1984 Autumn, 1983 Autumn, 1982 Augumn, 2006 \uumn, 19~

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

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

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

espin alem to the requirements for a high school diploma. satisfactorily completing work defined by the State of Illinois diplomas may later qualify for the Twelfth Grade Certificate by admitted to baccalaurease programs without high the academic units, contain specific requirements. Students 6 grocerned by strict rules. The himmunicans, published by each of General: burollinent in a program leading to a degree is (chart)

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

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

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 of both may be

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

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

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

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

Compension and who are registered pro Jonna at The CIC Students: students who are degree candidates at a University of Chicago. CHECKSHY undan the Committee on institutional

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

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

baccalaureate degrees Graduate: students entailed in programs leading to post

in the College but who are enrolled as students in laboratory Schools of the University as secondary school Laboratory Schools: students who are registered pro funna 1

students

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

Returning Scholars: students who are registered through the Ciriham School of Cieneral Studies and are not candidates for a degree.

Students-at-large: students who are not candidates for a Quarter in credit courses but not candidates for a degree. Special Summer: students who are registered in a Summer

baccalaureate degree. Undergraduate: students in a program leading to

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

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

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 Graduate Residence Status: Editions. Autumn 1984 the

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

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

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

01085701

2000 to be limited to 12 years following admission to Doctor of Philesophy is awarded. Revised in Summer

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

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

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

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

requirement for the period of the absence. student from any other residence requirements but suspends the doctoral research requires residence away from the University register pro farma. Students in Research or Advanced Residence Sturus whose On home registration does not exempt

Law School Transcript Key

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

their equivalents: 186-180=A, 179-174=B, 173-168=C, 167-160=D, 159-155=F. The median grade at the Law School is The Law School uses the following numeric grades and

The Frequency of Honors in a typical graduating class: High Homors (180,5+)/pre-2002 180+) Highest Honors (182+) 3.4" 4 , 10 10 10 10

courses. Non-lin grades are not calculated into the law Pass/End and letter grades are awarded primarily for non Honors (1791)(pre-2002 178+) 19,00

course but technical difficulties, nor attributable to the student, interfered with the grading process. P** indicates that a student has successfully completed the

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

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TRANSCRIPTS OF THE UNIVERSITY OF CHICAGO substantial writing requirements. 1.00

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CHICAGO, ILLINOIS 60637

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Academic Records Key to Transcripts 2

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

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

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

- Residence Status for exceptions. in the divisions and schools for three units. See 11. Craduate 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
- system commenced Autumn 2001.) requirements for higher degrees. segmning with 340 and alone are generally designed to meet Course Information: Charse numbers are five digits in inements for baccalaureate degrees. Courses with numbers 100 to 200 may be considered as courses designed to meet Generally, courses with the first three digits murhared The five digit numbering
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- C+=23, C=20, C=1,*, D+=1,4, D=1,4*=0. Effective Autumn G. D+, D and P are passing grades. The numeric value of grades is as follows: VCA+4.0, A+3.7, B (-3.3, B 3.0, B 2.7) The numeric value of grades is as follows: A++4.33, A+4.0, A 2006, Business uses an alternative plus minus grading system. =3.6", B+=3.33, B=3.0, B=2.6", C+=2.33, C=2.8, C=1.6" Grading Systems: The marks 1+, 1, 1, B+, B, B, C+, C.

Social Service Administration Effective Dates of Plus/Minus Grading System Autumn, 1977

Husaness Graduate Physical Sciences Graduate Social Sciences Graduate Humanities College (undergraduate) Public Policy Studies Summer, 1988 Spring, 2000) Spring, 1986 Summer, 1984 Yutumm, 1986 Autumn, 1986 Aurumn, 1983 Autuma, 1983 \unumm, 2006

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

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equivalent to the requirements for a high school diploma. satisfactorily completing work defined by the State of Illinois as diplomas may later quality for the Twellih Grade Certificate by General: 1-infollment in a program leading to a degree is governed by strict rules. The . Introduction of published by each of admitted to baccalaurease programs without high school the academic units, comain specific requirements. Students

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

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

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

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

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

Park Therdogical School. Bi-registrants: students registered in the Dreinin School The University of Chicago and in a cooperative Hydr

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

Cooperation and who are registered pro jonus at The University within the Committee CIC Students: students who are degree cardidates at a 1463 Euramineur .

University of Chicago.

