

ISLEY, MICHELLE MD00046097 PAGE 2

Medical Quality Assurance Commission Physician Application Worksheet

Name ISLEY MICHELLE Date of Birth 09/27/1974
 Date Received 2/7/06 Cash Number _____ Candidate Number _____

☒ WSP Check ☒ Fee ☒ Photo ☒ Data1-13 ☒ AIDS ☒ Attest ☒ SSN ☒ Garfield Search

Chronology Complete _____ to _____	☐ Temp Permit Issued Number: _____ 2/8/06 FSMB 2/8/06 AMA ECFMG Archive File
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Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
_____	_____	1 _____		
_____	_____	2 _____		
_____	_____	3 _____		
_____	_____	4 _____		

Medical School _____ School Code _____ ☐ U.S. ☐ Canadian ☐ International
 Name U OF MINNESOTA Year of Degree 2002 ☒ 2/3/06 Transcripts ☐ Translations

Examination Type ☐ National Boards ☐ FLEX ☒ USMLE ☐ State Exam ☐ LMCC ☒ 1/12/06 Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
1/30/06	OHIO STATE 6/02-6/06				

2/3/06	OH		

Approved *Ideler A. Boz* Date 2/9/06
 Signature _____

Comments: _____

Deficiency Letters:

☐ January	☐ April	☐ July	☐ October	☐ _____
☐ February	☐ May	☐ August	☐ November	☐ _____
☐ March	☐ June	☐ September	☐ December	☐ _____

325-



PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME Isley, M

RETURN THIS PORTION
WITH CHECK & APPLICATION

PS20VE0000

120252090000 00236

11052411

ISLEY, MICHELLE MD00046097 PAGE 5

05/24/2006 10:53:53 AM-D602 \$325.00

060346524



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4785
(360) 236-4784

Background Check Processed

FEB 07 2006

DEPARTMENT OF HEALTH
INVESTIGATION SERVICE UNIT

FOR OFFICE USE ONLY

ISSUANCE DATE

LICENSE UNIT

46097

LICENSE #

Application For License To Practice Medicine Applicable For MD's Only

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

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

1. Demographic Information

APPLICANT'S NAME LAST FIRST MIDDLE INITIAL

Isley

Michelle

M.

ADDRESS

1 - DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)

COUNTY

Franklin

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)

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

SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW)

2 - DOH Licensee Social Security Number - RCW 42.56.350(1)

GENDER

☒ Female ☐ Male

BIRTHDATE (MO/DAY/YEAR)

09/27/1974

PLACE OF BIRTH (CITY/STATE)

Ellendale, North Dakota

Have you previously applied for a Washington State license or limited license? ☐ Yes ☒ No

Have you ever been known under any other name(s)? ☐ Yes ☒ No

If yes, list name(s):

RECEIVED

HEIGHT

5'4" FEB 07 2006

WEIGHT

140

EYE COLOR

Brown

DEPARTMENT OF HEALTH
HEALTH PROFESSIONALS

HAIR COLOR

Brown

MEDICAL SCHOOL

University of Minnesota

YEAR OF GRADUATION

2002

MEDICAL SPECIALTY

Obstetrics / 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 explain. ☐ ☒

"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, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

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

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

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

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

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with 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.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs? ☐ ☒

b. a charge of a sex offense? ☐ ☒

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☒

6. Have you ever been found in any civil, administrative or criminal proceedings 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, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☒

b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☒

c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☒

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", explain 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, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☒

9. 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? ☐ ☒

2. Personal Data Questions (Continued)

YES NO

10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? ☐ YES ☒ NO
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? ☐ YES ☒ NO
12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? ☐ YES ☒ NO
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? ☐ YES ☒ NO

3. Education And Experience

Provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 X 11 sheets if necessary.)

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (mo/yr)	
Medical Education (List all Medical Schools Attended)				
University of Minnesota - Duluth School of Medicine, Duluth	2	9/98	5/00	N/A
University of Minnesota Medical School, Minneapolis	2	6/00	5/02	Doctor of Medicine
Post-Graduate Training (List all Programs Attended)				

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.)
(Attach additional 8 1/2 X 11 sheets if necessary.)

	Dates of Experience	
	From (mo/yr)	To (mo/yr)
Oblayn Residency, The Ohio State University, Columbus, OH	6/02	6/06

5. Hospital Privileges

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years.
(Attach additional 8 1/2 X 11 sheets if necessary.)

NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	Dates	
	Beginning (mo/yr)	Ending (mo/yr)
I have never applied for staff privileges in any		
hospital because I have been in a residency		
training program.		

6. Licenses In Other States

List all licenses to practice medicine in any state, Canadian province or other country.
(Include whether active or inactive.)

State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License		Any Limitations on License
			Examination (Date Passed)	Endorsement	Active	Inactive	
Ohio	10/2004	85199	USMLE 9/2003		X		☒ No ☐ Yes
							☐ No ☐ Yes
							☐ No ☐ Yes
							☐ No ☐ Yes

7. Fifth Pathway (foreign-trained applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

Name and Location of Fifth Pathway Program	Name and Location of Hospital	Dates Attended	
		Beginning (mo/yr)	Ending (mo/yr)
N/A			

8. AIDS Affidavit

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my registration may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE
MI	1/23/06

9. Applicant's Attestation

I, Michelle M. Isley, certify that I am the person described and identified in
Name of Applicant

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

Michelle Isley
Signature of Applicant

1/23/2006
Date

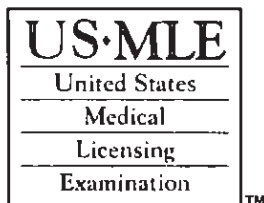
Official Use Only

Washington State Records Center

HPQA
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FEB 03 2006

CSC



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, PO Box 619850, Dallas, TX 75261-9850 – Telephone (817) 868-4041

Date : 01/12/2006

Recipient:

Washington Medical Quality Assurance Commission
ATTN: Doron Maniece, Exec Director
310 Isreal Road SE
Tumwater, WA 98501

Examinee: Isley, Michelle
Alt Name(s): Isley, Michelle Marie

Examinee ID#: 5-078-504-7
Date of Birth: 09/27/1974

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	
06/02/2000	Pass	208	179	84	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
12/22/2001	Pass	208	174	84	75	

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
OHIO	09/26/2003	Pass	189	182	77	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.

