

Credential View Screen [update]



Lisa Leilani Bayer

Address:

☐ Public ☒ Mail

[change mail address]

Lisa Leilani Bayer
3927 SE Grant St
Portland, OR 97214-5964

ID 1021379

Warnings

SSN/FEIN

2 - DOH Licensee ...

Contact Standing

Living

Contact Type

INDIVIDUAL

Birth Date

01/30/1980

Public File

YES

Mailing List

US Citizen

Email:

lisabayer@gmail.com

Contact

Audit

Enforcement View

Cont. Edu

Documents

Owned By/Key Mgmt

Exams

Experience

Notes

Schools

Librarian

Other State License

Online Information

Comments:

Physician And Surgeon License [update] [form letter]

Credential # MD.MD.60274374

Application Date 02/15/2012

Effective Date

Expiration Date

First Issuance Date

Last Date Of Contact 03/16/2012

CE Due Date

Credential Status PENDING (02/17/2012)

Status Reason INITIAL APPLICATION IN PROCESS

Amount Due \$0.00

Date Last Activity 3/16/2012 11:51:42 AM

Last Updated by Robbins, Kevin M

Certificate Sent Date

Audit

Documents

Verification

Workflow

Key Mgmt

Fees

Notes

Print Docs

Comp. Audit

Renewal

License Status History

Comments:

- Supervised By
- Supervises
- User Defined License Data
- Workflow

MAR 20 2012

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

User Definable License Data

Field Value

[update]

Field

Value

Method of Licensure

ENDORSEMENT

Medical Speciality

OB/GYN

Cash Receipt Sequence Number

01680

Cash Receipt Date

20120215

Cash Receipt Batch Number

0601

MD Survey 7a. Reside in WA State?

MD Survey 7b. If Not Residing in WA State

MD Survey 7c. Home State

MD Survey 8. Practice in WA State?

MD Survey 9a. Primary Site Zip

MD Survey 9b. Secondary Site Zip

MD Survey 10a1. Residency Accredited by ACGME?

MD Survey 10a2. Residency Specialty

MD Survey 10a3. Residency Subspecialty

MD Survey 10b1. Board Certified by ABMS?

MD Survey 10b2. ABMS Specialty

MD Survey 10b3. ABMS Subspecialty

MD Survey 10b4. Other Certification Body

MD Survey 10b5. Other Certification Specialty

MD Survey 11a. Practice Primary Specialty

MD Survey 11b. Practice Secondary Specialty

MD Survey 12a. Practice Type

MD Survey 12b. Single Specialty Size of Group

MD Survey 12c. Multi-Specialty Size of Group

MD Survey 12d. Other Practice Type?

MD Survey 13a. Clinical Practice Office Based?

MD Survey 13b. Clinical Practice Hospital Based?

FINGERPRINT

MAR 09 2012

CSO/Credentialing Background

$$c \in \{0, 1\} \quad -c \in \{0, 1\}$$

Medical Quality Assurance Commission Physician Application Worksheet

Name BAYER, LISA Date of Birth 1/30/1980

Date Received 2/14/12 Temp Issued ☐ Number Closed ☐

☒ WSP Check ☒ Fee ☒ Photo ☒ Data1-13 ☒ AIDS ☒ Attes ☒ SSN ☐ EBHAR

Chronology

☐

Complete

MISSING

to _____
to _____
to _____

2/14/12

FSMB

2/14/12

AMA

☐

ECFMG

3/90

FBI REPORT

Personal Data "Yes"s

Documentation Received

Malpractice Cases

Synopsis

Disposition

1	
2	
3	
4	
5	
6	
7	

Medical School

Name U OF ILL Year of Degree 2008 ☒ 2/13/12 Transcripts ☐ Translations

Examination Type ☐ National ☐ FLEX ☐ USMLE ☐ State Exam ☐ LMCC ☒ 1/30/12 Scores Received

Post Graduate

Training Programs

Received

2/24	OHSU 6/08-6/12

Post Graduate

Training Programs

Received

Received

3/5

State

OR

Received

☐

Hospital verification

Received

☐

Hospital verification

Approved

Betty Elliott

Signature

Date

3/21/12

Comments:

PHYSICIAN & SURGEON



REVENUE SECTION

PRINT NAME Bayer Lisa

**RETURN THIS PORTION
WITH CHECK & APPLICATION**

1F 0252090000 00236

11 18580111

1680-2/15/2012 7:24:26 AM-601 \$500.00

Background Check Processed
 FEB 17 2017
 NPDB/HIPUB
 DEPARTMENT OF HEALTH
 MEDICAL COMMISSION
 Here

FEB 15 2017

DEPARTMENT OF HEALTH
 MEDICAL COMMISSION

Revenue 0252090000

Medical Practice License Application for MDs only

- ☐ National Boards ☐ Other State Exam ☐ LMCC (Must have been obtained after 1969)
☐ Flex Examination ☒ USMLE Examination

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)

☐ Male

☒ Female

1 - DOH Licensee Health Professional Home Address a...

Name First Middle Last
 Lisa Leilani Bayer

Birth date (mm/dd/yyyy) Place of birth
 01/30/1980 City Honolulu State HA Country USA

Address
 3927 SE Grant St.

City Portland State OR Zip 97214 County Multnomah

Country USA

Phone () NA Fax () NA Cell ()
 1 - DOH Licensee Health Professional Home Ad...

Email address Lisa.Bayer@gmail.com

Mailing address (if different from above)

City State Zip County

Country

NOTE: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? ☐ Yes ☒ No If yes, list name(s):

Will documents be received in another name? ☐ Yes ☒ No

If yes, list name(s):

Medical Specialty

Medical school University of Illinois at Chicago Year of graduation 2008

Medical specialty Obstetrics and Gynecology

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☒

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☒

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☒

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☒

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction ☐ ☒

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? ☐ ☒
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☒
- b. Diverted controlled substances or legend drugs? ☐ ☒
- c. Violated any drug law? ☐ ☒
- d. Prescribed controlled substances for yourself? ☐ ☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☒
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☒
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☒
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? ☐ ☒
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? ☐ ☒
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? ☐ ☒
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? ☐ ☒

3. Medical Education and Experience

Provide a chronological listing of your educational preparation and post-graduate training. If you need more space, attach a piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended)				
University of Illinois at Chicago, College of Medicine	MD	4	8/2004	5/2008
Post graduate training (list all programs attended)				
Oregon Health & Science University	Internship and Residency in ob/gyn	4	6/2008	6/2012

4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty

5. Hospital Privileges (Excluding post-graduate training hospital privileges.)

Excluding post-graduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in chronological order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
Oregon	7/1/2011	PG155513			Active	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Oregon	7/1/2010	PG151805			expired 7/31/2011	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Oregon	7/1/2009	LL18434			expired 6/30/2010	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Oregon	7/1/2008	LL17669			expired 6/30/2009	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four (4) hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials

dm

Date

2/7/2012

8. Applicant's Photograph

Photo Here



Height 5ft 8.5 inches

Weight 135 lbs

Hair color Brown

Color of eyes Green

9. Applicant's Attestation

I, Lisa Bayer, declare under penalty of perjury under the
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:


- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

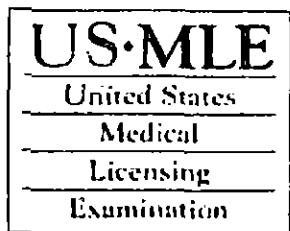
I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated February 7 2012 at Portland OR (city, state)

By: 
Signature of applicant



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

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

Date : 01/30/2012

Recipient:

Washington Medical Quality Assurance Commission
ATTN: Maryella Jansen, Executive Director
243 Israel Road SE
Tumwater, WA 98501

Examinee: Bayer, Lisa
Alt Name(s): Bayer, Lisa Leilani

Examinee ID#: 5-171-222-2
Date of Birth: 01/30/1980

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/10/2006	Pass	226	182	92	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
12/04/2007	Pass	238	184	99	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
10/10/2007	Pass					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
OREGON	05/08/2009	Pass	226	187	96	75	

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

TRANSCRIPT EXPLANATION

University of Illinois at Chicago
Office of Registration & Records (MC 018)
Box 5220, Chicago, IL 60680-5220 Phone: (312) 996-4380

1. ACCREDITATION

University of Illinois at Chicago is accredited by the North Central Association of Colleges and Secondary Schools and by many other agencies. For specific program accreditation information, refer to the University catalog.

2. ACADEMIC CALENDAR/UNIT OF CREDIT

Effective Fall 1991: Semester Calendar

The academic year consists of the Fall and Spring semesters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each regular semester includes fifteen weeks of instruction and one week of final examinations. The unit of credit is the semester hour.

September 1965 – August 1991: Quarter Calendar

University of Illinois at Chicago operated under the quarter calendar consisting of the Fall, Winter and Spring quarters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each quarter consisted of ten weeks of instruction and one week of final examinations. The unit of credit was the quarter hour.

September 1946 – September 1965: Semester Calendar

3. RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that you will not release any information to any other party without the written consent of the student.

4. AUTHENTICITY OF TRANSCRIPT

Official transcripts are printed on red security paper and do not require a raised seal. For further authentication, call (312) 996-4380.

5. GRADING SYSTEM

University of Illinois at Chicago changed from a 5.0 GPA to a 4.0 GPA scale. All courses, whether taken while under the quarter hour or the semester hour systems, will be converted and shown as semester hours.

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	4 points per hour
B	Good	3 points per hour
C	Average	2 points per hour
D	Poor but passing	1 point per hour
F	Failure	0 points per hour
FR	Failure by Rule	0 points per hour

Other Grade Symbols (Not included in GPA computation)

W – Withdrew. Officially withdrew from course without penalty.

DFR – Deferred (prior to Fall 2004 was DF). Used for thesis courses, continuing seminar, sequential courses, certain study-abroad courses, and certain courses that require extensive independent work beyond the term. At the end of the continuing course sequence, the DFR must be converted to a specific letter grade, to an I, or to an S or U.

S – Satisfactory; U – Unsatisfactory. Used in graduate thesis research courses and graduate courses given for zero credit, and in specifically approved courses.

S* – Satisfactory. Credit does not apply toward earned credit hours or graduation.

CR – Credit (prior to Fall 2004 was P). For courses taken under credit/no credit option. CR is recorded if the letter grade of A, B, C or D is assigned. A CR will not be recorded for graduate students assigned a letter grade of D.

NC – No Credit (prior to Fall 2004 was F). Used only in course taken under credit/no credit option. NC is recorded if the letter grade of F is assigned. NC is recorded for graduate students assigned a letter grade of D or F.

NR – Not Reported (prior to Fall 2004 was M). Assigned when no grade is submitted by the instructor.

I – Incomplete (prior to Fall 2004 was IN). Course work is incomplete when a student fails to submit all required assignments or is absent from the final examination. Incomplete course work will normally result in a failing grade if it is not completed within the designated time limit.

PS – Pass (Prior to Fall 2004 was P). Awarded for test-based credit applied toward passed and earned hours.

Students enrolled prior to 1991 may have a divided transcript. Part may be generated from an image of the student information system in place prior to 1991. Grading system for imaged transcripts is described below.

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	5 points per hour
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E	Failure	1 point per hour
ER	E by Rule	1 point per hour

Other Grade Symbol from an image of the student information system in use prior to 1991 (Not included in GPA computation) that was not mentioned above.

IN - Incomplete. For undergraduate, converts to ER (E by Rule) if not removed by the end of the subsequent term of enrollment or no later than one calendar year if student is not enrolled.

As of the Summer 1986, University of Illinois at Chicago began issuing computer-generated transcripts. Students who were enrolled prior to Summer term 1986 and who subsequently re-enrolled may have a divided transcript. Part will be computer-generated and part copied from an original hard copy.