Doctoral: students enrolled in Comp.L., D.Mn., J.S.D., or

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

baccalaurease degrees Graduate: students entrolled in programs leading to post

Laboratory Schools of the University as secondary school in the College but who are enrolled as students in the Laboratory Schools: students who are registered pro-tonus

degree. or Doctor of Philosophy and are not candidates for a Post-Doctoral: students who hold a Doctor of Medicus leading to a master's or professional degree (J.D., M.Div.) Master's/Professional: students enrolled in program-

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

Students-at-large: students who are not carabelities for a Quarter in credit courses but not candidates for a degree. Special Summer: students who are registered in a Summer

baccalaureate degree. Undergraduate: students in a program leading to

а ботенен инспинил. College and taking work acceptable toward those degrees at who are candidates for baccalaureate degrees from the Undergraduates in Foreign Study Programs: students

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

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

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

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

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

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

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

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

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Law School Transcript Key

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DISPLAY A BLUE RIBBON CERTIFICATE OF OF THIS DOCUMENT OR, IF DIGITALLY SIGNED OF THE UNIVERSITY RUGISTRAR WHICH APPEARS IN SAFETY PAPER. TRANSCRIPTS ARE OFFICIAL DOCUMENTS ONLY IF THEY BEAR THE SIGNATURE DIGITALLY SIGNED AND SENT ELECTRONICALLY TRANSCRIPTS OF THE CUNTERSTY OF CHICAGO A THENTIST OR COMPUTER GENERATED AND PRINTED ON AFTER THE SPRING QUARTER OF 1979 ARE EITHER ACADIMIC RECORDS OF STUDENTS REGISTERED

For on-line version of this key and any updates, please consulthe web site of the Office of the University Registrar.

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OFFICIAL TRANSCRIPT

SUMMER 2000

CLERKSHIP EMERGENCY MEDICINE SENIOR REQ COURSE: NEUROLOGY PATHOPHYS OF CRITICAL ILLNESS CLIN SKILLS 4: ADV HIST TAKING EMED 306 MEDC 643 MEDIC 745 NUME 453

MATERNAL-FETAL MEDIBIRTHROOMS OBGY 360

TOTAL UNITS TAX

AUTUMN 2000

DERMATOLOGY CONSULTS/CLIN DERM TUTORIAL: MEDICINE MEDC 533 MEDC 800

EXTERNISHIP OBJOYN OBCY 444

TOTAL UNITS TAX

WINTER 2001

TEACHING: PHYSICAL DIAGNOSIS ECO INTERPRETATION MEDIC 592 MEDC 503

CRITICL APPRISE INFLUNTIL MED LIT VIGNETTES IN CLINICAL MEDICINE MEDIC 596 MEDIC 603

CLIN APPROACH TO CHEST X-RAY MEDIC 692

ADV CLIN PHARM/THERAPELTICS MEDICAL IMACING MEDIC 777 RADI 306 READING TUTORAL: RADIOLOGY RADI 321

TOTAL UNITS TAK

SPRING 2001

ADV CARDIAC LIFE SUPPORTIACLS) DATED 307 MEDC 737

STUDY AWAY AT UNIV OR MEDICTR TUTORIAL MEDICINE MIDC 800 *** END OF OFFICIAL TRANSCRIPT ***

TOTAL UNITS TAK

Office of the University Registrar

STUDENT NAMES

05/12/2011

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Academic Records Key to Transcripts

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

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

Grade Certificate to students who enter the Gollege prior to tonger exist may appear on transenpts of older records formal completion of secondary education. Degrees which the miversity has officied during its history for which programs no The College also recommends the awarding of the Twelfth

Each quarter of the academic year is of the same value. Full time quarterly registration in the Gallege is for three or four usus and in the divisions and schools for three units. See 11, Graduate Residence Status for exceptions. Calendar: The University calendar is the quarter system.

beginning with 300 and above are generally designed to meet requirements for higher degrees. The five-digit numbering estem commenced Autumn 2001.) direments for hacedauteate degrees. Courses with numbers Course Information: Course numbers are five digits in 110 to 200 may be considered as courses designed to meet Concrally, courses with the first three digits numbered

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2006, Business uses an alternative plus minus grading system. The numeric value of grades is as follows: \(\Lambda + - 1.33\), \(\lambda - 1.0\), \(\Lambda \) C+=23, C=20, C=17, D+=13, D=1, F=0. Efficience Autumn B as follows: 10 (A-4)1 (A-3), B 1-33, B-30, B-27, C., D+, D and P are passing grades. The numeric value of grades Grading Systems: The marks 1+, 1, 1, 8+, B, B-, C+, L. =36", B+=333, B=30, B=26", ("+=233, C=20, C=16",