Interpretation of results

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic Step 2 CS updates, available at the USMLE website (www.usmle.org).

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed within this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

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

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

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

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

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

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

University of Minnesota, Duluth

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FEB 03 2006

Name : Isley, Michelle Marie
Student ID: 1891871
Birthdate : 09-27

Print Date : 01-30-2006

HIST RECENT PROGRAMS

Institution : University of Minnesota, Twin Cities
Program : Medical School
Plan : Medicine M D Major
Degree Sought : Doctor of Medicine

DEPARTMENT OF HEALTH HEALTH PROFESSIONS 6

1 Summer Quarter 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5701	Med Ethics	2.00	2.00	E	
MED 5573	Nerv Syst	18.00	18.00	E	

TERM GPA : 0.000 TERM TOTALS : 20.00 20.00 0.000

Effective Fall 1999 the University of Minnesota converted to semesters

Degree : Doctor of Medicine
Confer Date : 05-11-2002
Acad Program : Medical School
Plan : Medicine M D

University of Minnesota Degrees and Certificates Awarded

Beginning of Medicine Record

Fall Quarter 1998

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
ANAT 5504	Human Gross Anatomy	10.00	10.00	O	
BHSC 5211	Medical Sociology	2.00	2.00	P	
BHSC 5230	Med Psy: Interview	2.00	2.00	E	
PMED 5121	Preceptorship I	1.00	1.00	P	
MED 5520	Prin Basic Sci	13.00	13.00	E	

TERM GPA : 0.000 TERM TOTALS : 28.00 28.00 0.000

Winter Quarter 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5301	Bio/Epi	2.00	2.00	S	
PMED 5122	Preceptorship I	1.00	1.00	P	
MED 5510	Histopath	9.00	9.00	E	
MED 5541	Hemat, Host Def	11.00	11.00	S	

TERM GPA : 0.000 TERM TOTALS : 23.00 23.00 0.000

Spring Quarter 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5562	Hum Behav Devel, Pro	6.00	6.00	S	
PMED 5101	PMed I	3.00	3.00	P	
PMED 5105	Physical Diagnosis	4.00	4.00	P	
PMED 5123	Preceptorship I	1.00	1.00	P	
PMED 5500	Cpc	1.00	1.00	P	
MED 5566	Cardiovasc Syst	10.00	10.00	E	

TERM GPA : 0.000 TERM TOTALS : 25.00 25.00 0.000

Fall Semester 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 6200	Behav Med	2.00	2.00	E	
PMED 6441	Clinical Pounds, Clerkship I	2.00	2.00	P	
PMED 6461	Preceptorship III	1.00	1.00	P	
MED 6724	GI Hepato Syst	6.00	6.00	E	
MED 6728	Respir Syst	5.00	5.00	E	
MED 6746	Fluid, Electrolytes	4.00	4.00	E	

TERM GPA : 0.000 TERM TOTALS : 20.00 20.00 0.000

Spring Semester 2000

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5591	Std Med Behav Sci	2.00	2.00	P	
BHSC 6260	Psy Soc Aspect III	2.00	2.00	O	
PMED 6442	Clin Rds, Clerk II	2.00	2.00	P	
PMED 6462	Preceptorship IV	2.00	2.00	P	
PMED 6502	Clin Pathol Conf II	1.00	1.00	P	
MED 6762	Endocr, Reprod Syst	10.00	10.00	E	
MED 6773	Integr Clin Med	6.00	6.00	S	
MED 6788	Dermatol, M/S Syst	4.00	4.00	E	

TERM GPA : 0.000 TERM TOTALS : 29.00 29.00 0.000

Summer Semester 2000

University of Minnesota, Twin Cities
Medical School
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
OBST 7500	Ob/Gyn Externship	6.00	6.00	E	
OTOL 7200	Surg Spec, Otol	2.00	2.00	P	
UROG 7200	Urology Externship	2.00	2.00	P	

TERM GPA : 0.000 TERM TOTALS : 10.00 10.00 0.000

THIS OFFICIAL UNIVERSITY TRANSCRIPT IS PRINTED ON SECURITY PAPER AND DOES NOT REQUIRE A RAISED SEAL

Dept of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia WA 98504-7866

Brenda Hay Herzig, Registrar
University of Minnesota - Duluth

KEY TO TRANSCRIPT

Academic Calendar

The semester system started Fall 1999 for all University of Minnesota campuses. Prior to Fall 1999 the University used a quarter system with these exceptions: Law school started on semesters Fall 1981, and some College of Continuing Education courses were taught on a semester calendar but the credits reported as quarter credits.

Accreditation

The University of Minnesota is accredited by the North Central Association of Colleges and Secondary Schools, by the National Council for the Accreditation of Teacher Education, and by many other agencies.

Course (Class) Numbering System (from Fall 1999)

0000 to 0999 noncredit courses
1000 to 1999 primarily for undergraduates in first year
2000 to 2999 primarily for undergraduates in second year
3000 to 3999 primarily for undergraduates in third year
4000 to 4999 primarily for undergraduates in fourth year, may be applied to a Graduate School degree with approval by the student's major field and if taught by a member of the graduate faculty or an individual authorized by the program to teach at the graduate level
5000 to 5999 primarily for graduate students but third and fourth year undergraduates may enroll
6000 to 7999 for postbaccalaureate professional degree students
8000 to 9999 for graduate students

Prior Course numbering systems

For Fall 1970 through Summer 1999 (course numbering prior to 1970 is noted in parentheses):

0000 to 0999 noncredit courses
1000 to 1999 (101-49) introductory courses primarily for freshmen and sophomores
2000 to 2999 (250-99) intermediate courses primarily for juniors and seniors
3000 to 3999 (100-199) advanced courses for juniors, seniors, and graduate students
8000 to 8999 (200 and higher) for graduate and professional school students

Credit

Starting Fall 1999 - units are semester credit
Prior to Fall 1999 - units generally are quarter credit (see calendar for exceptions)

Thesis credit - an asterisk (*) will appear following the course title of courses numbered 8777, 8888, or 8999 if the degree award is shown
An asterisk (*) indicates graduate credit taken through College of Continuing Education (Continuing Education and Extension prior to Fall 1999)

This square on an original transcript is printed in thermochromic ink. When rubbed or breathed on, it will fade and then gradually return to normal.

Campus Records office locations:

University of Minnesota, Crookston 170 Owen Hall Crookston, MN 55671-6501 (218) 281-8548	University of Minnesota, Duluth 164 Garland Administration Building Duluth, MN 55812-5011 (218) 726-8090	University of Minnesota, Morris 212 Helmer Hall Morris, MN 56267-2122 (320) 589-0030	University of Minnesota, St. Paul 200 Tower Hall St. Paul, MN 55108 (612) 624-1111
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Dept of Educ Inst ed: 002388

Grading Definitions

A - achievement that is outstanding relative to the level necessary to meet course requirements
B - achievement that is significantly above the level necessary to meet course requirements
C - achievement that meets the course requirements in every respect
D - achievement that is worthy of credit even though it fails to meet fully the course requirements
E - achievement that is significantly greater than the level required to meet the basic course requirements but not judged to be outstanding

F (or N) - represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (see also I)

H - (honors) used by Law School and Medical School only
I - (incomplete) assigned at the discretion of the instructor when, due to extraordinary circumstances, e.g., hospitalization, a student is prevented from completing the work of the course on time. Requires a written agreement between instructor and student

K - assigned by an instructor to indicate the course is still in progress and that a grade can not be assigned at the present time
NG - no grade required

O - represents outstanding achievement for Doctor of Medicine and Doctor of Veterinary Medicine programs

P - achievement designating passing work
Q - achievement designating passing work

R - a course related registration symbol
S - achievement that is satisfactory, which is equivalent to a C- or better (C or better on the Duluth campus)—achievement required for an S is at the discretion of the instructor but may be no lower than a C- (no lower than a C on the Duluth campus)

T - test credit
V - registration as an auditor or visitor (a non-grade non-credit registration)

W - entered by the registrar's office when the student officially withdraws from a course after the second week

X - reported by the instructor for a student in a sequence course where the grade cannot be determined until the sequence is complete - the instructor is to submit a grade for each X when the sequence is complete

Y - assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing passing work

Z - assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing failing work

On the Twin Cities campus from Fall 1972 through Summer 1977 and on the Morris campus from Fall 1972 through Summer 1985, the official University transcript included only positive academic achievements. Courses in which the student received a grade of N or a registration symbol of I or W did not appear on the transcript.

For complete grading policy, see

<http://www.umn.edu/usenate/policies/gradingpolicy.html>

Grade/Numeric Point Average Formula

Effective Fall 1997, grade point values were standardized for the University. All units except Law use: A = 4.000, A- = 3.667, B+ = 3.333, B = 3.000, B- = 2.667, C+ = 2.333, C = 2.000, C- = 1.667, D+ = 1.333, D = 1.000, F = 0.000, I = 0.000, K = 0.000, X = 0.000. Effective Fall 2004, the Twin Cities campus Law School uses University standard grading, with the addition of A+ = 4.333 and excluding D+.

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Symbols Following Course Numbers

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For more information see: www.umn.edu

University of Minnesota, Twin Cities

130 West Bank Skyway
Minneapolis, MN 55455
(612) 624-1111

The University of Minnesota, Wiscosa campus closed in 1992. For information on Wiscosa student transcripts, contact the St. Paul Office.

UNIVERSITY OF MINNESOTA

OFFICE OF THE REGISTRAR

TRANSCRIPT RECORD

University of Minnesota Official Transcript

Page No. 2

University of Minnesota, Duluth

Name : Toley, Michelle Marie

Student ID: 1891871

Birthdate : 09-27

Fall Semester 2000

University of Minnesota, Twin Cities

Medical School

Medicine Major

TERM GPA : 0.000 TERM TOTALS : 14.00 14.00 0.000

University of Minnesota Summary Information

Course	Description	Attempted	Earned	Grade	Points	Medicine Career Totals	Attempted	Earned	Points
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	E					
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	E		UMC GPA : 0.000	UMC TOTALS : 195.01	195.01	0.000
MED 7500	Med I Externship	6.00	6.00	O		GPA UNITS : 0.000	CUM TOTALS : 195.01		
TERM GPA :		0.000	TERM TOTALS :	18.00	18.00	0.000			

Spring Semester 2001

University of Minnesota, Twin Cities

Medical School

Medicine Major

Rural Physician

***** End of Transcript *****

Page 2 of 2

Course	Description	Attempted	Earned	Grade	Points
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	O	
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	O	
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	O	
TERM GPA :		0.000	TERM TOTALS :	18.00	18.00 0.000

Summer Semester 2001

University of Minnesota, Twin Cities

Medical School

Medicine Major

Rural Physician

Course	Description	Attempted	Earned	Grade	Points
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	H	
INSD 7555	Elec Away	4.00	4.00	H	
Rural Physicians Associate Program fulfilled the requirements for SURG 7500					
Rural Physicians Associate Program fulfilled the requirements for Primary Care Clerkship INSD 7500/7509					
TERM GPA :		0.000	TERM TOTALS :	10.00	10.00 0.000

Fall Semester 2001

University of Minnesota, Twin Cities

Medical School

Medicine M D Major

Course	Description	Attempted	Earned	Grade	Points
ADPY 7500	Psychiatry Externship	6.00	6.00	H	
MED 7501	Med II Externship	6.00	6.00	E	
TERM GPA :		0.000	TERM TOTALS :	12.00	12.00 0.000

Spring Semester 2002

University of Minnesota, Twin Cities

Medical School

Medicine M D Major

Course	Description	Attempted	Earned	Grade	Points
MED 7521	Infect Dis Elec	4.00	4.00	H	
NEUR 7510	Neurology Externship	4.00	4.00	E	
PED 7501	Pediatric Externship	6.00	6.00	E	

THIS OFFICIAL UNIVERSITY TRANSCRIPT IS PRINTED ON SECURITY PAPER AND DOES NOT REQUIRE A RAISED SEAL

Brenda Hay Herzog
Brenda Hay Herzog, Registrar
University of Minnesota - Duluth

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KEY TO TRANSCRIPT PRINTED ON BACK

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KEY TO TRANSCRIPT

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2000 to 2999 primarily for undergraduates in second year
3000 to 3999 primarily for undergraduates in third year
4000 to 4999 primarily for undergraduates in fourth year, may be applied to a Graduate School degree with approval by the student's major field and if taught by a member of the graduate faculty or an individual authorized by the program to teach at the graduate level
5000 to 5999 primarily for graduate students but third and fourth year undergraduates may enroll
6000 to 7999 for postbaccalaureate professional degree students
8000 to 9999 for graduate students

Prior Course numbering systems

For Fall 1970 through Summer 1999 (course numbering prior to 1970 is noted in parentheses):

0000 to 0999 noncredit courses
1000 to 1999 (101-49) introductory courses primarily for freshmen and sophomores
2000 to 2999 (250-99) intermediate courses primarily for juniors and seniors
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4000 to 8999 (200 and higher) for graduate and professional school students

Credit

Starting Fall 1999—units are semester credit
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Thesis credit—an asterisk (*) will appear following the course title of courses numbered 8777, 8888, or 8999 if the degree award is shown
An asterisk (*) indicates graduate credit taken through College of Continuing Education (Continuing Education and Extension prior to Fall 1999)



This square on an original transcript is printed in thermochromic ink. When rubbed or breathed on, it will fade and then gradually return to normal.

Campus Records office locations

University of Minnesota, Duluth
170 Owen Hall
Croskaton, MN 55812-3611
(218) 281-8536
Dept of Educ Inst ed: 002358

University of Minnesota, Morris
164 Darland Administration Building
Duluth, MN 55812-3611
(218) 726-9090
Dept of Educ Inst ed: 002358

Grading Definitions

A—achievement that is outstanding relative to the level necessary to meet course requirements
B—achievement that is significantly above the level necessary to meet course requirements
C—achievement that meets the course requirements in every respect
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F (or N)—represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (see also I)

I—(honors) used by Law School and Medical School only
I—(incomplete) assigned at the discretion of the instructor when, due to extraordinary circumstances, e.g., hospitalization, a student is prevented from completing the work of the course on time. Requires a written agreement between instructor and student

K—assigned by an instructor to indicate the course is still in progress and that a grade can not be assigned at the present time
NG—no grade required

O—represents outstanding achievement for Doctor of Medicine and Doctor of Veterinary Medicine programs

P—achievement designating passing work
Q—achievement designating passing work

R—a course related registration symbol
S—achievement that is satisfactory, which is equivalent to a C- or better (C or better on the Duluth campus)—achievement required for an S is at the discretion of the instructor but may be no lower than a C- (no lower than a C on the Duluth campus)

T—test credit
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W—entered by the registrar's office when the student officially withdraws from a course after the second week

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Y—assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing passing work

Z—assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing failing work

On the Twin Cities campus from Fall 1972 through Summer 1977 and on the Morris campus from Fall 1972 through Summer 1985, the official University transcript included only positive academic achievements. Courses in which the student received a grade of N or a registration symbol of I or W did not appear on the transcript.

University of Minnesota, Morris
212 Helmler Hall
Morris, MN 56267-2192
(320) 569-6030
Dept of Educ Inst ed: 002389

University of Minnesota, Twin Cities
200 Fraser Hall
Minneapolis, MN 55455
(612) 624-1111
Dept of Educ Inst ed: 003999

For complete grading policy, see <http://www.umn.edu/osenate/policies/gradingpolicy.html>

Grade/Numeric Point Average Formula

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H—honors course
J—evening MBA course for extra credit
K—evening MBA course by independent study
L—honors course by independent study
M—extra credit by independent study
Q—evening MBA extra credit by independent study
R—honors extra credit by independent study
S—senior registration (pre 1999)
T—senior honors course (pre 1999)
U—special term course taken for extra credit
V—honors and writing intensive
W—writing intensive
X—extra credit
Y—independent study
Z—special term registration

Second Language Proficiency means demonstrated intermediate proficiency in reading, writing, listening, and speaking.

Degree with distinction indicates graduation with high GPA; degree with honors (laude) indicates completion of special honors program. For more information see: www.umn.edu

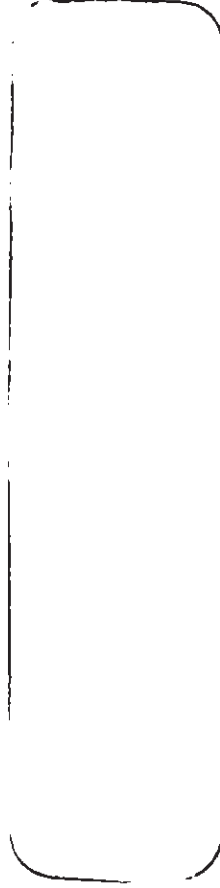
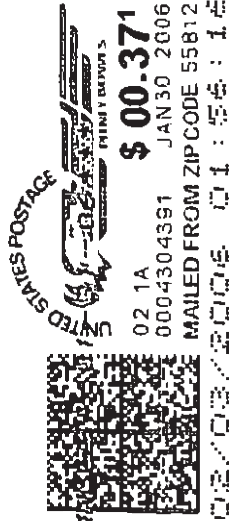
The University of Minnesota, Waseca campus closed in 1992. For information on Waseca student transcripts, contact the St. Paul office.

UNIVERSITY OF MINNESOTA

Duluth Campus

Office of Financial Aid and Registrar
10119 University Drive
Duluth, Minnesota 55812-3011

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ISLEY, MICHELLE MD00046097 PAGE 17

UNIVERSITY OF MINNESOTA

OFFICE OF THE REGISTRAR

TRANSCRIPT RECORD

University of Minnesota Official Transcript

Page No. 1

University of Minnesota, Twin Cities

Name : Isley, Michelle Marie
Student ID: 1891871
Birthdate : 09-27

Print Date : 01-31-2006

MOST RECENT PROGRAMS

Institution : University of Minnesota, Twin Cities
Program : Medical School
Plan : Medicine M D Major
Degree Sought : Doctor of Medicine

1 Summer Quarter 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5701	Med Ethics	2.00	2.00	E	
MED 5573	Nerv Syst	18.00	18.00	E	

TERM GPA : 0.000 TERM TOTALS : 20.00 20.00 0.000
Effective Fall 1999 the University of Minnesota converted to semesters

Degree : Doctor of Medicine
Confer Date : 05-11-2002
Acad Program : Medical School
Plan : Medicine M D

Fall Semester 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 6200	Behav Med	2.00	2.00	E	
FMED 6441	Clinical Rounds, Clerkship I	2.00	2.00	P	
FMED 6461	Preceptorship III	1.00	1.00	P	
MED 6724	GI Hepato Syst	6.00	6.00	E	
MED 6728	Respir Syst	5.00	5.00	E	
MED 6746	Fluid, Electrolytes	4.00	4.00	E	

TERM GPA : 0.000 TERM TOTALS : 20.00 20.00 0.000

Spring Semester 2000

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5591	Std Med Behav Sci	2.00	2.00	P	
BHSC 6260	Psy Soc Aspect III	2.00	2.00	O	
FMED 6442	Clin Rds, Clerk II	2.00	2.00	P	
FMED 6462	Preceptorship IV	2.00	2.00	P	
FMED 6502	Clin Pathol Conf II	1.00	1.00	P	
MED 6762	Endocr, Reprod Syst	10.00	10.00	E	
MED 6773	Integr Clin Med	6.00	6.00	S	
MED 6788	Dermatol, M/S Syst	4.00	4.00	E	

TERM GPA : 0.000 TERM TOTALS : 29.00 29.00 0.000

Summer Semester 2000

University of Minnesota, Twin Cities
Medical School
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
OBST 7500	Ob/Gyn Externship	6.00	6.00	E	
OTOL 7200	Surg Spec: Otol	2.00	2.00	P	
UROL 7200	Urology Externship	2.00	2.00	P	

TERM GPA : 0.000 TERM TOTALS : 10.00 10.00 0.000

Spring Quarter 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5562	Hum Behav Devel, Pro	6.00	6.00	S	
FMED 5101	FMED I	3.00	3.00	P	
FMED 5105	Physical Diagnosis	4.00	4.00	P	
FMED 5123	Preceptorship I	1.00	1.00	P	
FMED 5500	Cpc	1.00	1.00	P	
MED 5566	Cardiovasc Syst	10.00	10.00	E	

TERM GPA : 0.000 TERM TOTALS : 25.00 25.00 0.000

Winter Quarter 1999

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
BHSC 5301	Bio/Epi	2.00	2.00	S	
FMED 5122	Preceptorship I	1.00	1.00	P	
MED 5510	Histopath	9.00	9.00	E	
MED 5541	Hemat, Host Def	11.00	11.00	S	

TERM GPA : 0.000 TERM TOTALS : 23.00 23.00 0.000

Beginning of Medicine Record

Fall Quarter 1998

University of Minnesota, Duluth
School of Medicine, Duluth
Medicine Major

Course	Description	Attempted	Earned	Grade	Points
ANAT 5504	Human Gross Anatomy	10.00	10.00	O	
BHSC 5211	Medical Sociology	2.00	2.00	P	
BHSC 5230	Med Psy: Interview	2.00	2.00	E	
FMED 5121	Preceptorship I	1.00	1.00	P	
MED 5520	Prin Basic Sci	13.00	13.00	E	

TERM GPA : 0.000 TERM TOTALS : 28.00 28.00 0.000

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Dept of Health
Medical Quality Assurance
Commission
PO Box 47866
Olympia WA 98504-7866

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DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5


Susan Van Voorhls, Registrar
University of Minnesota - Twin Cities

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Dept of Educ Inst ed: 002385

University of Minnesota, Duluth
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Duluth, AIN 55812-2011
(218) 726-8000
Dept of Educ Inst ed: 002385

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University of Minnesota, Morris		University of Minnesota, Twin Cities	
212 Behrler Hall	200 Fraser Hall	130 West Bank Skyway	The University of Minnesota, Waseca campus closed in 1992. For information on Waseca student transcripts, contact the St. Paul office.
Morris, MN 56267-2132	Minneapolis, MN 55455	Minneapolis, MN 55455	
(320) 589-6030	(612) 624-1111	(612) 624-1111	
Dept of Educ Inst ed: 002389	Dept of Educ Inst ed: 001969		

UNIVERSITY OF MINNESOTA

OFFICE OF THE REGISTRAR

TRANSCRIPT RECORD

University of Minnesota Official Transcript

Page No. 2

University of Minnesota, Twin Cities

Name : Isley, Michelle Marie
Student ID: 1891871
Birthdate : 09-27

Fall Semester 2000

University of Minnesota, Twin Cities
Medical School
Medicine Major

TERM GPA : 0.000 TERM TOTALS : 14.00 14.00 0.000

University of Minnesota Summary Information

Course	Description	Attempted	Earned	Grade	Points	Medicine Career Totals
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FPCH 7501	Rural Physician Assoc Program	6.00	6.00	E		
MED 7500	Med I Externship	6.00	6.00	O		
TERM GPA :	0.000	TERM TOTALS :	18.00	18.00	0.000	
						Attempted Earned Points
						UMN GPA : 0.000 UMN TOTALS : 195.01 195.01 0.000
						GPA UNITS : 0.000 CLM TOTALS : 195.01

Spring Semester 2001

University of Minnesota, Twin Cities
Medical School
Medicine Major
Rural Physician

***** End of Transcript *****
Page 2 of 2

Course	Description	Attempted	Earned	Grade	Points
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	O	
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	O	
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	O	
TERM GPA :	0.000	TERM TOTALS :	18.00	18.00	0.000

Summer Semester 2001

University of Minnesota, Twin Cities
Medical School
Medicine Major
Rural Physician

Course	Description	Attempted	Earned	Grade	Points
FPCH 7501	Rural Physician Assoc Program	6.00	6.00	H	
INMD 7555	Elec Away	4.00	4.00	H	
Rural Physicians Associate Program fulfilled the requirements for SURG/7500					
Rural Physicians Associate Program fulfilled the requirements for Primary Care Clerkship INMD 7508/7509					
TERM GPA :	0.000	TERM TOTALS :	10.00	10.00	0.000

Fall Semester 2001

University of Minnesota, Twin Cities
Medical School
Medicine M D Major

Course	Description	Attempted	Earned	Grade	Points
ADPY 7500	Psychiatry Externship	6.00	6.00	H	
MED 7501	Med II Externship	6.00	6.00	E	
TERM GPA :	0.000	TERM TOTALS :	12.00	12.00	0.000

Spring Semester 2002

University of Minnesota, Twin Cities
Medical School
Medicine M D Major

Course	Description	Attempted	Earned	Grade	Points
MED 7521	Infect Dis Elec	4.00	4.00	H	
NEUR 7510	Neurology Extnship	4.00	4.00	E	
PED 7501	Pediatric Externship	6.00	6.00	E	

THIS OFFICIAL UNIVERSITY TRANSCRIPT IS PRINTED ON SECURITY PAPER AND DOES NOT REQUIRE A RAISED SEAL


Susan Van Voorhis, Registrar
University of Minnesota - Twin Cities

In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student. Explanatory legend and authenticity confirmation information on back.

PLEASE QUESTION AUTHENTICITY OF DOCUMENT IF SIGNATURES AND SEAL ARE NOT VISIBLE OR ARE DISTORTED.

KEY TO TRANSCRIPT PRINTED ON BACK

THE WORDS "UNIVERSITY OF MINNESOTA AND OFFICIAL TRANSCRIPT" ARE NOT PRINTED ON THIS DOCUMENT

KEY TO TRANSCRIPT

Academic Calendar

The semester system started Fall 1999 for all University of Minnesota campuses. Prior to Fall 1999 the University used a quarter system with these exceptions: Law school started on semesters Fall 1981, and some College of Continuing Education courses were taught on a semester calendar but the credits reported as quarter credits.

Accreditation

The University of Minnesota is accredited by the North Central Association of Colleges and Secondary Schools, by the National Council for the Accreditation of Teacher Education, and by many other agencies.

Course (Class) Numbering System (from Fall 1999)

0000 to 0999 noncredit courses
1000 to 1999 primarily for undergraduates in first year
2000 to 2999 primarily for undergraduates in second year
3000 to 3999 primarily for undergraduates in third year
4000 to 4999 primarily for undergraduates in fourth year, may be applied to a Graduate School degree with approval by the student's major field and if taught by a member of the graduate faculty or an individual authorized by the program to teach at the graduate level
5000 to 5999 primarily for graduate students but third and fourth year undergraduates may enroll
6000 to 7999 for postbaccalaureate professional degree students
8000 to 9999 for graduate students

Prior Course Numbering Systems

For Fall 1970 through Summer 1999 (course numbering prior to 1970 is noted in parentheses):

0000 to 0999 noncredit courses
1000 to 1999 (01-49) introductory courses primarily for freshmen and sophomores
3000 to 3999 (50-99) intermediate courses primarily for juniors and seniors
5000 to 5999 (100-199) advanced courses for juniors, seniors, and graduate students
8000 to 8999 (200 and higher) for graduate and professional school students

Credit

Starting Fall 1999 - units are semester credit

Prior to Fall 1999 - units generally are quarter credit (see calendar for exceptions)

Thesis credit - an asterisk (*) will appear following the course title of courses numbered 8777, 8888, or 8999 if the degree award is shown. An asterisk (*) indicates graduate credit taken through College of Continuing Education (Continuing Education and Extension prior to Fall 1999)

This square on an original transcript is printed in thermochromic ink. When rubbed or breathed on, it will fade and then gradually return to normal.

Campus Records office locations:

University of Minnesota, Duluth
170 Owen Hall
Crookston, MN 55812-3011
(218) 281-8348
Dept of Educ Inst ed: 002338

University of Minnesota, Duluth
184 Darland Administration Building
Duluth, MN 55812-3011
(218) 726-8000
Dept of Educ Inst ed: 002338

Grading Definitions

A - achievement that is outstanding relative to the level necessary to meet course requirements
B - achievement that is significantly above the level necessary to meet course requirements
C - achievement that meets the course requirements in every respect
D - achievement that is worthy of credit even though it fails to meet fully the course requirements
E - achievement that is significantly greater than the level required to meet the basic course requirements but not judged to be outstanding

F (or N) - represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (see also I)

I - (Honors) used by Law School and Medical School only
I - (Incomplete) assigned at the discretion of the instructor when, due to extraordinary circumstances, e.g., hospitalization, a student is prevented from completing the work of the course on time. Requires a written agreement between instructor and student

K - assigned by an instructor to indicate the course is still in progress and that a grade can not be assigned at the present time
NG - no grade required

O - represents outstanding achievement for Doctor of Medicine and Doctor of Veterinary Medicine programs

P - achievement designating passing work

Q - achievement designating passing work

R - a course related registration symbol

S - achievement that is satisfactory, which is equivalent to a C- or better (C or better on the Duluth campus)—achievement required for an S is at the discretion of the instructor but may be no lower than a C- (no lower than a C on the Duluth campus)

T - test credit

V - registration as an auditor or visitor (a non-grade non-credit registration)

W - entered by the registrar's office when the student officially withdraws from a course after the second week

X - reported by the instructor for a student in a sequence course where the grade cannot be determined until the sequence is complete - the instructor is to submit a grade for each X when the sequence is complete

Y - assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing passing work

Z - assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing failing work

On the Twin Cities campus from Fall 1972 through Summer 1977 and on the Morris campus from Fall 1972 through Summer 1985, the official University transcript included only positive academic achievements. Courses in which the student received a grade of N or a registration symbol of I or W did not appear on the transcript.

For complete grading policy, see

<http://www.umn.edu/usenate/policies/gradingpolicy.html>

Grade/Numeric Point Average Formula

Effective Fall 1997, grade point values were standardized for the University. All units except Law use: A = 4.000, A- = 3.667, B+ = 3.333, B = 3.000, B- = 2.667, C+ = 2.333, C = 2.000, C- = 1.667, D+ = 1.333, D = 1.000, F = 0.000, I = 0.000, K = 0.000, X = 0.000. Effective Fall 2004, the Twin Cities campus Law School uses University standard grading, with the addition of A+ = 4.333 and excluding D+.

Before 1997, most units did not use +/-, but the Duluth campus and the School of Management used: A = 4.0, A- = 3.6, B+ = 3.3, B = 3.0, B- = 2.6, C+ = 2.3, C = 2.0, C- = 1.6, D+ = 1.3, D = 1.0, F = 0.0 and the Twin Cities General College used A = 4.0, A- = 3.6, B = 3.2, B- = 2.8, C+ = 2.4, C = 2.0, C- = 1.6, D = 1.2, D- = 0.8, F = 0.0

Prior to Fall 2004, the Twin Cities campus Law School used a numeric rather than a grade point average for the *juris doctor* (J.D.) degree program. Grades ranged from 4-16 points based on the following: 14-16: Excellent/Outstanding; 11-13: Substantially better than average; 8-10: Minimally acceptable; 5-7: Inadequate (credits count towards degree completion, and NPA); 4: Failing; 0: Non-performance. Classes for which a 0 grade was earned are not included in GPA calculation. Grades earned in the LL.M. (Master of Laws) program were: A=4.00, B=3.00, C=2.00, D=1.00, F=0.00. No +/- distinctions are given.

Symbols Following Course Numbers

C - certificate credit

E - on Duluth campus, registration in Continuing Education, or on Twin Cities campus, an MBA course

G - honors course for extra credit

H - honors course

J - evening MBA course for extra credit

K - evening MBA course by independent study

L - honors course by independent study

M - extra credit by independent study

Q - evening MBA extra credit by independent study

R - honors extra credit by independent study

S - semester registration (pre 1999)

T - semester honors course (pre 1999)

U - special term course taken for extra credit

V - honors and writing intensive

W - writing intensive

X - extra credit

Y - independent study

Z - special term registration

Second Language Proficiency means demonstrated intermediate proficiency in reading, writing, listening, and speaking.

Degree with distinction indicates graduation with high GPA; degree with honors (laude) indicates completion of special honors program.

For more information see: www.umn.edu

University of Minnesota, Twin Cities
200 Fraser Hall or 130 Colley Hall
Minneapolis, MN 55455
(612) 624-1111
Dept of Educ Inst ed: 003969

University of Minnesota, Morris
212 Behrler Hall or 130 Colley Hall
Morris, MN 56262-2132
(320) 589-6030
Dept of Educ Inst ed: 002389

The University of Minnesota, Waseca campus
closed in 1992. For information on Waseca student transcripts, contact the St. Paul office.

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of the Registrar & Student Services Center-St. Paul

Office of Enrolled Student Services

130 Coffey Hall

1420 Eckles Avenue

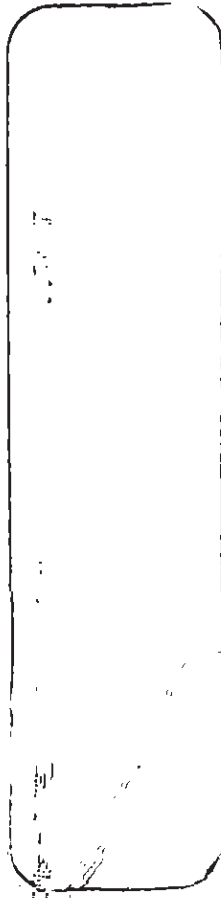
St. Paul, MN 55108-6054

**RETURN SERVICE
REQUESTED**

**PRESORTED
FIRST CLASS**



02 1A
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0004324525 FEB 01 2006
MAILED FROM ZIP CODE 55414



LGMXTMM 98504

ISLEY, MICHELLE MD00046097 PAGE 22





RECEIVED

MD

JAN 30 2006

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

TO: Post Graduate Training Program Director

The Ohio State University, Department of OB/Gyn

FACILITY NAME

1654 Upham Dr, 539 Means Hall

ADDRESS

Columbus, OH 43210

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 (PRINT OR TYPE)

Michelle M. Isley

BIRTHDATE

9/27/1974

SIGNATURE OF APPLICANT

Michelle Isley

1. is or was engaged in postgraduate training in our program

from 7-1-02 to will complete 6-24-06

BEGINNING DATE (MONTH & YEAR)

ENDING DATE (MONTH & YEAR)

in the field of Obstetrics Gynecology

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? ☒ Yes ☐ No3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

If yes, please explain

Return to:

Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

Signature

Philip Sands, MD

Title

Residency Program Director

Hospital

The Ohio State University

PLEASE TYPE OR PRINT

Address

1654 Upham Dr, 5th Floor Means Hall
Columbus, OH 43210

Date

1-26-05

Telephone

(614) 293-3773

(SEAL)

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov/

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board Of Ohio contain the following information for the indicated licensee as of **1/27/2006**:

Identification Information

Name: Michelle Marie Isley
Mailing Address:

1 - DOH Licensee Health Professional ...

RECEIVED

FEB 03 2006

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

Date of Birth: 09/27/1974
Place of Birth: Ellendale, ND

School of Graduation: University of Minnesota Medical School - Minneapolis
Date of Graduation: 05/11/02

License Information

Type of License: Doctor of Medicine
License Number: 35 - 085199
How Issued: End USMLE
Original Licensure Date: 10/15/2004
Expiration Date: 10/01/2006
Status: ACTIVE

Formal Disciplinary Action: No
(If Formal Action is YES, see attached documents)



Debra L. Jones
CME and Renewal Officer

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov/

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board Of Ohio contain the following information for the indicated licensee as of **1/27/2006**:

Identification Information

Name: Michelle Marie Isley
Mailing Address: Ohio State University Hospital,
Corporate Credentialing Ofc - Attn: Cindy Carey
Columbus, OH 43221
Date of Birth: 09/27/1974
Place of Birth: Ellendale, ND
School of Graduation: University of Minnesota Medical School - Minneapolis
Date of Graduation: 05/11/02

License Information

Type of License: MD Training Certificate
License Number: 57 - 006487
How Issued:
Original Licensure Date: 09/27/2002
Expiration Date: 06/30/2005
Status: INACTIVE

Formal Disciplinary Action: No
(If Formal Action is YES, see attached documents)



Debra L. Jones
CME and Renewal Officer

RECEIVED
FEB 03 2006
DEPARTMENT OF HEALTH
HEALTH PROFESSIONS



AMA Physician Profile

Name and Mailing Address:

MICHELLE MARIE ISLEY MD

1 - DOH Licensee Health Professional Ho...

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 09/27/1974

Birthplace: ELLENDALE, ND UNITED STATES OF AMERICA

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

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

**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 MN MED SCH, MINNEAPOLIS MN 55455

Degree Awarded: Yes

Degree Year: 2002

UNIV OF MN-DULUTH SCH MED, DULUTH MN 55812

Degree Awarded: No



AMA Physician Profile

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

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: OH STATE UNIV HOSP
Specialty : OBSTETRICS & GYNECOLOGY

State: OHIO
 07/2002 - 03/2006
 (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>
OHIO	MD	10/15/2004	10/01/2006	ACTIVE	UNLIMITED	01/06/2006
OHIO	MD	09/27/2002	06/30/2005	INACTIVE	RESIDENT	11/03/2005

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

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		

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.



AMA Physician Profile

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 on the Accreditation of Healthcare Organizations (JCAHO) 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>Occurrence</u>	<u>Last Reported</u>
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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 2006 American Board of Medical Specialties. All right reserved.

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.



AMA Physician Profile

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 on Accreditation of Healthcare Organizations (JCAHO) 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 60610
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 08, 2006

Attn: Blake Maresh, Exec Dir.
Washington Quality Med Assur
310 Israel Road SE
PO Box 47860
Tumwater, WA 98501

Re: Board Action Query Dated: February 08, 2006
Your Reference Number:
FSMB Batch Number: BQ1220737

The following is a report of the search results from the Board Action Data Bank as of February 08, 2006 for practitioners subr. above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 08, 2006

Item	Name	DOB	School	Yr/Grad
2	Isley, Michelle	09/27/1974	024020	2002

Redaction Summary (8 redactions)

2 Privilege / Exemption reasons used:

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

Redacted pages:

- Page 2, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
- Page 2, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 7, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
- Page 7, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 24, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 26, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance