

(G 42637)



**MEDICAL BOARD OF CALIFORNIA**  
 LICENSING PROGRAM  
 1426 Howe Avenue, Suite 54, Sacramento, CA 95825-2236  
 (916) 263-2653 or (916) 263-2482

RECEIVED  
 MEDICAL BOARD OF CALIFORNIA  
 7/1/97



<b>Application For Inactive License</b> Please print or type. All illegible applications will be returned.			Fee Paid: _____ Date Filed: _____ Approved: _____ Denied: _____	Receipt No.: _____ RC No.: _____ FNP No.: _____
			First Name VIRGINIA	Middle Name ANN
Street Address _____				
City _____	State _____	Zip Code _____		
Telephone Number _____	Social Security Number _____	Physician and Surgeon License Number 642637		
I certify under the penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct. That I understand that I cannot engage in the practice of medicine nor write prescriptions in the State of California.				
Signature Virginia Siegfried			Date 7-1-97	

Section 700 of the Business and Professions Code permits a licensee who is not actively engaged in the practice of medicine in the State of California to maintain licensure in a nonpracticing status. This status is provided with the issuance of an "Inactive" license. If your California Physician and Surgeon's License is currently suspended, revoked, or otherwise punitively restricted by the Board, an "Inactive" license cannot be issued to you.

To apply for an Inactive License complete all areas of the application above. At the time of application, if your physician and surgeon's license is delinquent, a payment of all accrued renewal fees, the delinquent fee, and penalty fee must be submitted with the application. Contact the License Renewal Unit at (916) 263-2571 to obtain information on the total amount required. If your physician and surgeon's license has not expired, no fee is required at this time. Once issued, the fee to renew an "Inactive" license is the same fee as that required to renew an "Active" license.

If your application is approved you will be exempt from complying with the Continuing Medical Education (CME) requirements. However, if and when you request the return to active licensure you will be required to comply with those requirements before an active license can be issued to you.

It is important to remember that the holder of an "Inactive" license cannot engage in any activity for which an active license is required.

All items in this application are mandatory; none are voluntary. This information is requested by the Division of Licensing of the Medical Board of California. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine your eligibility for an inactive license, pursuant to Section 701 of the Business and Professions Code. The Licensing Program Manager is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at the address above.



MEDICAL BOARD OF CALIFORNIA

1426 HOWE AVENUE
SACRAMENTO, CA 95825-3236
Telephone (916) 263-2571 Fax (916) 263-2579



New Address
Virginia Siegfried, M.D.
112 High Street
Exeter, New Hampshire 03833

Date: 07/28/95
License #: G 00042637

VIRGINIA ANN SIEGFRIED, M.D.

Dear Doctor Virginia Ann Siegfried:

This is to inform you that we are unable to process your renewal because you failed to sign the financial interest statement on your renewal application form.

Section 2097 of the California Business & Professions code requires all physicians to report to the Medical Board of California any financial interests they or their immediate family may have in health related facilities. This information will be available to other government agencies and public and private third party payors. In order to comply with this mandate, please complete the Financial Interest Statement below, and enter the facility name(s) and address(es) in the space provided. If additional space is needed, please attach a page of additional listings.

FINANCIAL INTEREST means and includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value. It also includes an ownership interest in an entity, corporation, or partnership that leases property to a health-related facility. A "financial interest" does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments in a corporation that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any distributions on the value of the physician's referral of patients, (3) do not have a separate class or accounting for any persons who may make patient referrals to the corporation, and (4) has total gross assets exceeding \$100,000,000.

HEALTH-RELATED FACILITY means a facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery. "Diagnostic imaging" includes x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

IMMEDIATE FAMILY means a spouse, child or parent of a physician, and a spouse of a child of a physician.

I certify under penalty of perjury that I have disclosed on this form, the names of those health-related facilities in which I or my family have a financial interest.

SIGNATURE REQUIRED HERE:

Virginia Siegfried MD

DATE:

9-5-95

Please return this form to the above address. If you have any questions regarding this letter, please contact the Medical Board at (916) 263-2571.

DISCLOSURE OF FINANCIAL INTERESTS:

PLEASE PRINT OR TYPE CLEARLY THE NAME(S) AND ADDRESS(ES) OF EACH HEALTH-RELATED FACILITY IN WHICH YOU OR YOUR IMMEDIATE FAMILY HAVE A FINANCIAL INTEREST. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL LISTINGS. IF YOU HAVE NO INTERESTS TO DECLARE, WRITE "NONE" IN THE AREA BELOW AND SIGN YOUR NAME ABOVE.

HEALTH-RELATED FACILITY NAME(S)

ADDRESS(ES)

Table with 10 rows for listing health-related facilities and their addresses.