Effective Dates of Plus/Minus Grading System

Business	Law	Graduate Physical Sciences	Graduate Social Sciences	Graduate Humanines	Graduate Library School	College (undergraduate)	Divinin	Public Policy Studies	Social Service Administration	
Autumn, 2006	Spring, 2000)	Summer, 1988	Autumn, 1986	Autumn, 1986	Spring, 1986	Summer, 1984	Autumn, 1983	Autumn, 1983	Διατιστα, 19	Section Section

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

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

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

equivalent to the requirements for a high school diploma giverned by strict rules. The Almonicoments, published by each of the academic units, contain specific requirements. Students satisfactorile completing work defined by the State of Illinois as diplomas may later quality for the Tweltih Grade Certificate by admutted to General: Encollment in a program leading to a degree is baccalaureate programs without high school

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 fulfill course requirements for a degree. or Cl-LB Advanced Placement Examinations may 42 quarter courses. Credit by placement tests, accreditation tests, after 1982 were required to succe-study complete a minimum of for a baccalaureare degree. Students who entered the College be used to

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

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

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

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

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University of Chicago.

Doctoral: students enrolled in Comp.L., D.Mn., J.S.D., or

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

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

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

degree. or Doctor of Philosophy and are not candulates for a Post-Doctoral: students who hold a Doctor of Medicine leading to a master's or professional degree (J.D., M.Dw.) Master's/Professional: students entailed in programs

candidates for a degree. the Graham School of General Studies Returning Scholars: students who are registered through भाग ME

Students-at-large: students who are not candidates for a Quarter in credit courses but not candidates for a degree Special Summer: students who are registered in a Summer

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

а бысіда інхиппины. College and taking work acceptable toward those degrees at who are candidates for baccalaureate degrees from the Undergraduates in Foreign Study Programs: students

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

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

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Law School Transcript Key

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Academic Records Key to Transcripts 2

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

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

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

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Effective Dates of Plus/Minus Grading System

Graduate Physical Sciences Graduate Social Sciences Graduate Humanines Graduate Library School College (undergraduate) Public Policy Studies Social Service Administration Busines Spring, 2000) Summer, 1988 Spring, 1986 Summer, 1984 Autumn, 1986 Auturan, 1987 Autumn, 1987 Auruma, 2106 Autumn, 1986 \unumn, 19

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

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Laboratory Schools of the University as secondary school in the College but who are carolled as students in the Laboratory Schools: students who are registered pro-parase

or Doctor of Philosophy and are not candidates for a Post-Doctoral: students who hold a Doctor of Vedicine leading to a master's or professional degree (J.D., M.Dac.) Master's/Professional: students carolled in programs

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Law School Transcript Key

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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 ILINOIS
IN THE UNITED STATES OF AMERICA IN THE YEAR
TWO THOUSAND AND ONE
ON THE EIGHTH DAY OF JUNE



IMPORTANT NOTICE: Compution of this form is necessary to accomplish the requirements outlined in 225 of the littles Compiled Statutas. Disclosure of this information is VOLUNTARY. However, tasure to comply may result in this form not being processed.

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SUPPORTING DOCUMENT

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3 years & months 8. NAME OF BUSINESS / INSTITUTION SAN FRANCISCO GE ADDRESS STREET, CITY, ST LOD POTVEVO ST DATE OF EMPLOYMENTIATTENDANCE From Q2 / Q1 / 2005 TO Q (2 / 30 / 2007)	AVE SF, CA. 90 E HOURS WORKED PER WE TYPE OF EMPLOYMENT	DESCRIPTION OF OUTIES PERFORMED HITO- IN training Cus a Class Worked as an atten	any Planess mical fellow
3 years & months 8. NAME OF BUSINESS / INSTITUTION SAN TRANCISCO GE ADDRESS STREET, CITY, ST LODI POTVEVO TO DATE OF EMPLOYMENT/ATTENDANCE From Q2 / Q1 / 2005 Month Day Year	ENFRAL HOSPITA ATE, ZIP CODE AVE; SF, CA: 90 E HOURS WORKED PER WE 50	DESCRIPTION OF OUTIES PERFORMED 4110 - IN training Cy L Cl EX - Worked as an atten OBI GyN Perform	any Planess mical fellow
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1175 - 27 1

