

197 986

Interview File Report

8/5/02

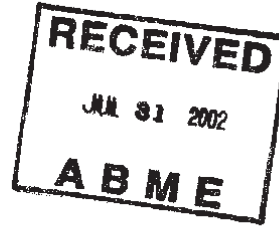
TAMER YVETTE MIDDLETON

Board Date	08/21/2002	License#	MD.
Intended Location	UNKNOWN		
POB	SAVANNAH, GA USA	DOB	February 26, 1963
Original License	USMLE	Date	05/14/2002

PrcMed	AGNES SCOTT COL		
Medical	MOREHOUSE SCHOOL OF MEDICINE		8/96-5/00
Residency	THE MEDICAL CENTER		7/00-6/01

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 - Montgomery, Alabama 36101

APPENDIX A
MEDICAL SCHOOL CERTIFICATION



CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Tamer Yvette Middleton of Atlanta, GA
matriculated in the Doctor of Medicine Pgm at Morehouse School of from 8/6/96
Medicine
to 5/20/00 and received a diploma from Morehouse School of Medicine
conferring the degree of Doctor of Medicine on May 20, 2000

Date 7/24/02

Angela W. Franklin, PhD
President, Secretary or Dean

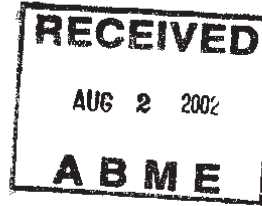
(SEAL)

Morehouse Sch Med
8/15

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue - 36104



APPENDIX B
POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, JOHN R. BUCHOLTZ, D.O., Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of THE MEDICAL CENTER Hospital at 710 CENTER STREET COLUMBUS, GEORGIA certify that the records of this Hospital show that Tamer Yvette Middleton has successfully completed *(1 year / 3 years) post graduate education training in this hospital extending from JULY 1, 2000 to JUNE 30, 2001 (circle one)

I further certify that in so far as the records reveal the said Dr. TAMER YVETTE MIDDLETON is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date JULY 22, 2002

John R. Bucholtz, D.O.
Administrator of Hospital
Medical Education Director
Director of Residency Training

(SEAL OF HOSPITAL)

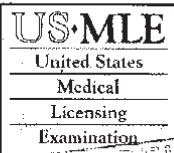
The Medical Center
JRB

* Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

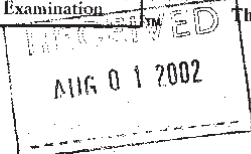
*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.



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



This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 07/31/2002

Alabama State Board of Medical Examiners
ATTN: Larry D. Dixon, Executive Director
P O Box 946
Montgomery, AL 36101-0946

Examinee: Middleton, Tamer Yvette
USMLE ID#: 5-038-845-3
DOB: 02 / 26 / 1963
Alt Name(s):

Results for all 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. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
	6/9/1998	PASS	187 (179)	77 (75)	
STEP2	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
	2/25/2000	PASS	191 (170)	79 (75)	
STEP3 State Board	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
GEORGIA	5/14/2002	PASS	190 (182)	78 (75)	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

Patent 5636874



CDS

4.00.10

9183595

Page: 1 of 1

TouchSafe®

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

Authenticity of USMLE Transcripts

An original, certified transcript of United States Medical Licensing Examination scores is printed using black ink on blue safety paper and is produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

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 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.

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 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 of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".

ALABAMA BOARD OF MEDICAL EXAMINERS

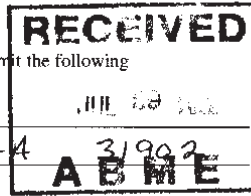
P.O. Box 946 — Montgomery, AL 36101
 848 Washington Avenue - 36104
 (334) 242-4116

#175.0
 rec'd

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.



1. Name in Full TAMER Yvette Middleton
 2. Address 1900 Tenth Avenue Suite 100 Columbus, GA
 3. Place of Birth Savannah, GA Date of Birth 02-26-1963
 Social Security # [REDACTED] Sex F Telephone (H) 404-342-1430 (W) 766-571-1430

	YES	NO
4. Have you ever been convicted of a felony?	_____	<input checked="" type="checkbox"/>
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?	_____	<input checked="" type="checkbox"/>
6. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?	_____	<input checked="" type="checkbox"/>
7. Have you ever been denied a state or federal controlled substance certificate?	_____	<input checked="" type="checkbox"/>
8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	<input checked="" type="checkbox"/>
9. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	<input checked="" type="checkbox"/>
10. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	<input checked="" type="checkbox"/>
11. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?	_____	<input checked="" type="checkbox"/>
12. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?	_____	<input checked="" type="checkbox"/>
13. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	<input checked="" type="checkbox"/>
14. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	_____	<input checked="" type="checkbox"/>
15. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	<input checked="" type="checkbox"/>
16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	<input checked="" type="checkbox"/>
17. Are you currently engaged in the illegal use of controlled dangerous substances?	_____	<input checked="" type="checkbox"/>
18. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	_____	<input checked="" type="checkbox"/>
19. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	_____	<input checked="" type="checkbox"/>
20. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____	<input checked="" type="checkbox"/>

"The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

21. Military Service, Branch NONE Dates _____
 22. Place of Intended Residence in Alabama I will continue to live in Columbus GA. Mailing addresses above

011040

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

List all schools attended, elementary through college and post-graduate work other than medical school.

	Name of School	Dates Attended	Degree Conferred
1.	Agnes Scott College	1981 - 1985	Bachelor of Science
2.	Robert W Groves High School	1977 - 1981	High School Diploma
3.	Mercer Middle School	1975 - 1977	
4.	Bartow Elementary	1973 - 1975	
5.	Port Wentworth Elementary (Formerly Strong Elementary)	1969 - 1973	
6.			
7.			

II. MEDICAL EDUCATION

List all medical schools attended, dates, and complete addresses of institutions. Do not list post graduate medical education training.

	Name of School	Address
1. From	1996 to 2000 Morehouse School of Medicine	720 Westview Drive Atlanta, GA
2. From	_____ to _____	_____
3. From	_____ to _____	_____

III. POST GRADUATE MEDICAL EDUCATION TRAINING

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

	Hospital/Institution	Address
1. From	2000 to Present (7/2002) Family Practice Program Columbus Regional	1900 Tenth Ave. Suite 100 Columbus, GA 31902
2. From	_____ to _____	_____
3. From	_____ to _____	_____
4. From	_____ to _____	_____
5. From	_____ to _____	_____
6. From	_____ to _____	_____
7. From	_____ to _____	_____
8. From	_____ to _____	_____

Specialty(s) Family Practice

IV. ORIGINAL LICENSE (If Applicable)

I was issued my original (first) license in the State of NONE on _____ license number _____ based upon _____ examination. I certify that this license has not been the subject of any disciplinary action. If so please explain on attached sheet.

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete address. Use separate sheet if necessary.

	Place	Address
1. From _____ to _____	Still in training program (3 rd year of Family Practice at Columbus Regional	Residency)
2. From _____ to _____		
3. From _____ to _____		
4. From _____ to _____		
5. From _____ to _____		
6. From _____ to _____		
7. From _____ to _____		
8. From _____ to _____		
9. From _____ to _____		
10. From _____ to _____		

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

	Hospital	Address
1. From 2000 to Present	Columbus Regional	710 Center Street Columbus, GA 31908-1527
2. From _____ to _____		
3. From _____ to _____		
4. From _____ to _____		
5. From _____ to _____		
6. From _____ to _____		
7. From _____ to _____		
8. From _____ to _____		
9. From _____ to _____		
10. From _____ to _____		
11. From _____ to _____		
12. From _____ to _____		
13. From _____ to _____		
14. From _____ to _____		

**VII. STATE LICENSURE
(If Applicable)**

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

NONE

VIII. SPEX

yes USMLE STEP 3 5/2002

1. Have you successfully completed a written licensing examination within the last ten years? **YES** **NO**
2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years? **YES** **NO**

IX. AFFIDAVIT AND RELEASE

I, Tamer Yvette Middleton, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connect with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

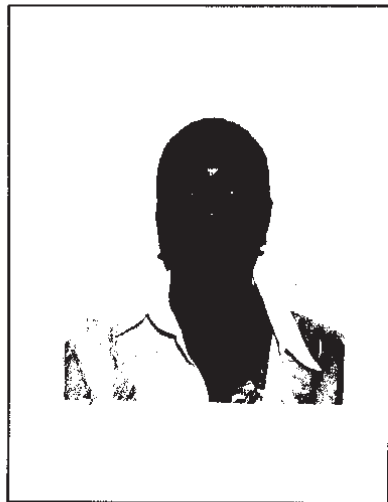
I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Date July 26, 2003
County of Douglas
State of Georgia

Tamer Y. Middleton
Applicant's Signature

SWORN to and subscribed before me this 26 day of July 2003

Mary Bowdell
Notary Public
My Commission Expires AUGUST 26, 2004





ALABAMA STATE BOARD OF MEDICAL EXAMINERS

JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
FAX: (334) 242-4155
E MAIL: jbaskin@albme.org

August 2, 2002

Tamer Yvette Middleton, M.D.
1900 Tenth Avenue Suite 100
Columbus, GA 31902

Dear Dr. Middleton:

This will acknowledge receipt of your completed application for endorsement. Your application will be considered by the Board of Medical Examiners at its meeting on **August 21, 2002**.

If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this state. Enclosed please find an application for licensing by the Commission. **In order to expedite your application, please complete the enclosed form and return to this office with the required fee of \$75.** The Commission will meet on **August 28, 2002**.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Once you receive your Alabama license please complete the application, **to include your full name and correct address**, and return it with the required fee of \$100. In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. Also enclosed is information relative to the requirement of continuing medical education. If you have any questions or if this office can be of further assistance to you please contact us.

Sincerely,

Jackie Baskin
Director of Licensure

/jb

Encs.



Middleton
✓

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
or (334) 242-4116
FAX: (334) 242-4155
E Mail: jbaskin@albme.org

July 29, 2002

Tamer Yvette Middleton, M.D.
1900 Tenth Avenue Suite 100
Columbus, GA 31902

Dear Dr. Middleton:

Your endorsement application was received in this office today. Before it can be considered by the Board, at its meeting on **September 18, 2002** the following items must be submitted by **August 29, 2002**. You will be notified once your application is complete.

- | | |
|--|---|
| <input type="checkbox"/> Check for \$175 | <input type="checkbox"/> FLEX Scores (from Federation) |
| <input type="checkbox"/> Completion of Section I | <input type="checkbox"/> NBME Scores (from NBME) |
| <input type="checkbox"/> Completion of Section II | 8/1 ✓ <input checked="" type="checkbox"/> USMLE Scores (from Federation) |
| <input type="checkbox"/> Completion of Section III | <input type="checkbox"/> NBOME Endorsement of Certification |
| <input type="checkbox"/> Completion of Section IV | <input type="checkbox"/> SPEX Scores (from Federation) |
| <input type="checkbox"/> Completion of Section V | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Completion of Section VI | <input type="checkbox"/> LMCC Certification |
| <input type="checkbox"/> Completion of Section VII
We have not yet received
verification from the state(s)
of _____ | <input type="checkbox"/> ECFMG Certification (from ECFMG) |
| <input type="checkbox"/> Completion of Section VIII | <input type="checkbox"/> Board Certification (from AMA/AOA
approved Specialty Board) |
| 7/31 ✓ <input checked="" type="checkbox"/> Appendix A (medical school) | <input type="checkbox"/> Photograph |
| 8/2 ✓ <input checked="" type="checkbox"/> Appendix B (post graduate training) | <input type="checkbox"/> APHP Recommendation (see enclosed) |
| <input type="checkbox"/> Appendix C (original stateboard) | <input type="checkbox"/> Period Unaccounted For |

Sincerely,

Jackie Baskin



**ALABAMA BOARD OF MEDICAL EXAMINERS/MEDICAL LICENSURE COMMISSION
RECEIPT**

Receipt Number: 31064
Reference: 2839
Staff: JBaskin

Date of Receipt: 07/29/2002
Total Amount: \$175.00

Received From(Individual)	GL Code GL Description	Amount
TAMER YVETTE MIDDLETON 1900 10TH AVENUE STE 100 COLUMBUS, GA 31902	100-4101 License Application Fee	\$175.00

