

0093185.00243 (4/0/4/0)

03000105402

90404

**APPLICATION FOR
LICENSURE AND/OR EXAMINATION**

FOR OFFICIAL USE ONLY

HOKE, CAROLINE MARKEY MD
 0035 file# 90404 05-25-04
 By: ENDORSEMENT ASG: t Andrews

Essary for consideration for licensure
 of this information is VOLUNTARY
 being processed

RECEIVED
 STATE OF ILLINOIS
 JUN 30 2004
 ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION AND CONTINENTAL TESTING SERVICE

- Application for
- Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION
 - INSTRUCTION SHEET which gives step by step application instructions for your profession
 - REFERENCE SHEET, which gives detailed coding information for your profession
 - SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application
 - If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order

- Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:
- Type or print legibly with black ink only.
 - FEES ARE NOT REFUNDABLE.**
 - Disclosure of your U.S. social security number (You have an ADP, is mandatory, in accordance with Illinois Compiled Statutes 100/70-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME PHYSICIAN	2. PROFESSION CODE D 3 6	3. LICENSURE METHOD ENDORSEMENT	4. FEE \$ 300
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F. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

<input checked="" type="checkbox"/> This is the first time I have made application for this profession in Illinois.	<input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.	<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.
<input type="checkbox"/> Other: _____	

PART II: Applicant Identifying Information - You must notify the Department of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME - LAST FIRST MIDDLE HOKE CAROLINE MARKEY	2. TITLE (eg MD, DDS, etc.) M.D.	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
4. PERMANENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]		
6. GENDER - GIVE SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME SEMPSON
8. PLACE OF BIRTH - CITY, STATE, COUNTRY [REDACTED]		

PART III: Education Information

NAME (Last, First, MI):

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)
 1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED: Lejeune High School
 3. LAST PRELIMINARY SCHOOL LOCATION (City and State): CAMPLESCUNE, NC
 4. DATE OF GRADUATION: 06/11/99
Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)
 1 2 3 4 5 6 7 8 Graduated? Yes No

SS#

PROFESSION:

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
<u>UNIVERSITY OF N.C. @ Chapel Hill</u>	<u>Chapel Hill, NC</u>	<u>8/93</u>	<u>5/96</u>	<u>B.S.</u>
<u>UNC @ Chapel Hill</u>	<u>Chapel Hill, NC</u>	<u>8/96</u>	<u>5/00</u>	<u>M.D.</u>

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
<u>UNC Chapel Hill</u>	<u>Chapel Hill, NC</u>	<u>7/00</u>	<u>6/04</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

0093185.00243 (40/40)

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc)
State of Original Licensure NORTH CAROLINA	PHYSICIAN	2004-00358	4/22/04	ACTIVE
State of Current Licensure where you most recently have been practicing NORTH CAROLINA	PHYSICIAN	2004-00358	4/22/04	ACTIVE
Other States of Licensure				

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

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
USMLE STEP 1	NC	6/98	(Passed, Failed, Absent) PASSED
USMLE STEP 2	NC	8/99	PASSED
USMLE STEP 3	NC	11/03	PASSED

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

NAME (Last, First, MI):

SS#:

Profession:

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1	Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.		<input checked="" type="checkbox"/>
2	Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition, (2) alcohol or other substance abuse, (3) physical disease or condition that presently interferes with your ability to practice your profession? If yes, attach a detailed statement including an explanation whether or not you are currently under treatment.		<input checked="" type="checkbox"/>
3	Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		<input checked="" type="checkbox"/>
4	Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		<input checked="" type="checkbox"/>

NAME (Last, First, MI):

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

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

a) CHART II - Select examination(s) you desire and enter Test Codes.

b) CHART III - Select the examination site you desire and enter Test Center Code.

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c) CHART IV - Find your School of Graduation and enter school code.

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d) Record the number of times you have taken this exam in Illinois or any other state:

--	--

e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? Yes No

SS#

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.") Yes No

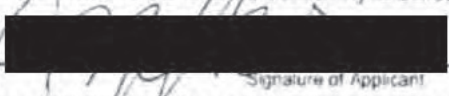
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

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

Profession:

PART IX: Certifying Statement

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

 _____
Signature of Applicant

4/25/04 _____
Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

0093185 00243 (40/40)

THE UNIVERSITY OF NORTH CAROLINA CHAPEL HILL



David C. Lauer
University Registrar

Name: Hoke, Caroline Markey
Student Nr: [REDACTED]
Print Date: [REDACTED]
H

RAISED SEAL NOT REQUIRED

Issued to: *****
ISSUED TO STUDENT IN
A SEALED ENVELOPE

1994 SPRING TERM
CHEM 025L ADV QUANT CHEM LAB
CHEM 051 INTRO INORG CHEM
CLAR 050 ARCHAEOLOGY ITALY
MATH 033 CALC FUNC SEV VAR
PHIL 032 PHILOSOPHY RELIGION
POLI 086H INTERM REL WRLD POL
AHRS EHRS

Requested by: Caroline Markey Hoke

UNDERGRADUATE Academic Record

Secondary Schools:
LEJEUNE HIGH SCHOOL Grad: 06/1993

1994 SECOND SUMMER
BIOL 062 INTRO PHYSIOLOGY
BIOL 062L PHYSIOLOGY LAB
AHRS EHRS

Degrees Awarded:
BS CHEMISTRY 05/12/1996
COLLEGE OF ARTS & SCIENCES
Major: CHEMISTRY (BS)
Cum GPA: 3.192
DOCTOR OF MEDICINE 05/21/2000
SCHOOL OF MEDICINE (MD)
Major: MEDICINE

1994 FALL TERM
BIOL 053 MOLEC BIOL & GENET
CHEM 041 ANALYTICAL METHODS
CHEM 041L LAB ORG/ANALY BIO
CHEM 065H HONORS ORG CHEM I
MATH 083 LIN/ALG DIFF EQ
PSYC 080 BEHAVIOR DISORDERS
AHRS EHRS

1993 FALL TERM
Admitted Program:
GENERAL COLLEGE
BACHELORS DEGREE
Major: CHEMISTRY (BS)

BIOL 011 PRINCIPLES OF BIOL
BIOL 011L INTRO BIOLOGY LAB
CHEM 011 GEN DESCRIPT CHEM I
CHEM 011L QUANT CHEM LAB I
CHEM 025H ADV GENERAL CHEM
CLAS 029 EPIC AND TRAGEDY
ENGL 011 ENG COMP & RHETORIC
ENGL 013 ADV EXPOSITORY WRIT
FREN 003 INTERMEDIATE FRENCH
FREN 004 INTERMEDIATE FRENCH
HIST 021 AM HIST TO 1865
HIST 022 AM HIST SINCE 1865
MATH 031 CALC FUNC ONE VAR I
MATH 032 CAL FUNC ONE VAR II
PHYA 033 WEIGHT TRAINING
PSYC 010 GENERAL PSYCHOLOGY

1995 SPRING TERM
BIOL 052 CELL & DEVEL BIOL
CHEM 066H HONORS ORG CHEM II
CHEM 066L HONRS ORG CHEM LAB
HIST 083 ORIGINS CHIN REVOL
PHYA 035Y INTER WEIGHT TRAIN
EXCLUDE FROM HRS TO GR
PHYS 026 MECHANICS
AHRS EHRS

1995 SECOND SUMMER TERM
Program:
COLLEGE OF ARTS & SCIENCES
BS CHEMISTRY
Major: CHEMISTRY (BS)
***** No Further Entries This Page *****

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Document Description

The face of this document contains information recorded by the University Registrar concerning the referenced student's ENROLLMENT, DEGREE(S) AWARDED, or TRANSCRIPT. An Enrollment Certification provides dates of attendance and is self-explanatory. Degree Award letters contain the degree program name and date(s) awarded. Transcript explanations are shown below. The documents should be considered official only when it bears the FACSIMILE signature of the University Registrar and the University seal and is generated on ODT paper that can be tested for authenticity. See instructions below "TO TEST FOR AUTHENTICITY".

NOTE: This is to alert recipients of student academic transcripts that effective April 1998, the "STUDENT NR" appearing on the front of the transcript is not a Social

Security Number. It is a number assigned by UNC Chapel Hill and is used only as our record identifier.

A student is in good standing at this university unless otherwise noted on the transcript. Disciplinary penalties are shown only when these are in effect at the time the transcript is issued.

Length of the Year: The year consists of two regular semesters of approximately seventeen weeks and a summer session which is divided into two terms of approximately five and one half weeks each. One (1) semester credit is the value of each lecture hour or two to three laboratory hours per week whether or not the course was passed. Prior to September 1, 1953, the year consisted of three regular quarters of approximately twelve weeks each and a summer quarter divided into two terms of approximately six weeks each.

GRADING SYSTEM EXPLANATION

Undergraduates & Professionals	
A	Highest Level of Attainment
B	High Level of Attainment
C	Adequate Level of Attainment
D	Minimal Passing Level of Attainment
F	Failed - Unacceptable Performance
CO	(Cond) - Conditional
IN	(Inc) - Work Incomplete
AB	(Abs) - Absent from Exam
FA	Failed - unacceptable performance (Absent from exam but could not have passed even if the exam had been taken.)
PS	Passing grade for course using Pass-Fail grading (Prior to Fall 1991 PS = D or better; Fall 1991 and subsequent PS = C- or better)
SP	Satisfactory Progress (authorized only for first portion of Honors Program). Prior to second summer session 1995 grade = S.
F	Administratively assigned after failure to convert an incomplete (IN) or absence (AB) to a grade within the allowed time. (Commencing with Fall 1978 semester).

Other Grade Symbols	
NG	(No Grade) - No grade assigned. Recorded for all "General Registration" (course number 400). Also recorded as a notation for failure of Language Reading Exam. for authorized professional school zero credit courses; which are not assigned a grade, or Judicial Pending cases.
DE	(By Exam) - Credit by examination without enrollment in the course
PL	(Placement) - Credit based on an evaluation which places the student in an advanced course
W	Withdrawn without penalty
CC	(Composition Condition) - May be assigned in addition to any regular grade and indicates marked deficiency in English composition.
***	(No Report) Class roll not received. Prior to Fall 1994 grade = NR
Effective Fall 1994, Dean's List notations are recorded on the transcript.	
Effective Spring 1995, Veterans Academic Achievement Award notations are recorded on the transcript.	

Graduates	
H	Clear Excellence
HP**	Above Average
P	Entirely Satisfactory
LP**	Below Average
I	Low Passing
F	Failed
S	Satisfactory Progress Research and Thesis Also used to indicate satisfactory completion of the Language Reading Requirement
IN	(Inc) - Work Incomplete
AB	(Abs) - Absent from exam

(Note: Graduate students enrolled in courses below 100 should receive undergraduate grades.) Graduate grades of H, P, and L should not be interpreted as equivalent to undergraduate grades of A, B and C. Prior to September 1960, P was the only passing grade for graduate students and covered all standards of excellence. **Effective with the Fall 1997 semester for Professional Pharmacy students.

Quality Points and Quality Point Averages (Undergraduates)

Quality point values, per semester hour, are assigned as shown below.

Summer School 1960 through Fall 1976	Spring 1977 through Summer Session 1978	Fall 1978 and Subsequent
A 4	A 4	A 4.0
	A- 3.7	A- 3.7
B 3	B+ 3.3	B+ 3.3
	B 3.0	B 3.0
	B- 2.7	B- 2.7
C 2	C+ 2.3	C+ 2.3
	C 2.0	C 2.0
	C- 1.7	C- 1.7
D 1	D+ 1.3	D+ 1.3
	D 1.0	D 1.0
F 0		F 0.0

Quality Point Average is determined by dividing the sum of quality points by the sum of semester hours. Semester hours with grades (or notations) of NG, NR, PS, SP, BE, P, W, H, P and L are ignored in computing averages. Temporary grades of IN (incomplete) and AB (Absent from Exam) are treated as an F (zero grade points) until removed.

Prior to the Fall Semester 1978, semester hours with the notation of NR or NG are included in the quality point average computations with zero grade points.

Course Numbering System

The numbers assigned to courses are normally categorized as follows:

001-048	Courses primarily for freshmen and sophomores
050-099	Courses primarily for juniors and seniors
100-199	Courses for advanced undergraduates and graduate students
200-299	Courses for graduate students only
300-399	Seminar and Research courses for graduate students
600-699	Interdisciplinary courses for advanced undergraduates and graduate students
700-799	Interdisciplinary courses for graduate and professional students only

Quality Points and Quality Point Averages (As Assigned by Law School)

Fall 1973 through Summer Session 1981	Fall 1981 through Summer Session 1988	Fall 1988 through Summer Session 1993
A 4.0	A* 4.0	A+ 4.3
	A- 3.75	A 4.0
B 3.0	B+ 3.25	A- 3.7
	B 3.0	B+ 3.3
	B- 2.75	B 3.0
C+ 2.5	C- 2.25	B- 2.7
C 2.0	C 2.0	C+ 2.3
	C- 1.75	C 2.0
D 1.0	D+ 1.25	C- 1.7
	D 1.0	D+ 1.3
	D- .75	D 1.0
F 0.0	F 0.0	D- .7
		F 0.0

* In rare instances, a grade of A+ (4.25) may be awarded in recognition of exceptionally high performance.

Effective Fall 1993, Law School grades are assigned on a numerical scale ranging from 4.0 to 0.0 (the corresponding quality points are 4.0 to 0.0). A grade of 7 is the lowest passing grade (the corresponding quality point is .7). In rare instances, a grade of 43 (4.3 quality points) is awarded in recognition of exceptionally high performance. Due to computer system limitations, the decimal point could not be printed as part of the numeric grade until First Summer Session 1998.

TO TEST FOR AUTHENTICITY: This face of this document has a blue background and the name of the institution appears in small print. Apply liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL • UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

ADDITIONAL TEST: When photocopied, the word COPY will appear prominently across the face of the entire document. A black and white document is not an original and should not be accepted as an official institutional document. ALTERATION OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE! If you have additional questions about this document, please contact the Office of the Registrar at 919-962-3954. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974.

THE UNIVERSITY OF NORTH CAROLINA CHAPEL HILL



David C. Lanier
University Registrar

Name: Hoke, Caroline Markey
Student No: [REDACTED]
Print Date: [REDACTED]

RAISED SEAL NOT REQUIRED

CHEM 130 INTRO BIOLÓG CHEM
PHYS 027 ELECTROMAG & OPTICS
AHRS EHRS

[REDACTED]

1995 FALL TERM
BIOC 105 MOLECULAR BIOLOGY
CBIO 106 THE CELL
CHEM 170L SYNTH CHEM LAB I
CHEM 181 PHYS CHEM I
PHIL 020H INTRO: MAIN PROBS
PHYA 997 SWIM REQ MET
AHRS EHRS

[REDACTED]

1996 SPRING TERM
CHEM 131 NUCLEIC ACID CHEM
CHEM 136L LAB TECH/BIOCHEM
CHEM 182 PHYS CHEM II
CHEM 182L PHYS CHEM LAB II
AHRS EHRS

[REDACTED]

1993 HIGH SCHOOL FOREIGN LANGUAGE: FRENCH
1994 COMPLETED FRESHMAN HONORS PROGRAM
1995 COMPLETED SOPHOMORE HONORS PROGRAM
1995 ALPHA EPSILON DELTA SOCIETY
*** End of UNDERGRADUATE Academic Record ***

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GRADING SYSTEM EXPLANATION

Undergraduates & Professionals

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- B High Level of Attainment
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- IN (Inc) - Work Incomplete
- AB (Abs) - Absent from Exam
- FA Failed - unacceptable performance (Absent from exam but could not have been passed even if the exam had been taken)
- PS Passing grade for course using Pass-Fail grading (Prior to Fall 1991 PS = D or better, Fall 1991 and subsequent PS = C or better)
- SP Satisfactory Progress (authorized only for first portion of Honors Program). Prior to second summer session 1995 grade = S. Administratively assigned after failure to convert an incomplete (IN) or absence (AB) to a grade within the allowed time. (Commencing with Fall 1978 semester)

Other Grade Symbols

- NG (No Grade) - No grade assigned. Recorded for all "General Registration" (course number 400). Also recorded as a notation for failure of Language Reading Exam, for authorized professional school zero credit courses which are not assigned a grade, or judicial pending cases.
 - BE (By Exam) - Credit by examination without enrollment in the course
 - PL (Placement) - Credit based on an evaluation which places the student in an advanced course
 - W Withdrawn without penalty
 - CC (Composition Condition) - May be assigned in addition to any regular grade and indicates marked deficiency in English composition
 - *** (No Report) Class not received. Prior to Fall 1994 grade = NR
- Effective Fall 1994, Dean's List notations are recorded on the transcript.
Effective Spring 1995, Veterans Academic Achievement Award notations are recorded on the transcript.

Graduates

- H Clear Excellence
 - HP** Above Average
 - P Entirely Satisfactory
 - LP** Below Average
 - I Low Passing
 - F Failed
 - S Satisfactory Progress Research and Thesis
- Also used to indicate satisfactory completion of the Language Reading Requirement*
- IN (Inc) - Work Incomplete
 - AB (Abs) - Absent from exam

(Note: Graduate students enrolled in courses below 100 should receive undergraduate grades.)
Graduate grades of H, P, and L should not be interpreted as equivalent to undergraduate grades of A, B and C.
Prior to September 1960, P was the only passing grade for graduate students and covered all standards of excellence.
**Effective with the Fall 1997 semester for Professional Pharmacy students

Quality Points and Quality Point Averages

(Undergraduates)

Quality point values, per semester hour, are assigned as shown below

Summer School through Fall 1975	Spring 1977 through Summer School 1978	Fall 1978 and Subsequent
A 4	A 4	A 4.0
B 3	B+ 3	A 3.7
	B 3	B+ 3.3
	B- 3	B 3.0
C 2	C+ 2	B- 2.7
	C 2	C+ 2.3
	C- 2	C 2.0
D 1	D+ 1	C- 1.7
	D 1	D+ 1.3
F 0		D 1.0
		F 0.0

Quality Points and Quality Point Averages

(As Assigned by Law School)

Fall 1973 through Summer Session 1981	Fall 1981 through Summer Session 1988	Fall 1988 through Summer Session 1993
A 4.0	A* 4.0	A+ 4.3
	A- 3.75	A 4.0
B 3.0	B+ 3.25	A- 3.7
	B 3.0	B+ 3.3
	B- 2.75	B 3.0
C+ 2.5	C+ 2.25	B- 2.7
C 2.0	C 2.0	C+ 2.3
	C- 1.75	C 2.0
D 1.0	D+ 1.25	C- 1.7
	D 1.0	D+ 1.3
	D- .75	D 1.0
F 0.0	F 0.0	D- .7
		F 0.0

Quality Point Average is determined by dividing the sum of quality points by the sum of semester hours. Semester hours with grades (or notations) of NG, NR, PS, SP, BE, PL, W, H, P and L are ignored in computing averages. Temporary grades of IN (incomplete) and AB (absent) from exam are treated as an F (zero grade points) until removed.

Prior to the Fall Semester 1978, semester hours with the notation of NR or NG are included in the quality point average computations with zero grade points.

Course Numbering System

The numbers assigned to courses are normally categorized as follows:

- 001-049 Courses primarily for freshmen and sophomores
- 050-099 Courses primarily for juniors and seniors
- 100-199 Courses for advanced undergraduates and graduate students
- 200-299 Courses for graduate students only
- 300-399 Seminar and Research courses for graduate students
- 600-699 Interdisciplinary courses for advanced undergraduates and graduate students
- 700-799 Interdisciplinary courses for graduate and professional students only

TO TEST FOR AUTHENTICITY: The face of this document has a blue background and the name of the institution appears in small print. Apply liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

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ADDITIONAL TEST: When photocopied, the word COPY will appear prominently across the face of the entire document. A black and white document is not an original and should not be accepted as an official institutional document. ALTERATION OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE. If you have additional questions about this document, please contact the Office of the Registrar at 919-962-3954. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974.

The University of North Carolina School of Medicine
 CB# 7000, 121 MacNider Bldg
 Chapel Hill, NC 27599-7000



Student Name: Caroline Markey Hoyle

Date of Birth: [REDACTED]

MD Degree: 21-May-2000

Leaves of Absence: None Taken

FIRST YEAR

Course	Description	Hrs	Gr
19-Aug-1998 to 21-May-1999			
MED110	BIOCHEMISTRY	[REDACTED]	[REDACTED]
MED111	CELL BIOLOGY	[REDACTED]	[REDACTED]
MED112	HISTOLOGY	[REDACTED]	[REDACTED]
MED120	IMMUNOLOGY	[REDACTED]	[REDACTED]
MED124	MEDICAL EMBRYOLOGY	[REDACTED]	[REDACTED]
MED125	GROSS ANATOMY I	[REDACTED]	[REDACTED]
MED126	GROSS ANATOMY II	[REDACTED]	[REDACTED]
MED127	MEDICINE & SOCIETY	[REDACTED]	[REDACTED]
MED128	MICROBIOLOGY/VIROLOGY	[REDACTED]	[REDACTED]
MED129	NEUROBIOLOGY	[REDACTED]	[REDACTED]
MED130	MEDICAL PHYSIOLOGY	[REDACTED]	[REDACTED]
MED131	BIO-MED SELECTIVE	[REDACTED]	[REDACTED]
MED133	INTRO TO PATHOLOGY	[REDACTED]	[REDACTED]
MED135	MED PRACTICE & COMMUNITY (MPAC)	[REDACTED]	[REDACTED]

SECOND YEAR

Course	Description	Hrs	Gr
14-Aug-1997 to 30-Apr-1998			
MED200	HEMATOLOGY/ONCOLOGY SYSTEMS	[REDACTED]	[REDACTED]
MED204	CARDIOVASCULAR SYSTEM	[REDACTED]	[REDACTED]
MED205	URINARY SYSTEM	[REDACTED]	[REDACTED]
MED206	RESPIRATORY SYSTEM	[REDACTED]	[REDACTED]
MED207	GASTROINTESTINAL SYSTEM	[REDACTED]	[REDACTED]
MED208	ENDOCRINOLOGY SYSTEM	[REDACTED]	[REDACTED]
MED231	HLA & SOC SCI SEL	[REDACTED]	[REDACTED]
MED209	NEUROLOGY & SPECIAL SENSES	[REDACTED]	[REDACTED]
MED210	REPRODUCTIVE BIOLOGY	[REDACTED]	[REDACTED]
MED211	DERMATOLOGY	[REDACTED]	[REDACTED]
MED220	EPIDEMIOLOGY	[REDACTED]	[REDACTED]
MED222	PATHOLOGY	[REDACTED]	[REDACTED]
MED223	PHARMACOLOGY	[REDACTED]	[REDACTED]
MED228	PSYCHIATRY	[REDACTED]	[REDACTED]
MED229	GENETICS	[REDACTED]	[REDACTED]
MED233	MUSCULOSKELETAL	[REDACTED]	[REDACTED]
MED235	MED PRACTICE & COMMUNITY (MPAC)	[REDACTED]	[REDACTED]

Overall First Year Grade

P

Overall Second Year Grade

THIRD YEAR CLERKSHIPS

Course	Description	Start Date	End Date	Hrs	Gr
SVRY345	SURGERY	29-Jun-1998	21-Aug-1998	[REDACTED]	[REDACTED]
FMVE340	FAMILY MEDICINE CLERKSHIP	24-Aug-1998	02-Oct-1998	[REDACTED]	[REDACTED]
LSSM301	LIFE SUPPORT SKILLS	12-Oct-1998	16-Oct-1998	[REDACTED]	[REDACTED]
PEDS332	PEDIATRICS CLERKSHIP	26-Oct-1998	18-Dec-1998	[REDACTED]	[REDACTED]
PSY334	PSYCHIATRY CLERKSHIP	04-Jan-1999	12-Feb-1999	[REDACTED]	[REDACTED]
OBGN332	OBSTETRICS/GYNECOLOGY	15-Feb-1999	25-Mar-1999	[REDACTED]	[REDACTED]
MED331	MEDICINE	08-Apr-1999	25-Jun-1999	[REDACTED]	[REDACTED]

Overall Third Year Grade

FOURTH YEAR ELECTIVES

Course	Description	Start Date	End Date	Hrs	Gr
OBGN405	AI GYNECOLOGY UNCH	06-Jul-1999	30-Jul-1999	[REDACTED]	[REDACTED]
OBGN400	OB GYN ELECTIVE AWAY	30-Aug-1999	24-Sep-1999	[REDACTED]	[REDACTED]
CRVM401	CLINICAL PERFORMANCE EXAMINATION	18-Sep-1999	18-Sep-1999	[REDACTED]	[REDACTED]
PEDS411	NEONATOLOGY WAKE	28-Oct-1999	19-Nov-1999	[REDACTED]	[REDACTED]
SLRS402	CRIT CARE SEL EMERGENCY MEDICINE	22-Nov-1999	17-Dec-1999	[REDACTED]	[REDACTED]
NEUR403	CLIN NEUROSCI SEL PHY MED & REHAB	07-Feb-2000	03-Mar-2000	[REDACTED]	[REDACTED]
AHEC401	AI MEDICINE-MONES CONC	05-Mar-2000	31-Mar-2000	[REDACTED]	[REDACTED]
ACSM405	AMBULATORY CARE SEL PSYCH	03-Apr-2000	28-Apr-2000	[REDACTED]	[REDACTED]

Overall Fourth Year Grade

The School of Medicine
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27599-7000

GRADING SYSTEM

Grades for each course were given beginning with the first year class which entered in the fall of 1984. Prior to that, only year-end summary grades of Honors, Pass or Fail were recorded.

Grades used in the first two years:	H	Honors, clear excellence
	*HP	High Pass, above average
	P	Pass, entirely satisfactory
	F	Fail, failed
	BE	Credit by examination
	NG	No Grade assigned administratively to those courses which extend over more than one semester and for which no fall semester grade is given
	W	Withdrew from course, assigned administratively when dropped prior to final grade given.
	*HP	available for first year courses in academic year 1988-89 available for second year courses in academic year 1989-90

Added to these for the THIRD year (in 1986) and FOURTH year (in 1987) were:

	HP	High Pass, above average
	*LP	Low Pass, below average (Discontinued use after 1998-99 academic year)

Temporary Grades:	AB	Absent from examination
	IN	Incomplete other than final examination
	CG	Condition, final grade pending reexamination and/or limited additional academic work

HONORS FOR THE YEAR

In the first two years, this grade is awarded to the top 15% of the class. No more than the top 25% of the third year and fourth year classes may receive this distinction for the year's work. The grade is assigned by the Student Promotions Committee based on performance in the given year weighted according to grades and hours in the curriculum.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

In accordance with the Family Educational Rights and Privacy Act of 1974, the information contained on this transcript shall not be released to any other party unless a written consent is obtained from the student.

LEGEND FOR SUPERSCRIPTS

- 1) Student chose to take this/these course(s) in a decelerated curriculum.
- 2) Student was required to remediate limited academic deficiencies by independent review of course material and retaking the examination.
- 3) Student was required to remediate limited academic deficiencies by performing additional classwork or clinical experience and/or retaking the examination.
- 4) Student was required to take this/these course(s) in a decelerated curriculum.
- 5) Student was required to remediate identified academic deficiencies in a faculty supervised formal review and to retake the course examination.
- 6) Student was required to remediate academic deficiencies by repeating this entire course in a decelerated curriculum.
- 7) Student was required to remediate academic deficiencies by repeating this entire course.
- 8) Student chose to remediate academic deficiencies by repeating this entire course as a part of the student's approved program of study.

12/10/01



The University of North Carolina at Chapel Hill

To all to whom these presents shall come

Greeting

Be it known that

Caroline Markey Hoke

having completed the studies and fulfilled the requirements of the Faculty for
the degree of

Doctor of Medicine

has accordingly been admitted to that degree, with all the rights, honors,
responsibilities, and privileges thereunto appertaining.

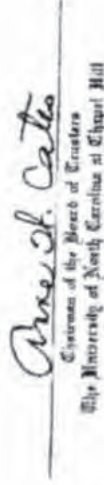
In witness whereof, the Seal of the University and the signatures
of duly authorized officers are affixed to this diploma.

Given at Chapel Hill, in the State of North Carolina, this twenty-first
day of May, in the year two thousand and of this University
the two hundred and eleventh.

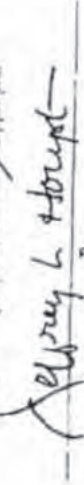

Board of Governors
The University of North Carolina


President
The University of North Carolina




Board of Trustees
The University of North Carolina at Chapel Hill


The University of North Carolina at Chapel Hill


The University of North Carolina at Chapel Hill

IMPORTANT NOTICE Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

WORK HISTORY

SUPPORTING DOCUMENT

WH

APPLICANT: Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.

1 NAME LAST FIRST MIDDLE <u>HOLL CAROLINE MARLEY</u>		7 DATE OF BIRTH [REDACTED]	3 SOCIAL SECURITY NUMBER [REDACTED]
4 ADDRESS STREET CITY STATE ZIP CODE [REDACTED]		5 REFER TO REFERENCE SHEET Record profession name and three digit profession code for which you are making Illinois application <u>PHYSICIAN</u> <u>036</u> Profession Name Profession Code	
6 MAIDEN OR GIVEN SURNAME <u>HOLL</u>		7 CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED <input checked="" type="checkbox"/>	8 DATE FORM COMPLETED <u>12/31/03</u>

B RECORDED WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.

A NAME OF BUSINESS (INSTITUTION)		JOB TITLE	
ADDRESS STREET CITY STATE ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE		HOURS WORKED PER WEEK	
From <u> </u> / <u> </u> / <u> </u> Month Day Year		TYPE OF EMPLOYMENT	
To <u> </u> / <u> </u> / <u> </u> Month Day Year		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
TOTAL TIME WORKED (Year/Month)			

B NAME OF BUSINESS (INSTITUTION)		JOB TITLE	
ADDRESS STREET CITY STATE ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE		HOURS WORKED PER WEEK	
From <u> </u> / <u> </u> / <u> </u> Month Day Year		TYPE OF EMPLOYMENT	
To <u> </u> / <u> </u> / <u> </u> Month Day Year		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
TOTAL TIME WORKED (Year/Month)			



**NORTH CAROLINA
MEDICAL BOARD**

Stephen M. Herring MD
President

Charles L. Garrett Jr MD
President-Elect

Robert C. Moffatt MD
Secretary

H. Arthur McCulloch, MD
Treasurer

5-25

LICENSE VERIFICATION REQUEST FORM

RECEIVED
MAY 24 2004
NORTH CAROLINA MEDICAL BOARD

DATE: 5/20/2004

TO WHOM IT MAY CONCERN:

This is to verify that the physician noted below was issued a North Carolina License

A review of the files of the Medical Board indicate the following information:

License Number:	2004-00358
Name:	Caroline Markey Hoke
Address:	UNC Hospitals OGME/Room 1107-A 101 Manning Drive Chapel Hill, NC 275144226
Type of License Issued:	MD, Full License
License Issued Date:	04/22/2004
Limitations:	
Current Status:	ACTIVE
Annual Renewal Date:	05/28/2005
License Expire Date:	
Public File:	No

Sincerely,
North Carolina Medical Board

[Redacted Signature]

By: R. David Henderson
Executive Director

To expedite the verification process, the above is the standard format the North Carolina Board uses.

R. David Henderson
Executive Director

1203 Front Street
Raleigh, North Carolina 27609-7533

Mailing
P.O. Box 20007
Raleigh, North Carolina 27619-0007

Telephone: (919) 326-1100
Fax: (919) 326-1131
Email: info@ncmedboard.org
Web: www.ncmedboard.org

0093185 00243 (40/40)

UNC

SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS
AND GYNECOLOGY

Office of the Chair

Valerie M. Parisi, MD, MPH
Robert A. Ross Professor and Chair

Obstetrics-Gynecologist in Chief
North Carolina Women's Hospital

Kurt Schneider, MPH
Administrative Director

June 29, 2004

Postgraduate Clinical Training Program Director
Illinois Department of Professional Regulation
320 West Washington - MED-1
Springfield, IL 62786

RE: Caroline M. Hoke, MD

To Whom It May Concern:

I am writing this letter to serve as verification of the clinical training that Dr. Caroline M. Hoke received at the University of North Carolina at Chapel Hill

Neither the Department of Obstetrics & Gynecology and the UNC School of Medicine have a seal, but we asking that you let this letter that has been notarized by a Public Notary to serve as the seal for our institution.

[REDACTED]

Sincerely,

[REDACTED]

Valerie M. Parisi, MD, MPH
Robert A. Ross Professor and Chair

North Carolina
Orange County

I, Pam Griffin, a Notary Public for Alamance County, North Carolina, do hereby certify that Valerie M. Parisi, MD, MPH, personally appeared before me this day and acknowledged the due execution of this document

Witness my hand and official seal, this the 13th day of July, 2004.

Pamela B. Griffin
Notary Public

My commission expires on 2/20, 2012.

The University of North Carolina
at Chapel Hill
Campus Box 7570
Chapel Hill, NC 27599-7570
Phone: 919-966-5281
Fax: 919-966-6049

0093185.00243 (40/40)

RECEIVED
MAY 10 2004
REPORTING DOCUMENT
SPR-MEDICAL
TN-MED
MEDICAL UNIT

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et seq. Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY - however, failure to comply may result in this form not being processed.

CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING

APPLICANT: Complete the applicant section. The remainder of this form must be completed by the postgraduate training program director of the institution at which you completed your training.

1 NAME LAST FIRST MIDDLE <u>HOLE CAROLINE MARKEY</u>	2 DATE OF BIRTH [REDACTED]	3 SOCIAL SECURITY NUMBER [REDACTED]
4 ADDRESS STREET CITY STATE ZIP CODE [REDACTED]	5 REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application <u>PHYSICIAN</u> <u>036</u> Profession Name Profession Code	
6 MAIDEN OR GIVEN SURNAME <u>HOLE</u>	7 ILLINOIS TEMPORARY LICENSE NUMBER (if appl. cable)	
8 ISSUANCE DATE		

POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR

Complete the remainder of this form. Return the completed form directly to:
Illinois Department of Professional Regulation, 320 West Washington - MED-1, Springfield, Illinois 62786

This is to certify that the above-named applicant satisfactorily completed 48 months of postgraduate clinical training in OBSTETRICS & GYNECOLOGY
(Name of Accredited Postgraduate Clinical Training Program)
from 7/1/2000 to 6/30/2004 at the following hospital:

Hospital: UNC HOSPITALS
Number and Street: 101 MANNING DRIVE
City, State and Zip Code: CHAPEL HILL, NC 27599

I further certify that at the time of such training the program was accredited by:
 the Accreditation Council for Graduate Medical Education;
 the Accreditation Council on Canadian Graduate Medical Education; or
 the American Osteopathic Association

Name of Postgraduate Clinical Training Program Director: VALERIE PANISI MD
Signature of Postgraduate Clinical Training Program Director: [REDACTED]
Date of this Certification: [REDACTED]
Telephone No.: [REDACTED]

SEAL



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

5.75 36

This Transcript was prepared by the Federation of State Medical Boards™

Date of Certification: 03/12/2004

Illinois Department of Professional Regulation
ATTN: Sandy Dunn, Section Manager
3rd Floor, Unit IV
320 W Washington Street
Springfield, IL 62786

Examinee: Hoke, Caroline
USMLE ID#: [REDACTED]
DOB: [REDACTED]
Alt Name(s): Hoke, Caroline Markey

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.

STEP	Test Date	Comments
STEP1	6/9/1998	[REDACTED]
STEP2	8/26/1999	[REDACTED]
STEP3 State Board	12/1/2003	[REDACTED]
NORTH CAROLINA	12/1/2003	[REDACTED]

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

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

0093185 00243 (40/40)

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 140 and 280. 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."

Profession: _____

Date 2/27/84 Initials _____

DEFICIENCY NOTICE FOR TEMPORARY/PERMANENT PHYSICIAN LICENSURE APPLICATION

TO

State Hospital

Return this form with the requested materials to:

State of Illinois
Department of Professional Regulation
320 West Washington Street
MED 1
Springfield, Illinois 62786

1. Submit the required fee of \$ _____ made payable to the Department of Professional Regulation. This fee is not refundable.

2. Your application is being returned for completion of Part _____.

3. Submit a copy of your marriage certificate, divorce decree, or court order showing change of name from _____ to _____.

4. All documents in a foreign language must be accompanied by original, notarized translations by a person other than yourself who is fluent in both English and the language of the document(s).

5. Submit proof that you are a lawfully admitted alien.

6. You are referred to Step 1, Question #7 of the enclosed application filing instructions. Have applicable documentation submitted for each positive personal history response.

7. When your application is complete, the Medical Licensing Board will review your qualifications.

8. Your application will be reviewed by the Medical Licensing Board on _____.

9. Submit completed CA-MED form which indicates beginning and ending program dates.

10. Submit CA-LTD form.

11. Submit ED-MED form (certification of education).

12. Submit ED-NON form completed in its entirety.

13. Affidavits, (ED-AFF forms) must be completed in accordance with DPR policy. Copy of policy attached.

14. Verification of Pass/Fail Exam History—Request appropriate board(s) or council(s) to forward official transcript of your pass/fail exam history (FLEX, National Board, USMLE) directly to this Department. Must include date and results for each exam attempt.

15. Submit official premedical/medical transcript with school seal affixed.

16. Submit photocopy of your degree.

17. Submit proof of Titulo or Acta.

18. Submit proof of Social Service or Fifth pathway.

19. Submit proof of E.C.F.M.G. certification.

20. Submit copy of evaluation form for each of the following core rotations:

1 _____	4 _____
2 _____	5 _____
3 _____	

21. Complete AF-MED form (Certification of Affiliation). Submit along with copies of affiliation agreement(s) from the following hospital(s).

1 _____
2 _____
3 _____
4 _____
5 _____

23. Affidavit of verbal affiliation agreement. See attached for specific information that must be submitted.

24. The Department is unable to verify completion of 54 months of combined premedical and medical education. Submit proof in the form of official educational documents verifying you meet the minimum education requirements.

25. Submit a list of your work experience from _____ to _____. You must account for entire time period since graduation from medical school (Supporting Document WH).

26. Submit documentation evidencing maintenance of clinical skills since graduation from medical school. See attached instructions.

27. Submit proof of professional capacity. See copy of attached instructions for specific information required to be submitted.

28. Have your _____ scores forwarded directly from _____.

29. Submit evidence of remedial training.

30. Submit TN-MED form signed by program director, with seal of hospital.

31. University / Hospital seal must be affixed to form. (If institution does not have a seal, form must be notarized and a letter on official stationery must be attached verifying no seal exists.)

32. Sign form(s) where indicated.

33. Submit certification of original/current licensure (Supporting Document CT) from _____.

34. Submit proof that you are Board-certified in a specialty.

35. Submit restoration questionnaire (Supporting Document RS).

36. Submit VE form. If in private practice, submit sworn statement attesting to your active practice.

37. Returning original documents.

Other Instructions:

00050000307

336-07275673219

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

HOKE, CAROLINE MARKEY MD
3036 File# 73219 05-25-04
By: NON-EXAM ASG: UNASSIGN

Warranted by
disclosure
of false or
information
making any

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

**DO NOT SUBMIT APPLICATION UNTIL A PERMANENT PRACTITIONERS LICENSE
HAS BEEN ISSUED! CONTROLLED SUBSTANCES LICENSE WILL NOT BE
ISSUED TO A TEMPORARY LICENSE HOLDER!**

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Professional Regulation in accordance with the Illinois Controlled Substances Act.
 2. A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or located.
 3. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.
- A. Type or print legibly with black ink only
 - B. The fee is \$5 - Make check payable to the Department of Professional Regulation. THIS FEE IS NOT REFUNDABLE! (Separate application fee is required for each registration.)
 - C. Disclosure of your U.S. social security number, if you have one, is mandatory in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

 First Time Applicant

 Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1 PROFESSIONAL NAME Controlled Substances	2 PROFESSIONAL CODE - Check applicable box <input type="checkbox"/> 319 Dentist <input type="checkbox"/> 316 Podiatrist <input checked="" type="checkbox"/> 336 Physician <input type="checkbox"/> 390 Veterinarian	3 LICENSURE METHOD Registration	4 FEE \$5
--	---	------------------------------------	--------------

PART II: Applicant Identifying Information

1 NAME LAST HOKE	FIRST CAROLINE	MIDDLE MARKEY	2 TITLE (e.g., M.D., O.D., etc.) MD	3 UNITED STATE SOCIAL SECURITY NO. [REDACTED]
4 PERMANENT MAILING ADDRESS [REDACTED]				
5 NAME OF BUSINESS AND LOCATION (STREET/CITY/ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED Erie Family Health Center 1701 W. Superior Chicago IL 60622+			6 MAIDEN OR GIVEN SURNAME, OR ANY NAME(S) HOKE	
7 TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY Work ([REDACTED]) Home ([REDACTED]) Area Code				

PART III: Professional Activity

Practitioner - Check and complete one of the following

Professional License Number	
<input type="checkbox"/> Dentist	019 - _____
<input checked="" type="checkbox"/> Physician	036 - <u>111918</u>
<input type="checkbox"/> Podiatrist	016 - _____
<input type="checkbox"/> Veterinarian	090 - _____

Drug Schedules: (Circle the schedules for which you are applying)
 II III IIII IV V

FOR OFFICIAL USE ONLY

FEE
\$5

BND Number: [REDACTED]	Type: <input type="checkbox"/>	Suffix: <input type="checkbox"/>
Schedule Codes: [REDACTED]	Additional Function: <input checked="" type="checkbox"/> A	Card Code: <input checked="" type="checkbox"/> K
Issuance Date (Month/Day/Year) [REDACTED]		

PART IV: Personal History Information (This part must be completed by all Applicants)		YES	NO
1	Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed		X
2	Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.		X
3	Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation		X
4	Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		X
5	Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.		X

NAME (Last, First, MI):

PART V: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

SS#

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

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

Profession:

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

4/25/04
Date of Application

CAROLINE MARKEY HOGG
Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50

**Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.**

00050006401

336-079657

RECEIVED
CASH SECTION

MAY 18 2007

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/1 et seq (Illinois Compiled Statutes) Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION
DO NOT SUBMIT APPLICATION UNTIL A PERMANENT PRACTITIONERS LICENSE HAS BEEN ISSUED! CONTROLLED SUBSTANCES LICENSE WILL NOT BE ISSUED TO A TEMPORARY LICENSE HOLDER!

1 Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.
2 A separate controlled substances registration is
HOKE, CAROLINE MARKEY
336 Cred #2296724 05/24/2007
By:NON-EXAM
SSN:246-51-2297

A. Type or print legibly with black ink only.
B. The fee is \$5 - Make check payable to the Department of Financial and Professional Regulation. THIS FEE IS NOT REFUNDABLE! (Separate application/fee is required for each registration.)
C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

First Time Applicant Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1 PROFESSIONAL NAME Controlled Substances	2 PROFESSIONAL CODE - Check applicable box <input type="checkbox"/> 319 Dentist <input type="checkbox"/> 316 Podiatrist <input checked="" type="checkbox"/> 336 Physician <input type="checkbox"/> 390 Veterinarian	3 LICENSURE METHOD Registration	4. FEE \$5
--	---	------------------------------------	---------------

PART II: Applicant Identifying Information

1 NAME LAST Hoke	FIRST Caroline	MIDDLE M	2 TITLE (e.g. MD, O.D., etc.) MD	3. UNITED STATE SOCIAL SECURITY NO. [REDACTED]
4 PERMANENT MAILING ADDRESS [REDACTED]		CITY [REDACTED]	STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]

5 NAME OF BUSINESS AND LOCATION (STREET/CITY /ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED
Planned Parenthood
240 N. Oakhurst Dr.
Aurora
IL 60540+

6 MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)
7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY
Work [REDACTED]
Home [REDACTED]

PART III: Professional Activity

FOR OFFICIAL USE ONLY FEE \$5

Practitioner - Check and complete one of the following.
Professional License Number
 Dentist 019 - 2
 Physician 036 - 111918
 Podiatrist 016 -
 Veterinarian 090 -

BNDD Number: [REDACTED]
Type:
Suffix:
Schedule Codes: [REDACTED]
Additional Function: A
Card Code: K

Drug Schedule: (Circle the schedules for which you are applying)
II III IIII IV V

Issuance Date (Month/Day/Year)
[REDACTED]

PART IV: Personal History Information (This part must be completed by all Applicants)		YES	NO
1	Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.		✓
2	Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition, (2) alcohol or other substance abuse, (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.		✓
3	Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		✓
4	Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		✓
5	Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.		✓

NAME (Last, First, MI):

210

PART V: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

Are you more than 30 days delinquent in complying with a child support order? Yes No
 (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

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

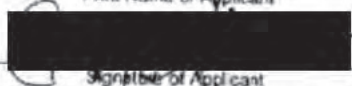
SSR:

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

05/14/2007
Date of Application

Caroline M. Hoke
Print Name of Applicant


Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Profession:

**Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.**

00050007203

RECEIVED
CASH SECTION

MAY 16 2007

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/1 et. seq. (Illinois Compiled Statutes). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

**APPLICATION FOR STATE IDFP
CONTROLLED SUBSTANCES REGISTRATION**

DO NOT SUBMIT APPLICATION UNTIL A PERMANENT PRACTITIONERS LICENSE HAS BEEN ISSUED! CONTROLLED SUBSTANCES LICENSE WILL NOT BE ISSUED TO A TEMPORARY LICENSE HOLDER!

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.

- A. Type or print legibly with black ink only.
- B. The fee is \$5 - Make check payable to the Department of Financial and Professional Regulation. THIS FEE IS NOT REFUNDABLE! (Separate application/fee is required for each registration.)
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

2. A separate controlled substances registration is required for each location.

HOKE, CAROLINE MARKEY
336 Cred #2296242 05/21/2007

3. By: NON-EXAM
SSN: 246-51-2297

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION. (Do not use this form to renew existing Registration)

- First Time Applicant
- Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1. PROFESSIONAL NAME Controlled Substances	2. PROFESSIONAL CODE - Check applicable box <input type="checkbox"/> 319 Dentist <input type="checkbox"/> 316 Podiatrist <input checked="" type="checkbox"/> 336 Physician <input type="checkbox"/> 390 Veterinarian	3. LICENSURE METHOD Registration	4. FEE \$5
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PART II: Applicant Identifying Information

1. NAME LAST: HOKE FIRST: CAROLINE MIDDLE: M	2. TITLE (e.g., M.D., O.D., etc.) MD	3. UNITED STATE SOCIAL SECURITY NO. [REDACTED]
4. PERMANENT MAILING ADDRESS CITY: [REDACTED] STATE/COUNTRY: [REDACTED] ZIP CODE: [REDACTED]		

5. NAME OF BUSINESS AND LOCATION (STREET/CITY/ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED

Planned Parenthood
240 N. Oakhurst Dr.
Aurora, IL
IL 60540+

6. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)

7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY

Work: [REDACTED]
Home: [REDACTED]

PART III: Professional Activity

FOR OFFICIAL USE ONLY

FEE \$5

Practitioner - Check and complete one of the following:

	Professional License Number
<input type="checkbox"/> Dentist	019 - _____
<input checked="" type="checkbox"/> Physician	036 - 111910
<input type="checkbox"/> Podiatrist	016 - _____
<input type="checkbox"/> Veterinarian	090 - _____

BNDD Number: [REDACTED]

Type: Suffix:

Schedule Codes: [REDACTED]

Additional Function: A Card Code: K

Issuance Date (Month/Day/Year) [REDACTED]

Drug Schedule (Circle the schedules for which you are applying)
II IIN III IIIN IV V

PART IV: Personal History Information (This part must be completed by all Applicants)

	YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.		N
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.		N
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		N
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		N
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.		N

PART V: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: if you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

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

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

5-11-07
Date of Application

CAROLINE HOSE
Print Name of Applicant

[Redacted Signature]
Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.**

NAME (Last, First, MI):

SS#

Profession:

Electronic Renewal Record



Exit

Find Another

License Number

036111918

Pin



Phone

Authorization

SSN

Address Change (IVR only)

Y

Perjury Disclaimer

Y

Transaction Dt

5/12/2005

Renewal Fee

\$300.00

Fee Type

R

Service Fee

Memo

Method

I

Credited:



User Responses

1	SSN		9	
2	1	N	10	
3	PH1	N	11	
4	PH2	N	12	
5	PH3	N	13	
6	PH4	N	14	
7	CS1	N	15	
8				

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 036111918

Method

Credited:

Pin

Phone

Authorization

SSN

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 5/12/2008

Renewal Fee \$300.00

Fee Type 3

Service Fee \$5.00

Memo

User Responses

1	SSN	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>
2	IA1	N	10	<input type="checkbox"/>	<input type="checkbox"/>
3	PH1	N	11	<input type="checkbox"/>	<input type="checkbox"/>
4	PH2	N	12	<input type="checkbox"/>	<input type="checkbox"/>
5	PH3	N	13	<input type="checkbox"/>	<input type="checkbox"/>
6	PH4	N	14	<input type="checkbox"/>	<input type="checkbox"/>
7	CS1	N	15	<input type="checkbox"/>	<input type="checkbox"/>
8	CE1	Y			

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 036111918

Method

Credited:

Pin

Phone

Authorization

SSN

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 6/2/2011

Renewal Fee \$300.00

Fee Type R

Service Fee \$5.00

Memo

User Responses

1	SSN	<input type="checkbox"/>	9	MD2	N
2	IA1	N	10	MD3	N
3	PH1	N	11	CS1	N
4	PH2	N	12	CE1	Y
5	PH3	N	13	<input type="checkbox"/>	<input type="checkbox"/>
6	PH4	N	14	<input type="checkbox"/>	<input type="checkbox"/>
7	MD1	N	15	<input type="checkbox"/>	<input type="checkbox"/>
8	MD1A	Y			

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 036111918

Pin [Redacted]

Phone [Redacted]

Authorization [Redacted]

SSN [Redacted]

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 6/2/2011

Renewal Fee \$300.00

Fee Type R

Service Fee \$5.00

Method [Dropdown]

Credited: [Dropdown]

User Responses

1	SSN		9	MD2	N
2	IA1	N	10	MD3	
3	PH1	N	11	CS1	N
4	PH2	N	12	CE1	Y
5	PH3	N	13		
6	PH4	N	14		
7	MD1	N	15		
8	MD1A	Y			

Memo

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 336072756

Pin [Redacted]

Phone [Redacted]

Authorization [Redacted]

SSN [Redacted]

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 5/15/2008

Renewal Fee \$15.00

Fee Type 1

Service Fee \$1.50

Method [Dropdown]

Credited: [Dropdown]

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

Memo

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 336072756

Method 1

Credited:

Pin

Phone

Authorization

SSN

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 6/2/2011

Renewal Fee \$15.00

Fee Type R

Service Fee \$1.50

Memo

User Responses

1	SSN	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>			

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 336072756

Method

Credited:

Pin

Phone

Authorization

SSN

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 6/2/2011

Renewal Fee \$15.00

Fee Type R

Service Fee \$1.50

Memo

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 336079657

Method

Credited:

Pin

Phone

Authorization

SSN

Address Change (IVR only) N

Perjury Disclaimer Y

Transaction Dt 5/12/2008

Renewal Fee \$15.00

Fee Type 1

Service Fee \$1.50

Memo

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

Print Record

Next Record

Electronic Renewal Record



Exit

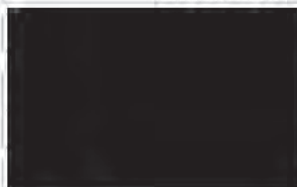
Find Another

License Number 336079657

Method I

Credited:

Pin



Phone

Authorization

SSN

Address Change (IVR only) N

Perjury Disclaimer Y

Transaction Dt 6/2/2011

Renewal Fee \$15.00

Fee Type R

Service Fee \$1.50

Memo

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 336079657

Method I

Credited:

Pin



Phone

Authorization

SSN

Address Change (IVR only) N

Perjury Disclaimer Y

Transaction Dt 6/2/2011

Renewal Fee \$15.00

Fee Type R

Service Fee \$1.50

Memo

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

Print Record

Next Record