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois

VERIFICATION OF

SUPPORTING DOCUMENT

Information is VOLINTARY However	VE-PC
Halder Sadia	PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: Profession Code
ADDRESS STREET, CITY, STATE, ZIP CODE S Paul Gore Street Jamaica Plain, MA 02130	 ☑ Permanent Physician License ☑ Temporary Physician Training License 125
4. DATE OF BIRTH	☐ Chiropractic Physician License 038
5. SOCIAL SECURITY NUMBER	6. MAIDEN OR GIVEN SURNAME
Record work history chronologically for the five (5) years per employment.	preceding the date of application beginning with present
A. NAME OF BUSINESS / INSTITUTION Harvard Medical Faculty	JOB TITLE
ADDRESS STREET, CITY, STATE, ZIP CODE MASCO Building 375 Longwood Ave. Boston, MA 02215	DESCRIPTION OF DUTIES PERFORMED
TO present / Nonth Day Year Type OF EMPLOYMENT Month Day Year Type OF EMPLOYMENT Year Type OF EMPLOYMENT Full-time Part-time	
TOTAL TIME WORKED (Year/Month) 3 years 8 months	
B. NAME OF BUSINESS/INSTITUTION	JOB TITLE
ADDRESS STREET, CITY, STATE, ZIP CODE	DESCRIPTION OF DUTIES PERFORMED
DATE OF EMPLOYMENT/ATTENDANCE From / / Month Day Year To / / Month Day Year ToTAL TIME WORKED (Year/Month) HOURS WORKED PER WEEK TYPE OF EMPLOYMENT TYPE OF EMPLOYMENT	





GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330 Wakefield, Massachusetts 01880 (781) 876-8200

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

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

MAI 27 2011

IDPR-MEDICAL UNIT

Staff Member, Board of Registration in Medicine

Sandra Lentine

RECEIVED
BUSINESS SERVICES

MAY 2 7 2011

IDFPR

Div. of Professional Regulation

9 - 'K

SUPPORTING DOCUMENT





IMPORTANT NOTICE: 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.	1	IFICATION OF TE CLINICAL TRAINING	TN-MED
APPLICANT: Complete the application training program directions.		ainder of this form must be com n at which you completed your	
1. NAME LAST FIRST Haider Sadia	MIDDLE	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
4. ANORESS STREET CITY STATE, ZIF	CODE	REFER TO REFERENCE SHEEt digit profession code for which your code for which you have the second statement of the second se	T. Record profession name and three su are making Illinois application.
6. MAIDEN OR GIVEN SURNAME		Physician Profession Name	036 Profession Code
7. ILLINOIS TEMPORARY LICENSE NUMB	ER (If applicable)	8. ISSUANCE DATE	
POSTG Complete the remainder of this form		TRAINING PROGRAM DIRECTOMPLETED FORM DIRECTLY TO	1
This is to certify that the above-nar training in	24486010644	orily completed months of	postgraduate clinical
***************************************		at the following	hospital:
Hospital: <u>& L. (v.</u>		HEDICAL CENTER	
City, State and Zip Code:	ion. Ma oppis		RECEIVE
I further certify that at the time of su	uch training the program	m was accredited by:	MAY 1 3 2011
the ACGME the AOA		the CFPC, RCPSC or FMLAC (Ca not accredited in the US or Canad	nadian Programs)
Name of Postgraduate Clini	ical Training Program I	Director: HORE NICKOTTI	M.D
Signature of Postgraduate Clini	ical Training Program [Director: _	
University/Hospital S E A L	Date of this Certi	fication: _s	
(If no seal, attach letter on letteri stating no seal exists.)	head		



APPLICATION FINDINGS	POSITIVE PERSONAL HISTORY INFO
Approved Program 6-Year	Yes# See Worksheet for documents
XApplication Complete	VE-PC from Grad to Present for PPH
	MLB ITD
HEALTHCARE LICENSING SERVICES	
TEACHONKE E. CASING	
DOMESTIC GRADUATES () min col	Clima
DOMESTIC GRADUATES Premedical Transcripts Medical Transcripts	anscripts widegree date 10/8/0/
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Medical TranscriptsTranslation	S R TEMPLIO #
Degree Date	IL TEMP LIC #
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6-Year Post Secondary Education	
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AT MED DOWN D DOCUMENTATION.	
AF-MED Part B DOCUMENTATION:	
Int Mad Llago.	Dayoh Hoon:
Int Med Hosp:	Psych Hosp:
Evaluation:	Evaluation: AF-MED B and Agreement
AF-MED B and Agreement	AF-MED B and Agreement
OR	OR
Verbal Affidavits: HospitalSchool	Verbal Affidavits: HospitalSchool
Ob/Gyn Hosp:	Surgery Hosp:
Evaluation:	Evaluation:
AF-MED B and Agreement	AF-MED B and Agreement
OR	OR
To the second se	Verbal Affidavits: HospitalSchool
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Peds Hosp:	
Evaluation:	
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AI -WED D and Agreement Of V	Sibal Allidavia. Hoopial
ED-NON Total months -must be minimu	m of 36 w/premed; 54 combined
Minimum Augoke: IM Ob/Gvn	Pode Sumary
Minimum 4-weeks: IM Ob/Gyn PsychPsych Affidavi	Greas Surgery
PsychPsych Anidavi	
SUPPORTING DOCUMENTS VE- PC Submitted	
Color VE DC Verification of Destactional Constitution	15 incomplete.
VE-PC - Verification of Professional Capacity -	
CME Required/Submitted	MA ASSET
▲ CT - Original Jurisdiction of Licensure - State &	Number # 233//1 Discipline NO-CALLINA
CT - Current Jurisdiction of Licensure - State &	Number Same Discipline "
* TN-MED - Clinical Training - 12 months if begar	n program prior to 1/1/1988; all others 24 months
Seal of Letter X Accredited >	
Acceptable Examination or Combination	
NBME NBOME/COMLEX	FLEX LMCC
USMLE X Complete w/in 7-Rule/USMI	FLEX LMCC(All exams)
State-constructed must have America	n Board Certification
Name Change	
X Federation Check	Tyr rule
▼ Lenetation Check	5M 28D over
	om 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, 3rd Floor
Springfield, Illinois 62786
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.

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, 3rd Floor Springfield, Illinois 62786 www.idfpr.com

Date: 6/23/2011

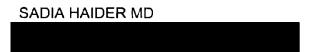
Initials: DO

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:



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.



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



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.



Curtis J. Worden Chief of Licensing

RECEIVED

IDPR-MEDICAL UNIT

34/ 0 3 2011

RECEIVED ELECTRONICALLY



IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure SUPPORTING DOCUMENT

Statutes) Disclosure of this information is		TIFICATION OF ATE CLINICAL TRAINING	TN-MED	
		nainder of this form must be c on at which you completed yo	ompleted by the postgraduate ur training.	
	IRS1 MIDDLE	2 DATE OF BIRTH	3 SOCIAL SECLIFITY NUMBER	
4 ADDRESS STREET, CITY STATE, ZIP CODE 6. MAIDEN OR CIVEN SURVAME		REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making llanois application Physician 036		
7 ILLINOIS TEMPORARY LICENSE	NUMBER (II applicable)	Profession Nam 8 ISSUANCE DATE	Profession Cod	
This is to certify that the above	e-named applicant satisfac	pecialty Program)	of postgraduate clinical	
MMIDDIYYYY Hospital:	SAN FRANCISIO GENE OO 1 POTRERO A.	JEN-JE	ng hospital:	
I further certify that at the one the ACGMEUSI	NESS SERVICES			
Name of Postgraduate	Clinical Training Program Date of this Cert	Director:	DECEIVE	

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 7th 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	Method	7	Ξ
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Authorization		1 SSN	10000	- 1
SSN		2 IA1	N	1
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Perjury Disclaimer	Y	4 PH1	N	1
Transaction Dt	5/14/2014	5 PH2	N	Į.
Renewal Fee	\$690.00	6 PH3	N	1
Fee Type	R	7 PH4	N	1
Service Fee	\$0.00	B PH5	N	
Memo		100		

Metho	d	7	Ξ	Cred	lited:
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4	PH1	N	12		IL.
5	PH2	N	13		
6	PH3	N	14	1	
7	PH4	N	15		
8	PH5	N			

Print Record

Next Record

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 acknowlege 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	Response/Direction
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.
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.
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.
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.
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.
	Have you fully complied with the continuing education requirement for the renewal of your license? I am exempt from the CE requirements in accordance with the Real Estate License Act. 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? 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? Have you fully complied the required SIX hours of continuing education

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.
РНЗ	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 involuntariuly 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
	We are unable to renew your license based on the information provided.	
Contact The Department	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.