9.11.95

G 42637



**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM  
 1426 Howe Avenue, Suite 54  
 Sacramento, CA 95825-3236  
 (916) 263-2382 FAX (916) 263-2567  
 www.caldocinfo.ca.gov

MEDICAL BOARD OF CALIFORNIA



05 SEP -2 AM 11:15

LICENSING PROGRAM

<p><b>APPLICATION TO RESTORE LICENSE TO FULL ACTIVE STATUS FROM INACTIVE, DISABLED OR FEE EXEMPT STATUS</b></p> <p>Please print or type.                  Illegible applications will be returned.</p>	FOR OFFICE USE ONLY	
	Fee Paid: <u>9</u>	Receipt No.:
	Date Cashiered: <u>9/8/05</u>	Cashier's Init.:
	Date Approved:	Date Denied:
Enforcement Approval: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date: <u>9/8/05</u>

Name (first, middle, last):	VIRGINIA ANN SIEGFRIED		
Address: Is this address currently on file with the Medical Board as your official address of record? If not, complete reverse.	21 Emerson Rd Durham, NH 03824		
Telephone Number: FAX Number (if applicable):	Telephone	[REDACTED]	
	FAX	[REDACTED]	
Current status of your license: (Check <input checked="" type="checkbox"/> one box only.)	Retirement (see Part 1 below)	<input checked="" type="checkbox"/>	Inactive (see Part 4 on reverse)
	Military Service (see Part 2 below)		Disabled (see Part 5 on reverse)
	Voluntary Services (see Part 3 on reverse)		
Social Security Number:	[REDACTED]		
California Medical License Number:	642637		

**Part 1. RETIRED STATUS. Please provide all information requested below.**

A renewal fee is required to restore your license. If your license is delinquent at the time of application, you are required to submit payment of any accrued renewal, delinquent and penalty fees.

To restore your license to "Active" status you must document completion of 50 hours of CME within the past two years. The documentation of these hours MUST be submitted with this application. A renewal fee is required to restore your license. If your license is delinquent at the time of application you are required to submit payment of any accrued renewal, delinquent and penalty fees.

**Part 2. MILITARY STATUS. Please provide all information requested below.**

If you currently hold a "military" license, a renewal fee is required if you have been discharged from full-time active service or you are still in the military and are canceling your "military" license to restore your license to "active" status. You will also be required to submit payment of any accrued renewal, delinquent and penalty fees if your license is currently delinquent or it has been more than 60 days since your discharge from active service and you have not paid your renewal fees.

If you checked "Military", please indicate which branch of service.  (Check <input checked="" type="checkbox"/> one box only.)	Alr Force	Army
	Marines	Navy
	U. S. Public Health Service	
Have you been granted a CME waiver?	No	Yes If yes, enter year.
Are you still in the military?	No	Yes If yes, (complete shaded area below)
Type of Service:	Active Service/Full-Time Training	
Dates of Service or Training:	From:	To:
Expected Date of Discharge:		

**BOTH PAGES OF THIS FORM MUST BE COMPLETED**



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

TELEPHONE:

Applications and Examinations (916) 445-9900

EDWARD G. BROWN JR., Chairman

APPROVED FOR REGISTRATION  
 BOARD OF MEDICAL QUALITY ASSURANCE  
 JUL 27 3 33 PM '80

APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE  
 BASED ON NATIONAL BOARD CREDENTIALS  
 CLASS G

000135

\$132.00

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. NAME: Last **SIEGFRIED** First **VIRGINIA** Middle **ANN** Maiden

2. Telephone No. [REDACTED]

3. List other names, if any, you have used:

4. Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

5. Name you wish on License: **VIRGINIA SIEGFRIED** Birthdate: (Month - Day - Year) [REDACTED]

6. Premedical Course: **STANFORD UNIVERSITY** Location: **STANFORD, CALIF.**

Period of attendance: From: **9-73** To: **3-75** Check premed courses successfully completed:  
 Chemistry  Physics  Biology or Zoology

7. Medical School:

Year	Name of Institution	Location	From	To
1st	<b>Columbia University</b>	<b>NEW YORK, NY</b>	<b>9-75</b>	<b>6-76</b>
2nd	"	"	<b>9-76</b>	<b>6-77</b>
3rd	"	"	<b>7-77</b>	<b>6-78</b>
4th	"	"	<b>7-78</b>	<b>5-79</b>
5th				
6th				

8. Doctor of Medicine Degree granted by: **COLUMBIA UNIVERSITY** *Coll. of Phys. & Surgeons* Date: **5-16-79** For office use only School Code: **NY 001**

9. 1st Year Postgraduate Training (Internship): **UCLA HOSPITAL** **10633 LE CONTE AVE** **LA, CALIF 90024**

Location	Type of Service	From	To
<b>LOS ANGELES</b>	<b>OB/GYN</b>	<b>7-79</b>	<b>7-80</b>

10. List all States in which you have been licensed to practice medicine:

11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held?  Yes  No  
 If Yes, specify below:

State	Date	Charge	Disposition

12. Have you ever been denied a license to practice or license in any State or Country?  Yes  No  
 If Yes, indicate below:

State or Country	Date of Denial	Reason for Denial

13.  Yes  No

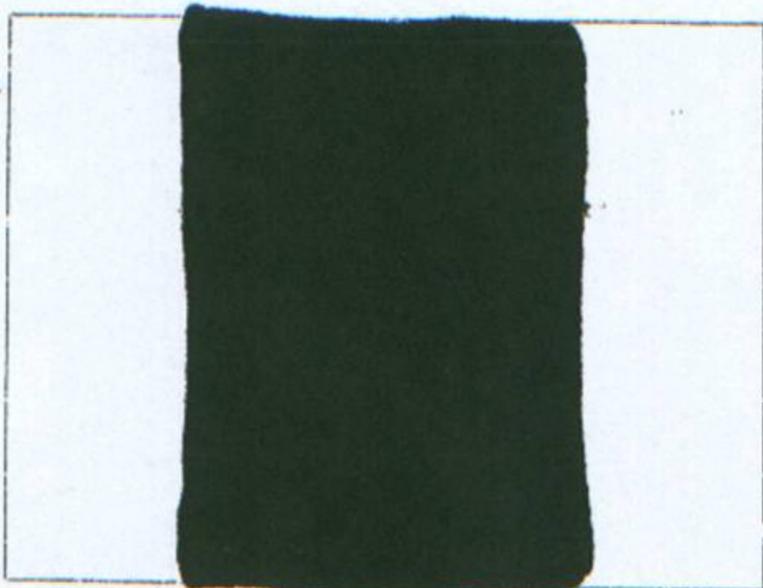
14. Have you ever been convicted of, pled guilty or not guilty to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction?  Yes  No

15. Have you ever been convicted of, pled guilty or not guilty to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.)  Yes  No

16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information.

Violation and Location	Date	Penalty/Disposition

17. Have you ever had staff privileges in a hospital suspended or revoked?  Yes  No  
If yes, please explain on another sheet of paper.



Applicant: Please complete the following:  
 Height: 5 Ft. 2 In. Weight: 105 Lbs.  
 Hair color: Brown Eye color: Blue  
 Identifying marks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant Virginia Ann Veckried  
 Date June 19, 1980

Subscribed and sworn to before me this 19 day of June 1980

Signature of Notary Corinna J. Aragon  
 Address Los Angeles

My commission expires March 2, 1984



# Certification of Completion of Internship

This Is To CERTIFY, That Virginia Siegfried, M.D., who holds a medical diploma or a certification

of completion issued by Columbia University, located in New York New York  
Name of medical school Street address City

USA, dated June, 1979, commenced service  
Country Month Day Year

as an intern in this hospital on the 24th day of June, 19 79, and has served a satisfactory

straight internship for a period of twelve months ending June 23, 19 80,  
(Indicate type of service:  
straight, rotating, mixed, straight) Month Day Year

in UCLA Hospital Los Angeles California  
Name and address of hospital State

Signed in the city of Los Angeles, State of California

this 14th day of June, 19 80.

*Richard D. Walter, M.D.*  
To be signed by Chief of Staff or Chairman  
Richard D. Walter, M.D.  
*Charles Brinkman, III, M.D.*  
Chairman of Internship Committee  
*Aaron Lohr*  
Superintendent  
Aaron Lohr

[SEAL]



BOARD OF MEDICAL QUALITY ASSURANCE  
1410 HOVE AVENUE SACRAMENTO, CA 95825  
APPLICATIONS AND EXAMINATIONS  
1976/929-6411

ESTABLISHED BY PROVISION OF GOVERNMENT



PLEASE FORWARD TO YOUR MEDICAL SCHOOL  
CERTIFICATE OF EDUCATION

This Certifies That

**VIRGINIA ANN SIEGFRIED**

Full name of applicant

enrolled in **College of Physicians and Surgeons, Columbia University**

Name of medical school (college)

on the **1st** day of **September**

19 **75**

Year

as a Freshman

with advanced standing based on

Please specify

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

PHYSICS

CHEMISTRY

BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at **Stanford University B.S. 1975**

Please indicate school

, and that he attended while at this

medical school (college)

**4**

Specify number

courses of lectures of

**36**

Specify number of weeks

weeks each,

completing

Total hours

hours in the subjects below listed, and that he/she:

was granted the degree **Bachelor Doctor** of Medicine.

left the above-mentioned medical school (college) for the following reason(s):

on the **16** day of **MAY** 19 **79**

Month

Year

Please indicate which of the following courses of study were successfully undertaken by the applicant:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> Anatomy                                | <input checked="" type="checkbox"/> Dermatology                           | <input checked="" type="checkbox"/> Preventive medicine, including nutrition               | <input checked="" type="checkbox"/> Otolaryngology                    |
| <input checked="" type="checkbox"/> Embryology                             | <input checked="" type="checkbox"/> Physical medicine                     | <input checked="" type="checkbox"/> Radiology, including radiation safety                  | <input checked="" type="checkbox"/> Obstetrics and gynecology         |
| <input checked="" type="checkbox"/> Histology                              | <input checked="" type="checkbox"/> Therapeutics                          | <input checked="" type="checkbox"/> <del>Tropical medicine</del> <b>Parasitic diseases</b> | <input type="checkbox"/> Human sexuality as defined in Section 2192.3 |
| <input checked="" type="checkbox"/> Neuroanatomy                           | <input checked="" type="checkbox"/> Surgery, including orthopedic surgery | <input checked="" type="checkbox"/> Medicine   | <input type="checkbox"/> Child Abuse detection and treatment          |
| <input checked="" type="checkbox"/> Physiology                             | <input checked="" type="checkbox"/> Urology                               | <input checked="" type="checkbox"/> Pediatrics   |   |
| <input checked="" type="checkbox"/> Biochemistry                           | <input checked="" type="checkbox"/> Ophthalmology                         | <input checked="" type="checkbox"/> Psychiatry   |   |
| <input checked="" type="checkbox"/> Pathology, bacteriology and immunology | <input checked="" type="checkbox"/> Pharmacology                          | <input checked="" type="checkbox"/> Neurology  |   |
|  |   | <input checked="" type="checkbox"/> Anesthesia   |   |

Signed and the College seal affixed this **3rd** day

of **June** 19 **80**

By

*Atcholia Autosik*  
Assoc. Registrar

NATIONAL BOARD OF MEDICAL EXAMINERS  
 OF THE  
 UNITED STATES OF AMERICA

**VIRGINIA ANN SIGGRIED, M.D.**  
 Having satisfied all the requirements and having successfully passed the examinations, I  
 hereby declare a Diplomate of the National Board of Medical Examiners.

Attest: **WILLIAM B. HOLDEN**  
 Chairman of the Board

SEAL: **EDITH J. LEVIT**  
 President of the Board

Ex. # 07/01/80 Cert # 209787

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of **COLUMBIA U COL PHYS SURGN** whose birth date is **09/22/1953** following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 06/77</u>		
Anatomy, incl. histology and embryology		
Physiology		
Biochemistry		
Pathology		
Microbiology, incl. immunology		
Pharmacology and Materia Medica		
Behavioral Sciences		
<u>(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**</u>		
<u>Part II passed 04/78</u>		
Internal medicine and the medical specialties		
Surgery and the surgical specialties		
Obstetrics and Gynecology		
Public Health and Preventive Medicine		
Pediatrics		
Psychiatry		
<u>(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**</u>		
<u>PART III passed 03/80</u>		
A General Test of Clinical Competence		
<u>(Minimum Passing Grade 290/75)</u>		
<b>AVERAGE</b>		
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		
	(Scale Score)	

\*Examinations taken in June 1977 are reported with both Standard and Scale Score Equivalents

\*\*The National Board criteria for certification are based upon candidate's Total Grade in Part I. Part II and III are a list of specific individual subjects within each Part.

*Edith J. Levit*  
 Secretary for Certification  
 07/15/80

THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME GREETING

BE IT KNOWN THAT

VIRGINIA ANN SIEGFRIED

HAVING COMPLETED THE STUDIES AND SATISFIED THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF MEDICINE

HAS ACCORDINGLY BEEN ADMITTED TO THAT DEGREE WITH ALL THE RIGHTS PRIVILEGES AND IMMUNITIES THEREUNTO APPERTAINING IN WITNESS WHEREOF WE HAVE CAUSED OUR CORPORATE SEAL TO BE HERE AFFIXED IN THE CITY OF NEW YORK ON THE SIXTEENTH DAY OF MAY IN THE YEAR OF OUR LORD ONE HOUSSAND NINE HUNDRED AND SEVENTY-NINE

SEAN OF THE FACULTY OF MEDICINE

President



RECEIVED  
MAY 16 1979  
STATE OF NEW YORK  
DEPARTMENT OF EDUCATION

# ACOG UPDATE

## CONFIDENTIAL POST-TEST HISTORY REPORT

The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The ACOG UPDATE program is planned and produced in accordance with the ACCME Essentials. The American College of Obstetricians and Gynecologists designates this educational activity for a maximum of 36 hours of credit per year. Each issue of this educational activity meets the criteria for up to 3 cognate and 3 hours of credit in Category 1 of the ACOG Program for Continuing Professional Development and for the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. CME credits will be recorded automatically into the records of Fellows and Junior Fellows of the College.

G 42637

ISSUE NO	DATE ENTERED	SCORE	QUESTIONS ANSWERED INCORRECTLY ARE INDICATED BELOW FOLLOWED BY THE CORRECT RESPONSES AND REFERENCE TO THEIR LOCATION WITHIN THE TRANSCRIPT (PAGE / PARAGRAPH)
1	11/21/03	[REDACTED]	[REDACTED]
2	11/21/03	[REDACTED]	[REDACTED]
3	03/03/04	[REDACTED]	[REDACTED]
4	03/03/04	[REDACTED]	[REDACTED]
5	03/03/04	[REDACTED]	[REDACTED]
6	03/03/04	[REDACTED]	[REDACTED]

CUMULATIVE SCORE: [REDACTED]

Virginia Ann Stiegfried MD ✓  
 Dover Professional Ctr

[REDACTED]





INSTITUTE FOR  
HEALTHCARE  
IMPROVEMENT

The  
Institute for Healthcare Improvement  
certifies that

**virginia siegfried** ✓

has participated in the educational activity entitled  
**IMPACT Patient Safety Winter Learning Session**

All Collaborative Welcome and Plenary (1 hours) 2/12/2004 ✓  
Team Presentations: Medication & Peri-operative Patient Safety (1 hours) 2/12/2004  
Afternoon Sessions 1, Day 1 (1 hours) 2/12/2004  
Afternoon Sessions 2, Day 1 (1 hours) 2/12/2004  
Afternoon Sessions 3, Day 1 (1 hours) 2/12/2004  
Miniplenary: The Latest IOM Reports & Effects (1 hours) 2/13/2004  
Morning Sessions 1, Day 2 (1 hours) 2/13/2004  
Morning Sessions 2, Day 2 (1 hours) 2/13/2004

in  
Nashville, TN

on  
2/11/2004 - 2/13/2004

and is awarded 8 hours of category 1 credit toward  
the AMA Physician's Recognition Award

*The Institute for Healthcare Improvement designates this educational activity for a maximum of  
8 category 1 credits toward the AMA Physician's Recognition Award. Each physician should  
claim only those credits that he/she actually spent in the activity.*

*Donald M. Berwick, MD, MPP  
President and CEO  
Institute for Healthcare Improvement*

375 Longwood Avenue  
4<sup>th</sup> Floor  
Boston, MA 02215

P: (617)754-4800  
F: (617)754-4848  
www.ihp.org

(g)



STRATEGIC  
IMPLICATIONS  
INTERNATIONAL  
A BLP Group Company

1921 Gallows Road  
Suite 360  
Vienna, Virginia 22182

703.821.8400  
703.821.8401 (fax)



Strategic  
Institute for  
Continuing  
Health Care  
Education

A Division of SI  
www.si-inc.com  
The Professional's Network™

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# CME Certificate

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G 42637

*The Strategic Institute for Continuing Health Care Education  
certifies that*

**Virginia Siegfried, MD** ✓  


has participated in the educational activity titled

***Treating Depression and Anxiety to Remission  
Section 2: Focus on Anxiety Disorders***

on

March 1, 2004

and is awarded **1**

*category 1 credit(s) toward the  
AMA Physician's Recognition Award.*

***Jane Ruppenkamp***

*Associate Vice President, Continuing Education*

**Issued:** March 26, 2004

The Strategic Institute for Continuing Health Care Education is accredited  
by the Accreditation Council for Continuing Medical Education (ACCME)  
to provide continuing medical education for physicians.

Dannemiller Memorial Educational Foundation

*Certificate*



Virginia Siegfried, MD ✓  
[REDACTED]

The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity titled, **Chronic Pelvic Pain of Bladder Origin: A Focus on Interstitial Cystitis** on 4/5/2004 and is awarded 1.00 category 1 credit(s) toward the AMA Physician's Recognition Award.

*Alon P. Winnie, M.D.*

Alon P. Winnie, M.D.  
Director CME Program

Dannemiller Memorial Educational Foundation

*Certificate*



Virginia Siegfried, MD  
[REDACTED]

The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity titled, **Understanding Contraceptive Choice: The Patient's Perspective** on 3/9/2004 and is awarded 1.50 category 1 credit(s) toward the AMA



MEDICAL  
EDUCATION  
RESOURCES, INC.  
A Non-Profit Company

1500 West Canal Court  
Littleton, CO 80120-5617

Phone: (303) 798-9682  
Fax: (303) 798-5731  
E-mail: info@mer.org  
Web Site: www.mer.org

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March 31, 2004

Virginia Siegfried, M.D.  


**CERTIFICATION OF CREDIT/  
CERTIFICATE OF ATTENDANCE**

Dear Dr. Siegfried:

We have received your CME quiz from the program, **SELECTING THE OPTION THAT PROVIDES LOWEST FAILURE RATE WITH MAXIMUM EASE OF USE FOR THE BREASTFEEDING PATIENT**. The quiz has been placed in our files and will be available to you should you require it for future reference. Please contact us via E-mail at [data@mer.org](mailto:data@mer.org) to request a graded copy.

Medical Education Resources is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Medical Education Resources designates this educational activity for a maximum of 1.0 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the activity.

This program is approved for 1.0 credit hours in category 2-A of the American Osteopathic Association.

We trust you found this CME activity to be educationally rewarding. A schedule of our CME seminars is enclosed. We hope you can join us in the future for one of these excellent programs.

Sincerely,

Stephen E. Mattingly  
President  
MEDICAL EDUCATION RESOURCES

SEM/kp

THE CENTER FOR CONTINUING EDUCATION IN THE HEALTH SCIENCES  
DARTMOUTH-HITCCHOCK MEDICAL CENTER  
LEBANON, NEW HAMPSHIRE

G 42637

# Certificate of Participation

This is to certify that

Virginia Siegfried, MD ✓

attended the Vulvar Disease Symposium on May 14, 2004 at Radisson Hotel at the Center of New Hampshire, Manchester, New Hampshire.

The Dartmouth-Hitchcock Medical Center designates this educational activity for a maximum of 7 category 1 credits toward the American Medical Association Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity. (CCEE2004-16) 7 Total Credits

Dartmouth-Hitchcock Medical Center's Nursing Continuing Education Council is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This educational activity carries 8.4 contact hours. The Nursing Continuing Education Council is composed of representation from the Veterans Affairs Medical and Regional Office Center, Dartmouth-Hitchcock Clinic-Lebanon, Mary Hitchcock Memorial Hospital, Regional Program for Women's and Children's Health and the Center for Continuing Education in the Health Sciences. Code #CCE-400 8.4 Total hours actually attended.

Mary S. Turco, Ed.D.

Irene H. Bise, MSN, MS, RN

Director, Continuing Medical Education  
Center for Continuing Education in the Health Sciences

Director, Continuing Nursing Education  
Center for Continuing Education in the Health Sciences

The Dartmouth-Hitchcock Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

(1)

G 42637



*The University of California, Irvine College of Medicine certifies that*

**Virginia Siegfried, MD** ✓

*has participated in the educational activity titled*

**Critical Breakthroughs in Stress Urinary Incontinence - Ob/Gyn  
Focus on Risk Assessment, Evaluation. and Treatment  
Issue Two Newsletter 2003**

*on*

**January 27, 2004** ✓

*And is awarded 1 category 1 credit toward the  
AMA Physician's Recognition Award.*

*The University of California, Irvine College of Medicine is accredited by  
The Accreditation Council for Continuing Medical Education  
to provide continuing medical education for physicians.*

A stylized signature of Thomas C. Cesario, M.D., written in black ink.

*Thomas C. Cesario, M.D.  
Dean*

A cursive signature of Gerald A. Maguire, M.D., written in black ink.

*Gerald A. Maguire, M.D.  
Assistant Dean  
Continuing Medical Education*



University of Wisconsin  
MEDICAL SCHOOL

G 42637

Continuing Medical Education

2715 Marshall Court

Madison, WI 53705-2255

608/263-2850

FAX 608/262-8421

www.cme.wisc.edu

July 12, 2004

Virginia Siegfried MD

Dear Participant:

The University of Wisconsin Medical School certifies that Virginia Siegfried MD has participated in the educational activity titled Council on Hormone Education, Volume 2, Number 1, "WHIMS Findings: Do They Apply to Women Who Begin HT Around Menopause?" and is awarded 1.0 category 1 credit toward the AMA Physician's Recognition Award.

This activity was completed in the calendar year 2004.

Sincerely,

George C. Mejicano, MD, MS  
Director  
Office of Continuing Medical Education

GCM:mgd

G 42637

*Wentworth-Douglass Hospital*  
*CME 2004 Credit Report*  
*American Medical Association Approved*

Siegfried, Virginia ✓

MD

**Date**

**Topic**

**Credit**

2/24/2004

Z Hypertension - New Standards and New Strategies

1

7/27/2004

Z Cancer Conference SCC

1

8/24/2004

Z Cancer Conference SCC

1

**Total:**

3

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**CME Credits**

**Exeter Hospital, Inc.**

21-Dec-04

For the period: 1/1/2004 through 12/21/2004

Name	Meeting date	Topic / Affiliation / Presenter	Category	Credits
Siegfried, Virginia A, MD	06/30/2004	Update on the Management of DCIS Jay R. Harris, MD	I	1.00
			Total for category I	1.00
			<b>Total CME Credits</b>	<b>1.00</b>

**This is a True Copy**

*Melbora Cutcliffe*

**Medical Staff Services**



MEMORIAL SLOAN-KETTERING CANCER CENTER  
*Record of Continuing Medical Education*

Memorial Sloan-Kettering Cancer Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians and to award CME credit toward the AMA's Physician Recognition Award. All CME credit hours earned are based upon an hour-for-hour participation, with few exceptions. It is understood that all credits recorded here represent CME activities participated in at Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10021.

Memorial Sloan-Kettering Cancer Center certifies that

**Virginia Siegfried, M.D.**

has participated in the educational activity titled

*Women and Cancer: Issues and Answers, March 31-April 1, 2005*

and is awarded **11.5** category 1 credits toward the AMA Physician's Recognition Award.

Mercedes Castiel, M.D.

Course Director

April 1, 2005

Date

Director of CME

April 1, 2005

Date

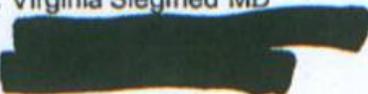
G 426371



G 42637

THE UNIVERSITY  
of  
**WISCONSIN**  
MADISON

January 24, 2005

Virginia Siegfried MD  


Dear Participant:

The University of Wisconsin Medical School certifies that Virginia Siegfried MD has participated in the educational activity titled Council on Hormone Education, Volume 2, Number 4, "Custom-Compounded Therapy: Is There Science to Support the Claims?" and is awarded 1.0 category 1 credit toward the AMA Physician's Recognition Award.

This activity was completed in the calendar year 2005.

Sincerely,



George C. Mejicano, MD, MS  
Director  
Office of Continuing Medical Education

GCM:mgd

Continuing Medical Education

[www.cme.wisc.edu](http://www.cme.wisc.edu)

University of Wisconsin-Madison 2701 International Lane, Suite 208 Madison, Wisconsin 53704  
608/240.2147 Fax: 608/240.2151 Email: [cme@med.wisc.edu](mailto:cme@med.wisc.edu)

Center for Continuing and Outreach Education

May 18, 2005

Virginia Siegfried, MD

Activity: Surgeon General's Report on Bone Health: Applications for the Clinician  
Date: March 01, 2005 to June 30, 2006  
Location: Monograph (Enduring Material)

**Credits Approved**

<u>Category</u>	<u>Amount</u>	<u>Sponsor</u>	<u>Credit ID</u>
I	1.000	AMA-PRA	11S0SW4HI

UMDNJ-Center for Continuing and Outreach Education certifies that Virginia Siegfried has participated in the educational activity "Surgeon General's Report on Bone Health: Applications for the Clinician". The activity was designated for 1.000 AMA PRA Category 1 credit(s). UMDNJ-Center for Continuing and Outreach Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

It is the responsibility of the participant to report only those hours spent in attendance at this activity. For your records you may complete the following statement:

I attended \_\_\_\_\_ hour(s) of this activity and will report only those hours to the State Licensing Board and/or other recording agencies.

Signature of Registrant: \_\_\_\_\_  
License/Registration Number: \_\_\_\_\_

Activity Code : 06MC30 JE01A



Robert R. Moutrie, Ph.D.  
Associate Vice President and CEO  
Continuing and Outreach Education

G 42637

MASSACHUSETTS MEDICAL SOCIETY

CERTIFIES THAT

*Virginia Sigfried*

has participated in the educational activity titled,  
*"Top Ten Risks: How to Avoid Them"* in Concord, NH on Monday, March 22, 2004  
and is awarded 2 category 1 credits.

The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

(2)

G 42637

# DARTMOUTH-HITCHCOCK MEDICAL CENTER

Lebanon, New Hampshire 03756

Phone: (603)653-1234

Fax: (603)653-1507

Center for Continuing Education in the Health Sciences

**DOCUMENTATION OF CONTINUING EDUCATION CREDIT  
&  
CERTIFICATE OF PARTICIPATION  
UPDATE IN WOMEN'S HEALTH: You Asked For It!  
May 2, 2005 - Dartmouth-Hitchcock Medical Center, Lebanon, NH**

**Complete this form and return the white copy with your evaluation at the end of the program. The Center for Continuing Education must receive the white copy to verify your attendance. The attached yellow copy will serve as your Certificate of Participation.**

The Dartmouth-Hitchcock Medical Center designates this educational activity for a maximum of 6.6 category 1 credits toward the American Medical Association Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity. Code # CCE2005-19

Dartmouth-Hitchcock Medical Center's Nursing Continuing Education Council is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This educational activity carries 6.6 contact hours. Code #CCE-435

This activity has been reviewed and is acceptable for up to 5.5 Prescribed credits by the American Academy of Family Physicians.

Please check below the sessions you attended:

		Physician Credits	Nurse Contact Hours	
<input type="checkbox"/>	9:00-9:45am	Medical Treatment of Difficult Cases of Infertility	.75	.9
<input type="checkbox"/>	9:45-10:30am	The Current Evaluation and Management of Fibroids	.75	.9
<input type="checkbox"/>	10:45-11:30am	Endometriosis and Chronic Pelvic Pain	.75	.9
<input type="checkbox"/>	11:30-12:30pm	Vulvar II	1.00	1.2
<input type="checkbox"/>	1:30-2:15pm	Osteoporosis	.75	.9
<input type="checkbox"/>	2:15-3:00pm	Libido	.75	.9
<input type="checkbox"/>	3:10-3:55pm	Treatment of Decreased Sexual Desire	.75	.9
		<b>TOTAL</b>		

*Irene H. Bise, MS, MSN, RN*  
Irene H. Bise, MS, MSN, RN  
Director, Continuing Nursing Education

*Mary G. Turco, Ed.D.*  
Mary G. Turco, Ed.D.  
Director, Continuing Medical Education

5.5

*Allyson Hoyle*

Participant Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

*The Dartmouth-Hitchcock Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.*

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August 29, 2005

Virginia Siegfried MD



CME 2004 - 2005      Total - 59.5 hours

<u>2004:</u>	<u>Sponsor</u>	<u>Date</u>	<u>Hours</u>
	ACOG - update	2/04	12
	IHI	2/04	8
	Strategic Institute	3/04	3.5
	Dannemiller Foundation	4/04	1
	Med. Ed. Res.	3/04	1
	Dartmouth	5/04	7
	MA Med Soc	3/04	2
	UC Irvine	1/04	1
	U Wisconsin	7/04	1
	Wentworth-Douglas H.	2004	3
	Exeter Hospital	6/04	1
<u>2005:</u>	Sloan-Kettering	4/05	11.5
	Dartmouth	5/05	5.5
	U. Wisconsin	1/05	1
	UMDNJ	5/05	1

**MEDICAL BOARD OF CALIFORNIA  
 LICENSE RENEWAL APPLICATION  
 PHYSICIAN AND SURGEON'S**

SSN = 570941692

**MEDICAL BOARD OF CALIFORNIA**

F. YES, I WISH TO CONTINUE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM TOPIC HERE WITH THE LICENSE RENEWAL FEE.

LICENSE NO. 42637  
 EXPIRES 09/30/99

INACTIVE VIRGINIA ANN SIEGRIED

TOTAL ENCLOSED \$ 525

FEE OWED \$660.00

DELINQ FEE IF POSTMARKED AFTER 10/30/99 \$660.00

CME CERTIFICATION STATEMENT  
 I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE COMPLETED AND CAN PROVE THAT I AM AVERAGE OF 24 HOURS OF CME EACH YEAR SINCE MY LAST RENEWAL OF MY LICENSE AND I HOLD A RESIDUAL BOARD OF MEDICAL EXAMINERS OF CALIFORNIA D. SIGNATURE REQUIRED HERE  
*Virginia Siegried* DATE 6/11/99

**E. FOR ADDRESS CHANGE ONLY**

STREET ADDRESS (SHOW IN ENCLOSED CONTACT BELOW)  
 CITY STATE ZIP  
 PHONE NUMBER ( )

**G. FINANCIAL INTEREST STATEMENT**

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST.  
 SIGNATURE REQUIRED HERE  
*Virginia Siegried*

63010700000700006000426379010930990006000000066000

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*Send inactive  
off*  
*JUL 14 2001*

**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM  
1426 Howe Avenue, Suite 56  
Sacramento, CA 95825-3236



**IMPORTANT  
ADDRESS CHANGE  
INFORMATION**

You must report all address changes to the board within 30 days. Please allow only 32 characters per line for your new address. Return to the address indicated above. If the address reported is a post office box, you must also provide a street address.

**MUST INCLUDE  
PHYSICIAN'S SIGNATURE**

07A-107 (Rev. 7/2000)

License #: 642637 Name: Virginia Siegfried MD

New Address: Dovey Professional Center Suite 201

[Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Street Address if PO Box is used: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: Virginia Siegfried Date: 7-5-01

Telephone Number: [Redacted]

MEDICAL BOARD OF CALIFORNIA  
STATE OF CALIFORNIA



I do hereby certify that this document is a true and correct copy of the original on file in this office.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Title