6. UIC CUMULATIVE GRADE INFORMATION

The UIC Cumulative Grade Information includes the total hours earned and grade point average based upon the level of the student: Undergraduate, Graduate, Nondegree and Professional. Beginning Fall 1991, all UIC cumulative grade information is recorded in semester hours. The cumulative GPA includes all courses taken at UIC in which a grade of A, B, C, D, E or F was reported. NOTE: The Graduate College uses a Degree Grade Point Average, which does not appear on the transcript, to determine academic standing and graduation. It is an average of grades earned in all 400- and 500-level courses taken while in a specified graduate degree program, as well as any UIC (only) work transferred into that program from nondegree or another program. In Fall 2009, UIC implemented Undergraduate Course Repeat and GPA Recalculation allowing a repeated course to replace the original grade in computing the GPA when a college approves. The original grade remains on the transcript excluded from the GPA calculation with a notation of "E" to the right of the grade and points.

7. SPECIAL NOTATIONS OR SYMBOLS ON TRANSCRIPT (Immediately preceding course number, grade, or credit entry)

AH, BH, SH	Indicates honors grading for grades assigned of A, B, or S
@	Graduate Credit (prior to 1990) Note: graduate courses are also determined by course numbers. If symbol does not appear, refer to course number.
&	Honors course section or honors credit (prior to 1991)
HC	Honors course section or honors credit
DH	Departmental Honors course section
*	Extramural Courses (symbol of E prior to 1990)
X	Correspondence Courses

8. COURSE NUMBERING SYSTEM

Beginning Fall 1991

001-009	Academic preparation.
100-199	Undergraduate Level.
200-299	Undergraduate, Intermediate Level.
300-399	Undergraduate, Advanced Level.
400-499	Graduate Level and Advanced Undergraduate. Graduate students receive graduate credit.
500-599	Graduate Level. Intended exclusively for graduate and post-baccalaureate professional degree students.
600	Courses intended for students in post-baccalaureate degree, Certificate and other special programs.

September 1965 – August 1991

100-199	Open to all undergraduates.
200-299	Open only to juniors, seniors and those students meeting course prerequisites.
300-399	Courses for graduate and advanced undergraduate students.
400-499	Courses for graduate students.

9. TRANSFER CREDIT

The precise amount of transfer credit applicable toward a particular degree is determined by the University college and department concerned. Transfer credit is awarded for certain standardized tests and U.S. Armed Forces Institute Courses. For further information, refer to the University Catalog. Transfer credit appears on the transcript summary based on prior institution(s) of attendance, and in some cases, prior to Spring 2003, as Pre-System Transfer Summary Hours recorded as a total of transfer credit.

10. HONORS COLLEGE AND HONORS RECOGNITION

A.	Beginning Fall 2009, Dean's List is recorded on the transcript as determined by each college.
B.	Beginning Spring 2005 commencement, Latin Honors of Summa Cum Laude for 3.90 GPA and above, Magna Cum Laude for GPA 3.75 to 3.89, and Cum Laude for GPA 3.50 to 3.74 are recorded on the transcript.
C.	Prior to Spring 2005 commencement, University Honors are awarded to the top 3 percent of the graduating class in each college.
D.	Membership in the Honors College and in honors societies is recorded on the transcript.
E.	Honors College participation each term is indicated on the transcript by the course HON 222, Honors Activity.
F.	College Honors are awarded by each college to its outstanding graduates.
G.	Departmental Distinction is awarded by academic departments to their outstanding graduates.

11. TO TEST FOR AUTHENTICITY:

The face of this document has a red background and the name of the institution appears in the border and upper left hand corner.

ALTERATIONS OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE! If you have additional questions about this document, contact the Records Office at (312) 996-4380.

Day/Month of Birth: 30 - JAN

Robert B. Dixon, J.D., Registrar

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The UIC Cumulative Grade Information includes the total hours earned and grade point average based upon the level of the student: Undergraduate, Graduate, Nondegree and Professional. Beginning Fall 1991, all UIC cumulative grade information is recorded in semester hours. The cumulative GPA includes all courses taken at UIC in which a grade of A, B, C, D, E or F was reported. NOTE: The Graduate College uses a Degree Grade Point Average, which does not appear on the transcript, to determine academic standing and graduation. It is an average of grades earned in all 400- and 500-level courses taken while in a specified graduate degree program, as well as any UIC (only) work transferred into that program from nondegree or another program. In Fall 2009, UIC implemented Undergraduate Course Repeat and GPA Recalculation allowing a repeated course to replace the original grade in computing the GPA when a college approves. The original grade remains on the transcript excluded from the GPA calculation with a notation of "E" to the right of the grade and points.

7. SPECIAL NOTATIONS OR SYMBOLS ON TRANSCRIPT (Immediately preceding course number, grade, or credit entry)

AH, BH, SH	Indicates honors grading for grades assigned of A, B, or S
@	Graduate Credit (prior to 1990) Note: graduate courses are also determined by course numbers. If symbol does not appear, refer to course number.
&	Honors course section or honors credit (prior to 1991)
HC	Honors course section or honors credit
DH	Departmental Honors course section
*	Extramural Courses (symbol of E prior to 1990)
X	Correspondence Courses

8. COURSE NUMBERING SYSTEM

Beginning Fall 1991

001-009	Academic preparation.
100-199	Undergraduate Level.
200-299	Undergraduate, Intermediate Level.
300-399	Undergraduate, Advanced Level.
400-499	Graduate Level and Advanced Undergraduate. Graduate students receive graduate credit.
500-599	Graduate Level. Intended exclusively for graduate and post-baccalaureate professional degree students.
600	Courses intended for students in post-baccalaureate degree, Certificate and other special programs.

September 1965 – August 1991

100-199	Open to all undergraduates.
200-299	Open only to juniors, seniors and those students meeting course prerequisites.
300-399	Courses for graduate and advanced undergraduate students.
400-499	Courses for graduate students.

9. TRANSFER CREDIT

The precise amount of transfer credit applicable toward a particular degree is determined by the University college and department concerned. Transfer credit is awarded for certain standardized tests and U.S. Armed Forces Institute Courses. For further information, refer to the University Catalog. Transfer credit appears on the transcript summary based on prior institution(s) of attendance, and in some cases, prior to Spring 2003, as Pre-System Transfer Summary Hours recorded as a total of transfer credit.

10. HONORS COLLEGE AND HONORS RECOGNITION

A.	Beginning Fall 2009, Dean's List is recorded on the transcript as determined by each college.
B.	Beginning Spring 2005 commencement, Latin Honors of Summa Cum Laude for 3.90 GPA and above, Magna Cum Laude for GPA 3.75 to 3.89, and Cum Laude for GPA 3.50 to 3.74 are recorded on the transcript.
C.	Prior to Spring 2005 commencement, University Honors are awarded to the top 3 percent of the graduating class in each college.
D.	Membership in the Honors College and in honors societies is recorded on the transcript.
E.	Honors College participation each term is indicated on the transcript by the course HON 222, Honors Activity.
F.	College Honors are awarded by each college to its outstanding graduates.
G.	Departmental Distinction is awarded by academic departments to their outstanding graduates.

11. TO TEST FOR AUTHENTICITY:

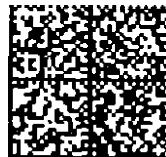
The face of this document has a red background and the name of the institution appears in the border and upper left hand corner.

ALTERATIONS OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE! If you have additional questions about this document, contact the Records Office at (312) 996-4380.

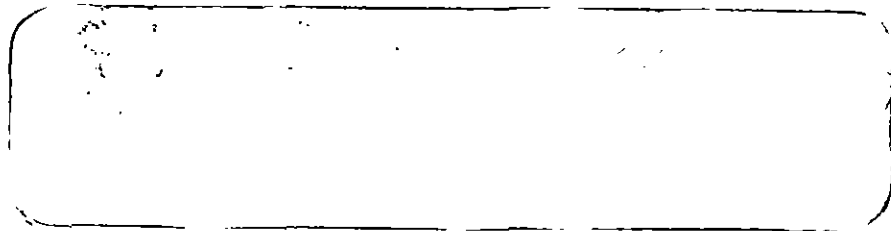
FER 13 2012
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

UIC UNIVERSITY OF ILLINOIS
AT CHICAGO

Office of the Registrar (MC 018)
Box 5220
Chicago, Illinois 60680-5220



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MAILED FROM ZIP CODE 60607





Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
M-L 360.236.2765
M-Z 360.236.2767

FEB 24 2012

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

MD

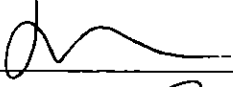
To: Post Graduate Training Program Director

Facility name Oregon Health & Science University

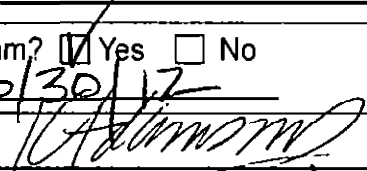
Address 3181 SW Sam Jackson Park Road, Portland OR 97239

RE: Verification/evaluation of training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. **All questions must be answered.**

Applicant Name (Print or type) <u>Lisa Leilani Bayer</u>	Birth date (mm/dd/yyyy) <u>01/30/1980</u>
Signature of applicant 	
1. <u>LISA L. BAYER</u> is or was engaged in postgraduate training in our program <u>Oregon Health & Science Univ. OB/GYN Residency</u> from Beginning date (month & year) <u>7/1/08</u> to Ending date (month & year) <u>6/30/12</u> in the field of <u>Obstetrics & Gynecology</u>	
2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, does this program qualify the applicant to become board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Was the participant ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain _____	
4. Did this applicant successfully complete this training program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> in process OR <input checked="" type="checkbox"/> expected date of completion <u>6/30/12</u>	

Return to address listed above.

Signature 
Title Program Director
(Please type or print)

Hospital OHSU
Address 3181 SW Sam Jackson Park Rd, L466
Portland, OR 97239
Date 2/8/12 Telephone 503-494-3106





Oregon

John A. Kitzhaber, MD, Governor

MAR 05 2012

Medical Board
1500 SW 1st Avenue, Ste 620
Portland, OR 97201-5847
(971) 673-2700
FAX (971) 673-2670
www.oregon.gov/omb

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

March 02, 2012

Washington Medical Board
PO Box 47866
Olympia WA 98504-7866

REPORT NAME:	LICENSE VERIFICATION
REPORT SUBJECT:	Lisa Leilani Bayer, MD
LICENSE #:	PG155513

This Oregon Medical Board is responding to your inquiry regarding verification of licensure for the above-referenced Licensee. Enclosed is a License Verification Report for this Licensee.

There are no Board Orders on file for this Licensee.

If you have any questions regarding this License Verification Report, please contact the Board at (971) 673-2700, or toll free in Oregon at (877) 254-6263.

Sincerely,

Thuy Tong
Accounts Payable Clerk

Enclosure



Oregon Medical Board
1500 SW First Avenue, Suite 620
Portland, Oregon 97201-5847
(971) 673-2700 • www.oregon.gov/omb

LICENSE VERIFICATION REPORT

Licensee: **Bayer, Lisa Leilani, MD**
Gender: **Female**
Year of Birth: **1980**

MAR 05 2012

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

PRACTICE LOCATION

Business Phone:
City, State: **Portland, OR**
County: **Multnomah**

LICENSE

Number: **PG155513** Type: **MD Postgraduate License**
Current Status: **Active** Status Effective Date: **06/16/2011**
Basis: **USMLE**
Issued: **07/01/2011** Expedited Endorsement:
Expires: **07/31/2012** Status Limits: **Temporary Limited Practice**
Specialty: **Obstetrics and Gynecology**

The Oregon Medical Board does not verify specialty board certification after initial licensure. Check directly with Specialty Member Board(s) for current certification status.

OTHER LICENSES

Number	Effective Date	Expiration Date	License Type
LL17669	07/01/2008	06/30/2009	MD Postgraduate License
LL18434	07/01/2009	06/30/2010	MD Postgraduate License
PG151805	07/01/2010	07/31/2011	MD Postgraduate License

EDUCATION

Medical School

School: **UNIV OF ILLINOIS COL OF MED CHICAGO**
Location: **CHICAGO, ILLINOIS, USA**
Graduation: **05/11/2008**

Post-Graduate

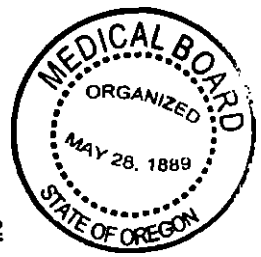
Type	School Name	Location	From	To	Specialty
Internship	OHSU Prog	Portland, OR, United States	07/01/2008	06/30/2009	Obstetrics and Gynecology
Residency	OHSU Prog	Portland, OR, United States	07/01/2009	06/30/2012	Obstetrics and Gynecology

BOARD ORDERS

Standing: **Unrestricted - There are no Board Orders on file for this Licensee**



Board Seal



Report Prepared By: Thuy Tong
Thuy Tong

Report Date: 03/02/2012



AMA Physician Profile

Name and Mailing Address:

LISA LEILANI BAYER MD
OREGON HLTH & SCI UNIV
3181 SW SAM JACKSON PARK RD L4
PORTLAND OR 97239-3079

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 01/30/1980

Physician's Major Professional Activity: HOSPITAL BASED RESIDENTS - ALL YEARS

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICALS & GYNECOLOGY

Secondary Specialty:

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: MEMBER

———— All Information from this Point Forward is Provided by the Primary Source ————

Current and/or Historical Medical School:

UNIV OF IL COLL OF MED, CHICAGO IL 60680

Degree Awarded: Yes

Degree Year: 2008



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: OR HLTH SCI UNIV HOSP
 Sponsoring State: OREGON
 Program Name: OREGON HEALTH & SCIENCE UNIVERSITY PROGRAM
 Specialty: OBSTETRICS & GYNECOLOGY
 Dates: 07/2008 - 06/2012 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
OREGON	MD	07/01/2011	07/31/2012	ACTIVE	LIMITED	01/10/2012
OREGON	MD	07/01/2010	07/31/2011	INACTIVE	LIMITED	10/12/2011
OREGON	MD	07/01/2009	07/31/2010	INACTIVE	LIMITED	07/20/2010
OREGON	MD	07/01/2008	06/30/2009	INACTIVE	RESIDENT	07/16/2009

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1801069232	04/07/2008	NOT RPTD	NOT RPTD	NOT RPTD	02/02/2012



AMA Physician Profile

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		
Address:			

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
-----------------	------------------	-------------------	-----------------------	-------------------	----------------------

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2012 American Board of Medical Specialties. All right reserved.



AMA Physician Profile

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

**The Federation of State Medical Boards
of the United States, Inc**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

February 16, 2012

Attn: Maryella E. Jansen
Washington Medical Quality Assurance Commission
Maryella E. Jansen
PO Box 47866
Olympia, WA 98504-7866

Re: *Board Action Query Dated: February 16, 2012*
Your Reference Number:
FSMB Batch Number: BQ2031334

The following is a report of the search results from the Board Action Data Bank as of February 16, 2012 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 16, 2012

Item	Name	DOB	School	Yr/Grad	Request ID
2	BAHAR, ALISTAIR	08/21/1971	047030	1998	24888393
		LICENSE HISTORY <u>State Board</u> OREGON VIRGINIA			
4	BAYER, LISA	01/30/1980	014040	2008	24888401
		LICENSE HISTORY <u>State Board</u> OREGON			
6	COWAN, ANDREW	07/05/1981	048010	2008	24888408
		LICENSE HISTORY <u>State Board</u> MASSACHUSETTS			
1	EISNER, JESSICA	01/08/1965	005040	1996	24888376
		LICENSE HISTORY <u>State Board</u> CALIFORNIA WASHINGTON			
5	JOHNSON, ADAM	04/20/1975	009010	2003	24888406
		LICENSE HISTORY <u>State Board</u> ARIZONA CALIFORNIA			
3	LINTON, CHIKE	03/27/1980	022040	2006	24888396
		LICENSE HISTORY <u>State Board</u> IOWA VIRGINIA			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Name: **Bayer, Lisa L.**

University Number: **655390515**

Date Issued: **08 - FEB - 12**

Course Level: **Professional - Chicago**

Day/Month of Birth: **30 - JAN**

Current Program

College : Coll Medicine at Chicago - CS
Major : Medicine - Chicago

Degree(s) Awarded Doctor of Medicine 11-MAY-2008
Primary Degree

College : Coll Medicine at Chicago - CS
Major : Medicine - Chicago

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

Term: Fall 2004 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

BMS 644	Med Gross Hum Anat/Embryol I	5.00 O	0.00
BMS 646	Medical Cell & Tissue Biol	4.00 S	0.00
BMS 648	Medical Biochemistry	3.00 S	0.00
BMS 653	Physiology I	5.00 S	0.00
BMS 654	Human Development	1.00 S	0.00
BMS 666	Essentials Clinical Med I	2.00 ADV	0.00
Term:	Ehrs: 20.00 GPA-Hrs: 0.00 QPts:	0.00 GPA:	0.00

Term: Spring 2005 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

BMS 645	Med Gross Hum Anat/Embryol II	2.00 O	0.00
BMS 647	Medical Human Neuroanat	2.00 O	0.00
BMS 650	Medical Nutrition	2.00 S	0.00
BMS 660	Physiology II	5.00 S	0.00
BMS 661	Brain and Behavior	1.00 S	0.00
BMS 662	Fund of Immunol & Microbiol	3.00 S	0.00
BMS 667	Essentials Clinical Med II	3.00 ADV	0.00
BMS 668	Intro to Molec Med & Gene	2.00 S	0.00
Term:	Ehrs: 20.00 GPA-Hrs: 0.00 QPts:	0.00 GPA:	0.00

Term: Fall 2005 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

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

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

PRCL 626	Pathology I	5.00 O	0.00
PRCL 627	Infection and Immunity	5.00 S	0.00
PRCL 628	Pharmacology I	3.00 O	0.00
PRCL 641	Clinical Pathophysiology I	4.00 O	0.00
PRCL 645	Essentials of Clinical Med III	11.00 O	0.00
Term:	Ehrs: 28.00 GPA-Hrs: 0.00 QPts:	0.00 GPA:	0.00

Term: Spring 2006 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

PRCL 630	Psychopathology	1.00 S	0.00
PRCL 633	Pathology II	3.00 O	0.00
PRCL 635	Pharmacology II	3.00 O	0.00
PRCL 643	Clinical Pathophysiology II	2.00 O	0.00
PRCL 646	Essentials of Clinical Med IV	12.00 O	0.00
Term:	Ehrs: 21.00 GPA-Hrs: 0.00 QPts:	0.00 GPA:	0.00

Term: Summer 2006 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

CLER 601	Obstetrics and Gynecology	6.00 O	0.00
CLER 603	Pediatrics	6.00 ADV	0.00
CLER 608	Essent of Clin Pract & Prof	2.00 S	0.00
SPEC 626	Basic Specialties	2.00 S	0.00
Term:	Ehrs: 16.00 GPA-Hrs: 0.00 QPts:	0.00 GPA:	0.00

Term: Fall 2006 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

CLER 605	Medicine	12.00 O	0.00
Term:	Ehrs: 12.00 GPA-Hrs: 0.00 QPts:	0.00 GPA:	0.00

Term: Spring 2007 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

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

Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504



RAISED SEAL NOT REQUIRED. This official university transcript is printed on secured paper and does not require a raised seal.

Robert R. Dixon

Robert R. Dixon, J.D., Registrar

TRANSCRIPT EXPLANATION

University of Illinois at Chicago
Office of Registration & Records (MC 018)
Box 5220, Chicago, IL 60680-5220 Phone: (312) 996-4380

1. ACCREDITATION

University of Illinois at Chicago is accredited by the North Central Association of Colleges and Secondary Schools and by many other agencies. For specific program accreditation information, refer to the University catalog.

2. ACADEMIC CALENDAR/UNIT OF CREDIT

Effective Fall 1991: Semester Calendar

The academic year consists of the Fall and Spring semesters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each regular semester includes fifteen weeks of instruction and one week of final examinations. The unit of credit is the semester hour.

September 1965 – August 1991: Quarter Calendar

University of Illinois at Chicago operated under the quarter calendar consisting of the Fall, Winter and Spring quarters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each quarter consisted of ten weeks of instruction and one week of final examinations. The unit of credit was the quarter hour.

September 1946 – September 1965: Semester Calendar

3. RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that you will not release any information to any other party without the written consent of the student.

4. AUTHENTICITY OF TRANSCRIPT

Official transcripts are printed on red security paper and do not require a raised seal. For further authentication, call (312) 996-4380.

5. GRADING SYSTEM

University of Illinois at Chicago changed from a 5.0 GPA to a 4.0 GPA scale. All courses, whether taken while under the quarter hour or the semester hour systems, will be converted and shown as semester hours.

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	4 points per hour
B	Good	3 points per hour
C	Average	2 points per hour
D	Poor but passing	1 point per hour
F	Failure	0 points per hour
FR	Failure by Rule	0 points per hour

Other Grade Symbols (Not included in GPA computation)

W – Withdrew. Officially withdrew from course without penalty.

DFR – Deferred (prior to Fall 2004 was DF). Used for thesis courses, continuing seminar, sequential courses, certain study-abroad courses, and certain courses that require extensive independent work beyond the term. At the end of the continuing course sequence, the DFR must be converted to a specific letter grade, to an I, or to an S or U.

S – Satisfactory; U – Unsatisfactory. Used in graduate thesis research courses and graduate courses given for zero credit, and in specifically approved courses.

S* – Satisfactory. Credit does not apply toward earned credit hours or graduation.

CR – Credit (prior to Fall 2004 was P). For courses taken under credit/no credit option. CR is recorded if the letter grade of A, B, C or D is assigned. A CR will not be recorded for graduate students assigned a letter grade of D.

NC – No Credit (prior to Fall 2004 was F). Used only in course taken under credit/no credit option. NC is recorded if the letter grade of F is assigned. NC is recorded for graduate students assigned a letter grade of D or F.

NR – Not Reported (prior to Fall 2004 was M). Assigned when no grade is submitted by the instructor.

I – Incomplete (prior to Fall 2004 was IN). Course work is incomplete when a student fails to submit all required assignments or is absent from the final examination. Incomplete course work will normally result in a failing grade if it is not completed within the designated time limit.

PS – Pass (Prior to Fall 2004 was P). Awarded for test-based credit applied toward passed and earned hours.

Students enrolled prior to 1991 may have a divided transcript. Part may be generated from an image of the student information system in place prior to 1991. Grading system for imaged transcripts is described below.

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	5 points per hour
B	Good	4 points per hour
C	Average	3 points per hour
D	Poor but passing	2 points per hour
E	Failure	1 point per hour
ER	E by Rule	1 point per hour

Other Grade Symbol from an image of the student information system in use prior to 1991 (Not included in GPA computation) that was not mentioned above.

IN - Incomplete. For undergraduate, converts to ER (E by Rule) if not removed by the end of the subsequent term of enrollment or no later than one calendar year if student is not enrolled.

As of the Summer 1986, University of Illinois at Chicago began issuing computer-generated transcripts. Students who were enrolled prior to Summer term 1986 and who subsequently re-enrolled may have a divided transcript. Part will be computer-generated and part copied from an original hard copy.

6. UIC CUMULATIVE GRADE INFORMATION

The UIC Cumulative Grade Information includes the total hours earned and grade point average based upon the level of the student: Undergraduate, Graduate, Nondegree and Professional. Beginning Fall 1991, all UIC cumulative grade information is recorded in semester hours. The cumulative GPA includes all courses taken at UIC in which a grade of A, B, C, D, E or F was reported. NOTE: The Graduate College uses a Degree Grade Point Average, which does not appear on the transcript, to determine academic standing and graduation. It is an average of grades earned in all 400- and 500-level courses taken while in a specified graduate degree program, as well as any UIC (only) work transferred into that program from nondegree or another program. In Fall 2009, UIC implemented Undergraduate Course Repeat and GPA Recalculation allowing a repeated course to replace the original grade in computing the GPA when a college approves. The original grade remains on the transcript excluded from the GPA calculation with a notation of "E" to the right of the grade and points.

7. SPECIAL NOTATIONS OR SYMBOLS ON TRANSCRIPT (Immediately preceding course number, grade, or credit entry)

AH, BH, SH	Indicates honors grading for grades assigned of A, B, or S
@	Graduate Credit (prior to 1990) Note: graduate courses are also determined by course numbers. If symbol does not appear, refer to course number.
&	Honors course section or honors credit (prior to 1991)
HC	Honors course section or honors credit
DH	Departmental Honors course section
*	Extramural Courses (symbol of E prior to 1990)
X	Correspondence Courses

8. COURSE NUMBERING SYSTEM

Beginning Fall 1991

001-009	Academic preparation.
100-199	Undergraduate Level.
200-299	Undergraduate, Intermediate Level.
300-399	Undergraduate, Advanced Level.
400-499	Graduate Level and Advanced Undergraduate. Graduate students receive graduate credit.
500-599	Graduate Level. Intended exclusively for graduate and post-baccalaureate professional degree students.
600	Courses intended for students in post-baccalaureate degree, Certificate and other special programs.

September 1965 – August 1991

100-199	Open to all undergraduates.
200-299	Open only to juniors, seniors and those students meeting course prerequisites.
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9. TRANSFER CREDIT

The precise amount of transfer credit applicable toward a particular degree is determined by the University college and department concerned. Transfer credit is awarded for certain standardized tests and U.S. Armed Forces Institute Courses. For further information, refer to the University Catalog. Transfer credit appears on the transcript summary based on prior institution(s) of attendance, and in some cases, prior to Spring 2003, as Pre-System Transfer Summary Hours recorded as a total of transfer credit.

10. HONORS COLLEGE AND HONORS RECOGNITION

- Beginning Fall 2009, Dean's List is recorded on the transcript as determined by each college.
- Beginning Spring 2005 commencement, Latin Honors of Summa Cum Laude for 3.90 GPA and above, Magna Cum Laude for GPA 3.75 to 3.89, and Cum Laude for GPA 3.50 to 3.74 are recorded on the transcript.
- Prior to Spring 2005 commencement, University Honors are awarded to the top 3 percent of the graduating class in each college.
- Membership in the Honors College and in honors societies is recorded on the transcript.
- Honors College participation each term is indicated on the transcript by the course HON 222, Honors Activity.
- College Honors are awarded by each college to its outstanding graduates.
- Departmental Distinction is awarded by academic departments to their outstanding graduates.

11. TO TEST FOR AUTHENTICITY:

The face of this document has a red background and the name of the institution appears in the border and upper left hand corner.

ALTERATIONS OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE! If you have additional questions about this document, contact the Records Office at (312) 996-4380.

TRANSCRIPT EXPLANATION

University of Illinois at Chicago
Office of Registration & Records (MC 018)
Box 5220, Chicago, IL 60680-5220 Phone: (312) 996-4380

1. ACCREDITATION

University of Illinois at Chicago is accredited by the North Central Association of Colleges and Secondary Schools and by many other agencies. For specific program accreditation information, refer to the University catalog.

2. ACADEMIC CALENDAR/UNIT OF CREDIT

Effective Fall 1991: Semester Calendar

The academic year consists of the Fall and Spring semesters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each regular semester includes fifteen weeks of instruction and one week of final examinations. The unit of credit is the semester hour.

September 1965 – August 1991: Quarter Calendar

University of Illinois at Chicago operated under the quarter calendar consisting of the Fall, Winter and Spring quarters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each quarter consisted of ten weeks of instruction and one week of final examinations. The unit of credit was the quarter hour.

September 1946 – September 1965: Semester Calendar

3. RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that you will not release any information to any other party without the written consent of the student.

4. AUTHENTICITY OF TRANSCRIPT

Official transcripts are printed on red security paper and do not require a raised seal. For further authentication, call (312) 996-4380.

5. GRADING SYSTEM

University of Illinois at Chicago changed from a 5.0 GPA to a 4.0 GPA scale. All courses, whether taken while under the quarter hour or the semester hour systems, will be converted and shown as semester hours.

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	4 points per hour
B	Good	3 points per hour
C	Average	2 points per hour
D	Poor but passing	1 point per hour
F	Failure	0 points per hour
FR	Failure by Rule	0 points per hour

Other Grade Symbols (Not included in GPA computation)

W – Withdrew. Officially withdrew from course without penalty.

DFR – Deferred (prior to Fall 2004 was DF). Used for thesis courses, continuing seminar, sequential courses, certain study-abroad courses, and certain courses that require extensive independent work beyond the term. At the end of the continuing course sequence, the DFR must be converted to a specific letter grade, to an I, or to an S or U.

S – Satisfactory; U – Unsatisfactory. Used in graduate thesis research courses and graduate courses given for zero credit, and in specifically approved courses.

S* – Satisfactory. Credit does not apply toward earned credit hours or graduation.

CR – Credit (prior to Fall 2004 was P). For courses taken under credit/no credit option. CR is recorded if the letter grade of A, B, C or D is assigned. A CR will not be recorded for graduate students assigned a letter grade of D.

NC – No Credit (prior to Fall 2004 was F). Used only in course taken under credit/no credit option. NC is recorded if the letter grade of F is assigned. NC is recorded for graduate students assigned a letter grade of D or F.

NR – Not Reported (prior to Fall 2004 was M). Assigned when no grade is submitted by the instructor.

I – Incomplete (prior to Fall 2004 was IN). Course work is incomplete when a student fails to submit all required assignments or is absent from the final examination. Incomplete course work will normally result in a failing grade if it is not completed within the designated time limit.

PS – Pass (Prior to Fall 2004 was P). Awarded for test-based credit applied toward passed and earned hours.

Students enrolled prior to 1991 may have a divided transcript. Part may be generated from an image of the student information system in place prior to 1991. Grading system for imaged transcripts is described below.

	<u>Grade</u>	<u>Grade Point Value</u>
A	Excellent	5 points per hour
B	Good	4 points per hour
C	Average	3 points per hour
D	Poor but passing	2 points per hour
E	Failure	1 point per hour
ER	E by Rule	1 point per hour

Other Grade Symbol from an image of the student information system in use prior to 1991 (Not included in GPA computation) that was not mentioned above.

IN – Incomplete. For undergraduate, converts to ER (E by Rule) if not removed by the end of the subsequent term of enrollment or no later than one calendar year if student is not enrolled.

As of the Summer 1986, University of Illinois at Chicago began issuing computer-generated transcripts. Students who were enrolled prior to Summer term 1986 and who subsequently re-enrolled may have a divided transcript. Part will be computer-generated and part copied from an original hard copy.

6. UIC CUMULATIVE GRADE INFORMATION

The UIC Cumulative Grade Information includes the total hours earned and grade point average based upon the level of the student: Undergraduate, Graduate, Nondegree and Professional. Beginning Fall 1991, all UIC cumulative grade information is recorded in semester hours. The cumulative GPA includes all courses taken at UIC in which a grade of A, B, C, D, E or F was reported. NOTE: The Graduate College uses a Degree Grade Point Average, which does not appear on the transcript, to determine academic standing and graduation. It is an average of grades earned in all 400- and 500-level courses taken while in a specified graduate degree program, as well as any UIC (only) work transferred into that program from nondegree or another program. In Fall 2009, UIC implemented Undergraduate Course Repeat and GPA Recalculation allowing a repeated course to replace the original grade in computing the GPA when a college approves. The original grade remains on the transcript excluded from the GPA calculation with a notation of "E" to the right of the grade and points.

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FEB 13 2012
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

UIC UNIVERSITY OF ILLINOIS
AT CHICAGO

Office of Admissions and Records (MC 018)
Box 5220
Chicago, Illinois 60680-5220



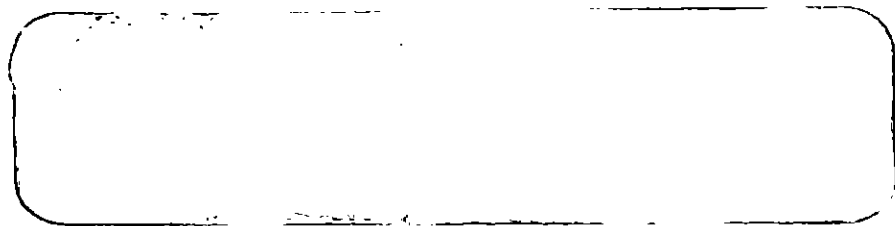
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FEB 08 2012

MAILED FROM ZIP CODE 60607



Thompson, Dawn (DOH)

From: Thompson, Dawn (DOH)
Sent: Tuesday, February 21, 2012 12:16 PM
To: 'lisabayer@gmail.com'
Subject: Pending MD license #MD.60274374

February 21, 2012

Dear Dr. Bayer,

This is to acknowledge receipt of your fee and application for your physician and Surgeon licensure in the state of Washington. At this time these are the item we still need before we can fully review your application file.

MISSING ITEMS

Need postgraduate training

Need state license verification from OR

Need fingerprint packet completed and returned (we mailed this to you on 2/17/12)

If you choose to use email as your way of checking on your application, that may be done at any time.

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, email me at dawn.thompson@doh.wa.gov, or write to me at the address listed below.

Sincerely,

Dawn Thompson

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mqac

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licensing, discipline, rule-making, and education."

Thompson, Dawn (DOH)

From: Thompson, Dawn (DOH)
Sent: Monday, March 12, 2012 8:00 AM
To: 'Lisa Bayer'
Subject: RE: Pending MD license #MD.60274374

We have received all of the supporting documents for your application file. Your fingerprint cards and fee were received by the background department. Your background check is being processed. Once this is completed and approved we will be able to issue your license.

Sincerely,

Dawn Thompson

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mqac

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licensing, discipline, rule-making, and education."

From: Lisa Bayer [<mailto:lisabayer@gmail.com>]
Sent: Sunday, March 11, 2012 8:27 PM
To: Thompson, Dawn (DOH)
Subject: Re: Pending MD license #MD.60274374

Dear Dawn Thompson,

I am wondering if the below listed missing items have been received in support of my MD application.

Thank you,
Lisa Bayer

On Feb 21, 2012, at 12:16 PM, Thompson, Dawn (DOH) wrote:

February 21, 2012

Dear Dr. Bayer,

This is to acknowledge receipt of your fee and application for your physician and Surgeon licensure in the state of Washington. At this time these are the item we still need before we can fully review your application file.

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Dawn Thompson

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Redaction Summary (3 redactions)

2 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (2 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)

8

Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 6, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances