

Mailed  
5-19-2014  
WJ



## OFFICE OF THE SECRETARY OF MEDICAL LICENSURE AND SUPERVISION

*Certifies that CHERYL ANN CHASTINE having given satisfactory evidence of fitness as to ages, character, preliminary education, medical instruction and all other matters required by law, was fully examined by the members of the State Board of Medical Licensure and Supervision of the State of Oklahoma, whose signatures are hereto attached and found duly qualified to receive this Certificate Authorizing the Practice of Medicine and Surgery in this State under and pursuant to the provisions of the Statutes of the State of Oklahoma,*

IN TESTIMONY WHEREOF, we have hereto set our hands and caused the official seal of said board to be impressed thereon, this 12th day of May, 2014



<u>David Barker, M.D.</u>	<u>Ann Leon Harn, M.D.</u>
PRESIDENT	
<u>Samuel J. Smith, M.D.</u>	<u>Dorothy E. Huff, M.D.</u>
SECRETARY	
<u>James A. Sullivan, M.D.</u>	<u>Frank Row</u>
<u>John W. Hunsinger, M.D.</u>	<u>Phyllis A. Ingold, M.D.</u>
<u>Lee Schoffler, M.D.</u>	<u>Charles E. Phillips</u>

Medical License No. 30440

91 7199 9991 7033 5475 9784

MD30440  
CHERYL ANN CHASTINE  
1644 W AUGUSTA BLVD  
CHICAGO, IL 60622

## **Robyn Hall**

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Thursday, May 01, 2014 10:08 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

John W. Kinsinger, MD has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

## **Robyn Hall**

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Wednesday, April 30, 2014 2:11 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

Hank Ross has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

## Robyn Hall

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Monday, April 28, 2014 8:23 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

Lee Schoeffler, MD has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

## Robyn Hall

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Saturday, April 26, 2014 5:53 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

David Casper, MD has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

## Robyn Hall

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Friday, May 09, 2014 12:55 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

James A. Sullivan, MD has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

## Robyn Hall

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Friday, May 09, 2014 8:00 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

Deborah L. Huff, MD has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

## Robyn Hall

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Monday, April 28, 2014 6:52 AM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

Riaz A. Sirajuddin, MD has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved



## Robyn Hall

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Sunday, April 27, 2014 12:09 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

Ann Acers Warn, MD has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

## Robyn Hall

---

**From:** Oklahoma Medical Board <varghese@okmedicalboard.org>  
**Sent:** Friday, April 25, 2014 8:49 PM  
**To:** Robyn Hall; Applications  
**Subject:** Board Member Vote

Charles E. Skillings has cast the following vote:

Type: MD  
Number: 30440  
Name: CHERYL ANN CHASTINE

Response: Approved

# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

Type	Number	Name
MD	30440	CHERYL ANN CHASTINE
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

**Last Medical School Attended:**

020-12 Univ Of KY Coll Of Med, Lexington Ky 40536

**Number of Licenses Previously Granted to Graduates of this Medical School:50**

Application for: Resident \_\_\_\_\_ Full License \_\_\_\_\_

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS JS 4-18-14
- 2) ALL FIVE CRITERIA HAVE BEEN MET JS 4-18-14
  - Passed USMLE < 2 attempts
  - No DUIs, etc
  - No Malpractice
  - US Graduate
  - Graduated Medical School on time
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 4) HAS ISSUED A SPECIAL TRAINING LICENSE \_\_\_\_\_
- 5) REQUESTS SPECIFIC CONSIDERATION OF:

# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

**Type**      **Number**      **Name**  
 MD          30440      CHERYLANN CHASTINE  
 MEDICAL DOCTOR

**Mailing Address**

**Addr. Date:** January 15, 2014

**Address:** 1644 W AUGUSTA BLVD

**City,State ZIP:** CHICAGO, IL 60622

**County:** NOT OKLAHOMA

**Province:**

**Country:**

**Practice Address:**

January 15, 2014

WICHITA MEDICAL CENTER, PA  
 5107 E KELLOGG

WICHITA, KS 67218

NOT OKLAHOMA

UNITED STATES OF AMERICA

**Status:**

**Res:** MD

**Received:** 01/15/2014

**Entered:** 01/15/2014

**Temp Issued:**

**Temp Expires:**

**Train Issued:**

**Train Expires:**

**Fed Rec:** 02/24/2014

**AMA Rec:** 01/16/2014

**Board Action:**

**License #:** 30440

**Birthdate:** 07/02/1981

**Sex:** F

**Ethnic Origin:** 6

**Endorsed By:** KANSAS

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 1	PASS	06/04/07	2/24/14	1
Test 2: USMLE 3	PASS	06/20/11	2/24/14	1
Test 3: USMLE 2CS	PASS	09/08/08	2/24/14	1
USMLE 2CK	PASS	07/28/08	2/24/14	1
Test AV:	Note: PASS means higher than 75			
Total Possible:	0			
Okla Passing:	0			
Total Score:	0			

### PRE-MED EDUCATION

**School Name:** UNIVERSITY OF KENTUCKY

**City:** LEXINGTON

**State:**KY **Country:** UNITED STATES

**Degree:** BACHELOR OF ARTS **From:** 8 / 2001 **To:** 5 / 2005 **Verified:** 2/24/201

**School Name:** VANDERBILT UNIVERSITY

**City:** NASHVILLE, TN

**State:**TN **Country:** UNITED STATES

**Degree:** NONE **From:** 8 / 1998 **To:** 5 / 2001 **Verified:** 2/24/201

**School Name:** UNIVERSITY OF LOUISVILLE

**City:** LOUISVILLE

**State:**KY **Country:**

**Degree:** NONE **From:** 1 / 1997 **To:** 5 / 1998 **Verified:** 2/24/201

### MEDICAL SCHOOL EDUCATION

**Name:** Univ Of KY Coll Of Med, Lexington Ky 40536

**Foreign Name:**

**City:** Lexington

**State/Country:** United States of America

**Degree:** DOCTOR OF MEI **From:** 8 / 2005 **To:** 5 / 2009 **Diploma Ver'd:**

Y

# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
MD	30440	CHERYL ANN CHASTINE
MEDICAL DOCTOR		

### POST GRADUATE EDUCATION

<b>Facility:</b> WEST SUBURBAN MEDICAL CENTER		<b>Specialty:</b> FAMILY MEDICINE	
<b>Res. Fellowship:</b> Residency			
<b>City:</b> OAK PARK		<b>State:</b> IL	<b>Country:</b> UNITED STATES OF AM
<b>Verified:</b> 02/24/2014		<b>From:</b> 7 / 2009	<b>To:</b> 6 / 2012
<b>Comments:</b>			

### PRACTICE HISTORY

<b>Employed:</b> SOUTH WIND WOMEN'S CENTER		<b>Supervisor:</b>	
<b>City:</b> WICHITA		<b>State:</b> KS	<b>Country:</b> UNITED STATE
<b>Specialty:</b> FAMILY PLANNING		<b>From:</b> 4 / 2013	<b>To:</b> / <b>Verified:</b>
<b>Comments:</b> REPRODUCTIVE HEALTHCARE, INCLUDING TERMINATION OF PREGNANCY, CONTRACE			

<b>Employed:</b> NATHALIE MCCAMMON-CHASE, MD		<b>Supervisor:</b>	
<b>City:</b> OAK PARK		<b>State:</b> IL	<b>Country:</b> UNITED STATE
<b>Specialty:</b> FAMILY MEDICINE		<b>From:</b> 8 / 2012	<b>To:</b> 8 / 2013 <b>Verified:</b>
<b>Comments:</b> FULL SPECTRUM PRIVATE FAMILY PRACTICE, INCLUDING OBSTETRICS AND INPATIENT			

### BOARD CERTIFICATIONS

AMERICAN BOARD OF FAMILY MEDICINE

### Other Licenses

State	Lic #	Status	Ver'd
KS	0436207	A	3/10/14
IL	036.1288	A	3/21/14

### DEFICIENCIES

Cheryl Ann Chastine  
As of January 14, 2014, 9:56 pm

D.. Have you ever been denied or had removed or suspended hospital staff privileges?

☒ Yes ☐ No

denied medical staff privileges in Wichita, Kansas, due to hospital board opposition to the nature of my practice.

*-declined to process my application*

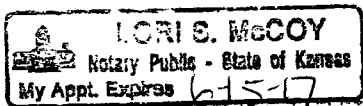
Cheryl Ann Chastine  
As of January 14, 2014, 9:56 pm

State of: *KANSAS*

County of: *SEDGWICK*

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 24 day of Jan, 20 14, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Seal



*Cheryl Ann Chastine*  
\_\_\_\_\_  
Signature of Applicant  
*[Signature]*  
\_\_\_\_\_  
Notary  
*6-15-17*  
\_\_\_\_\_  
My Commission Expires

RECEIVED

JAN 29 2014

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

*30440*  
*[Signature]*

# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:01/15/2014

**Applicant Name:** CHASTINE, CHERYLANN  
1644 W AUGUSTA BLVD  
CHICAGO, IL 60622

**MD 30440**

(312) 788-4004

**Date Of Birth:** 07/02/1981

**Place Of Birth (City, State):** LOUISVILLE, KY

**Sex:** F

**Race:** Asian/Pacific Islander

### Education

Type	Name	City	ST	Country	From	To	Degree	Comments	Verif
UG	UNIVERSITY OF KENTUCKY	LEXINGTON	KY		8/2001	5/2005	BACHELOR OF ARTS		
UG	VANDERBILT UNIVERSITY	NASHVILLE,	TN		8/1998	5/2001	NONE		

### Medical School Name

Medical School Name	City	State	Country
Univ Of KY Coll Of Med, Lexington Ky 40536	Lexington	KY	United States of America

### Post-Graduate

Facility	City	ST	Country	Specialty	From	To
WEST SUBURBAN MEDICAL CENTER	OAK PARK	IL	UNITED STATES	FAMILY MEDICINE	7/2009	6/2012

### Practice History

Employer	Specialty	Supervisor	City	ST	Country	From	To	Verif
SOUTH WIND WOMEN'S CENTER	FAMILY PLANNING		WICHITA	KS		4/2013	0/0	
NATHALIE MCCAMMON-CHASE, MD	FAMILY MEDICINE		OAK PARK	IL		8/2012	8/2013	

### Other/ Out-Of-State Licenses

State	License #	Profession	Status	Issue Date	Exp Date
KS	0436207			1/30/13	6/30/14
IL	036.128802			7/31/11	7/31/14

\$500.00

### MD Exam

Exam	State	Score	Date Taken	#
USMLE				

# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:01/15/2014

Questions Answered 01/13/2014	Response
Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
Have you ever been denied or had removed or suspended hospital staff privileges? denied medical staff privileges in Wichita, Kansas, due to hospital board opposition to the nature of my practice.	Y
Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
Have you ever been the subject of an investigation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
Has your application for examination or a license ever been denied?	N
Have you ever failed any part of a licensure/certification/registration examination?	N
Have you ever surrendered a license or had a license revoked?	N
Has any disciplinary action been taken on any license?	N
Have you ever been requested to appear before a licensing or disciplinary agency?	N
Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N



# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:01/15/2014

**If licensed, where do you intend to locate?**

Norman, Ok

**Why do you seek Licensure in the state of Oklahoma?**

To practice comprehensive reproductive health care at a clinic that my organization is purchasing.

**Have you executed or been offered a contract in connection with practice in the state of Oklahoma?**

No

**If 'Yes', Name of practice:**

**If so, Please identify with which category:**

**Name of Previous Carrier and Policy Holder**

ISMIE - Nathalie McCammon-Chase, MD

**Name of Current Carrier and policy Holder**

Lexington Insurance Company - Southwind Women's center

**Will your professional liability insurance policy cover your practice in Oklahoma**

No

**If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma**

prior to beginning practice

**I attest that all the above information is accurate as of January 14, 2014: \_\_\_\_\_ (Signed Online)**

RECEIVED

APR 18 2014

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION



"OFFICIAL SEAL"  
MARIA OLCHOWYY  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 09/08/2014

THIS PHOTOGRAPH, TAKEN WITHIN THE PAST  
TWELVE MONTHS, IS A CORRECT LIKENESS OF  
MYSELF.

  
APPLICANT SIGNATURE

  
NOTARY SIGNATURE

COMMISSION NUMBER: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

9-8-14

I, Cheryl Chastine, hereby certify under oath that I am the person named in the application for license to practice medicine and surgery in the State of Oklahoma, that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last 12 months; that in consideration of the issuance to me of a license to practice medicine and surgery in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for the revocation of my medical license.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Medical Licensure and Supervision or its successors any information, files or records requested by that Board in connection with this application. I further authorize the Oklahoma State Board of Medical Licensure and Supervision or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure or licensure renewal.

  
APPLICANT'S SIGNATURE, M.D.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 15th DAY OF APRIL, 2014

  
NOTARY PUBLIC

SEAL

COMMISSION NUMBER: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

9-8-14

"OFFICIAL SEAL"  
MARIA OLCHOWYY  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 09/08/2014

30440  
10

# FCVS

FEDERATION  
CREDENTIALS  
VERIFICATION  
SERVICE

2/24/14

## Medical Professional Information Profile

*This report provides credentialing information for*

Name: **Cheryl Ann Chastine**

Social Security Number:

Date of Birth: **July 02, 1981**

FID#: **215425828**

Recipient: **OK - Oklahoma State Board of Medical  
Licensure & Supervision**

30440  
VA

### ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Credentials Analysis Summary Report



**Note:** Your board may wish to review the unresolved items below marked by an "X"  
Please review the Credentials Analysis Report for further details on the unresolved items

Medical Professional Name: **Cheryl Ann Chastine**

Date of Birth: **Julv 02. 1981**

Social Security Number:

FID: **215425828**

### I. FCVS Reports

### II. FSMB and Other Reports

### III. Identity

A. Certified Birth Certificate OR Copy w/ Cert. of Identification

### IV. Medical Education

A. Pre-medical Schools

B. Medical Schools

University of Kentucky College of Medicine

1. Medical Education Form and Translation
2. Medical Education Dean's Letter
3. Medical Education Transcript and Translation
4. Medical Education Diploma and Translation

C. Fifth Pathway Program

D. ECFMG Certification

### V. Graduate Medical Education

West Suburban Hospital Medical Center

1. GME Form
2. GME Completion Certificate

### VI. Licensure Examination History

A. FSMB Exam Transcript

End of report for: Cheryl Ann Chastine



FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Medical Professional Information Profile



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### Table of Contents

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#### I. FCVS Reports

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- A. Physician Information Report
  - B. Credentials Analysis Report
  - C. Chronology of Activities
- 

#### II. FSMB and Other Reports

---

- A. Board Action Data Bank Report
  - B. American Board of Medical Specialty Verification
- 

#### III. Identity

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- A. Affidavit
  - B. Certified Birth Certificate or Original Passport or Cert. of Identification with Photocopy
  - C. Documentation to Support Name Variation
- 

#### IV. Medical Education

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- A. Verification of Medical Education
  - B. Clinical Clerkships (if applicable)
  - C. Verification of Fifth Pathway (if applicable)
  - D. ECFMG Certification (if applicable)
- 

#### V. Graduate Medical Education

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- A. Verification of Graduate Medical Education
- 

#### VI. Licensure Examination History (State Licensing Authorities Only)

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- A. LMCC Transcript
- B. State Medical Board Transcript
- C. NCCPA Transcript
- D. NBME Transcript
- E. NBOME Transcript
- F. FSMB Transcript

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Medical Professional Information Profile

Federation of  
**STATE  
MEDICAL  
BOARDS**

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# Section I

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## FCVS Reports

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**Identity**

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**Medical Professional Name:** Cheryl Ann Chastine

**Documentation:** Certified Birth Certificate OR Copy w/ Cert. of Identification

**Gender:** Female

**Date of Birth:** July 02, 1981

**Place of Birth:** St. Matthews, KY, UNITED STATES

**Social Security Number:**

**FID:** 215425828

**Physical Description:** Height: 5 ft. 7 in.

Weight: 125 lbs.

Eye Color: Brown

Hair Color: Brown

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**Contact Information**

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**Mailing Address:** 1644 W AUGUSTA BLVD  
CHICAGO, IL 60622-3806  
UNITED STATES

**Permanent Address:** 1644 W AUGUSTA BLVD  
CHICAGO, IL 60622-3806  
UNITED STATES

**Telephone Numbers:** Primary: (312) 788-4004  
Secondary: N/A  
Fax: N/A  
Other: N/A

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**Pre-medical Education**

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*(Provided by Applicant. Not verified with the primary source.)*

**Institution:** University of Louisville

**Address:** Louisville, KY 40292

UNITED STATES ✓

**Dates of Attendance:** 01/--/1997 To 05/--/1998

**Degree Conferred/Issued:** Applicant did not graduate

*(Provided by Applicant. Not verified with the primary source.)*

**Institution:** Vanderbilt University Nashville

**Address:** Nashville, TN 37235

UNITED STATES ✓

**Dates of Attendance:** 08/--/1998 To 05/--/2001

**Degree Conferred/Issued:** Applicant did not graduate

*(Provided by Applicant. Not verified with the primary source.)*

**Institution:** University of Kentucky ✓

**Address:** Lexington, KY 40503-0054

UNITED STATES

**Dates of Attendance:** 08/--/2001 To 05/--/2005

**Degree Conferred/Issued:** Bachelor of Arts

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**ECFMG**

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There are none identified or not applicable.



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**Medical Education**

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**Medical School:** University of Kentucky College of MedicineAddress: 138 Leader Ave  
Lexington, KY 40506-9983  
UNITED STATES ✓

Dates of Attendance: 08/01/2005 to 05/14/2009

Date Certificate Issued: 05/16/2009

Degree Conferred/Issued: Doctor of Medicine

**Unusual Circumstances**Leave of Absence/Extension: **No**Probation: **No**Disciplined: **No**Negative Reports: **No**Limitations: **No**

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**Fifth Pathway**

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There are none identified or not applicable.

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**Graduate Medical Education**

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**Institution:** West Suburban Hospital Medical Center**Address:** 1 Erie Court  
Suite 4110 Professional Office Building  
Oak Park, IL 60302  
UNITED STATES**Training Level:** 1**Program Type:** Residency**Specialty:** Family Medicine ✓**Dates of Attendance:** 07/01/2009 To 06/30/2010**Completed Successfully:** Yes**Accreditation:** ACGME**Training Level:** 2**Program Type:** Residency**Specialty:** Family Medicine ✓**Dates of Attendance:** 07/01/2010 To 06/30/2011**Completed Successfully:** Yes**Accreditation:** ACGME**Training Level:** 3**Program Type:** Residency**Specialty:** Family Medicine ✓**Dates of Attendance:** 07/01/2011 To 06/30/2012**Completed Successfully:** Yes**Accreditation:** ACGME**Unusual Circumstances****Leave of Absence/Extension:** No**Probation:** No**Disciplined:** No**Negative Reports:** No**Limitations:** No

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**Licensure Examinations**

FSMB Transcript USMLE Step 1	Date: 06/2007	Passed the Exam
FSMB Transcript USMLE Step 2 CK	Date: 07/2008	Passed the Exam
FSMB Transcript USMLE Step 2 CS	Date: 09/2008	Passed the Exam
FSMB Transcript USMLE Step 3	Date: 06/2011	Passed the Exam

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**ABMS Verification**

A report of the result from a search of the data provided by the American Board of Medical Specialties is enclosed.

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**Board Action**

A report of the results from a search of the Board Action Data Bank is enclosed.

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**End of report for: Cheryl Ann Chastine FID: 215425828**

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FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Credentials Analysis Report

Federation of  
STATE  
MEDICAL  
BOARDS

The Credentials Analysis Report is a comparative report of a medical professional's credentials as reported to FCVS by the applicant and the primary source (Medical School, Post Graduate Training program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

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### Medical Professional Identification

---

Medical Professional Name: **Cheryl Ann Chastine**

Date of Birth: **July 02, 1981**

Social Security Number:

FID: **215425828**

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### Omissions

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There are no omissions identified.

**FCVS**

**FEDERATION CREDENTIALS  
VERIFICATION SERVICE**

**Credentials Analysis Report**

**Federation of  
STATE  
MEDICAL  
BOARDS**

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**Discrepancies**

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There are no discrepancies identified.

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**Miscellaneous Information**

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There is no miscellaneous information identified.

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End of report for: Cheryl Ann Chastine

**FCVS****FEDERATION CREDENTIALS  
VERIFICATION SERVICE**

## Chronology of Activities

**Federation of  
STATE  
MEDICAL  
BOARDS**

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS by the medical-professional applicant.

Medical Professional Name: **Cheryl Ann Chastine**  
Date of Birth: **July 02, 1981**  
Social Security Number:  
FID#: **215425828**

Start Date	End Date	Activity	Location	Overlap Explanation	Program Length Explanation
08/2005	05/2009	Medical Education Record	University of Kentucky College of Medicine, 138 Leader Ave Lexington, KY 40506-9983 UNITED STATES		
07/2009	06/2012	GME Record	West Suburban Hospital Medical Center, 1 Erie Court Oak Park, IL 60302 UNITED STATES		

End of report for: Cheryl Ann Chastine

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

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## **Section II**

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### **FSMB and Other Reports**



February 12, 2014

Attn:

Re: Board Action Query Dated: February 12, 2014  
FSMB Batch Number: BQ2399318

The following is a report of the search results from the Board Action Data Bank as of February 12, 2014 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Provider cleared with No Actions as of February 12, 2014

Name	DOB	School	Yr/Grad	Provider ID
Cheryl Ann Chastine	07/02/1981	018010	2009	203713

**License History**

Licensing Entity  
ILLINOIS  
KANSAS

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

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL (817) 868-5000 FAX (817) 868-5099





FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## ABMS Verification of Certification



Page 1 of 1

As of: **02/12/2014**  
Medical Professional Name: **Cheryl Chastine**  
Date of Birth: **7/2/1981**  
Year of Graduation: **2009 (Doctor of Medicine)**  
ABMSUID#: **995346**

---

### Certification

---

#### Certification:

Board: Family Practice  
Specialty: Family Practice  
Status: ACT  
Initial Certification: 07/01/2012

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End of report for Cheryl Chastine

All certification information on the ABMS report is based on a search of data shared with the FSMB by the American Board of Medical Specialties. For some physicians the biographic data in the ABMS database is incomplete and is not included in the shared data. FCVS is unable to verify specialty certification on these physicians. FCVS does not follow up with the applicant or ABMS on any missing or discrepant information.

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

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## **Section III**

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### **Identity**

**FCVS****FEDERATION CREDENTIALS  
VERIFICATION SERVICE****Affidavit and Release****Federation of  
STATE  
MEDICAL  
BOARDS**

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

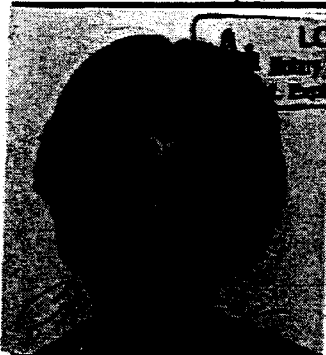
I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I, hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

While the FSMB will only use collected personal information for the purposes described on our website and in the FCVS application materials, the FSMB has no control over the entities to which an applicant authorizes the release of FCVS materials. Such entities may include state medical boards, state osteopathic boards, and other entities that may be subject to state and federal public information or open records laws, which might require the release of certain FCVS packet information to the public upon request.

**Notary:**

The physician has been instructed to sign the front of the photograph. Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

S. McCoy

Applicant's Signature (must be signed in the presence of a notary)

Chastine  
Applicant's Printed Last Name1/24/14  
Date of Signature (must correspond to date of notarization)State of KANSAS, County of SEDGWICK

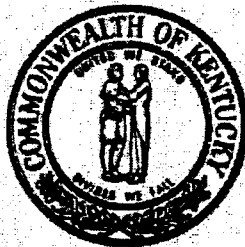
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 24 day of JANUARY, 2014.

Notary Public Signature: [Signature]My Notary Commission Expires: 6-15-17

203713

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215425828



# Registrar of Vital Statistics

## Certified Copy

NO. 2-A

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HUMAN RESOURCES

FILE NO. 116

81 26806

REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

REGISTRAR'S NO. 6530

Registration District No. 755

Primary Registration District No. 2277

CHILD-NAME 1. Cheryl Ann Chastine			DATE OF BIRTH (MONTH, DAY, YEAR) 2a. July 2, 1981		HOUR 2b. 4:04 PM
SEX 3. Female	THIS BIRTH—SINGLE, TWIN, TRILL, ETC. (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.		COUNTY OF BIRTH 5a. Jefferson 5	
CITY, TOWN, OR LOCATION OF BIRTH 7b. St. Matthews		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. yes	HOSPITAL—NAME 5d. Baptist Hospital East 24		
MOTHER—MAIDEN NAME 6a. Mary Chan			AGE (AT TIME OF THIS BIRTH) 6b. 27	STATE OF BIRTH (IF NOT IN U.S.A., NAME CO. NEXT) 6c. China	SOCIAL SECURITY NUMBER 6d. 1:50-50-6080
RESIDENCE—STATE 7a. Kentucky	COUNTY 7b. Jefferson	CITY, TOWN, OR LOCATION (ZIP CODE) 7c. Louisville 40222		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. YES	STREET AND NUMBER 7e. 3902 Burning Bush Rd.
FATHER—NAME 8a. Gary Chastine			AGE (AT TIME OF THIS BIRTH) 8b. 29	STATE OF BIRTH (IF NOT IN U.S.A., NAME CO. NEXT) 8c. Ga.	SOCIAL SECURITY NUMBER 8d. 255-88-901
MOTHER'S SIGNATURE 9a. Mary Chastine			RELATIONSHIP TO CHILD 9b. Mother		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME STATED ON THE DATA STATED ABOVE 10a. SIGNATURE 10b. John Petry MD.			DATE SIGNED (MONTH, DAY, YEAR) 10c.	ATTENDANT—M.D., R.N., NURSE, OR OTHER (SPECIFY) 10d.	
CERTIFIER—NAME 11a. John Petry MD.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 11b. 5107 Bardstown Rd. Louisville, Ky 40291		
REGISTRAR—SIGNATURE 12a. [Signature]			DATE RECEIVED BY LOCAL REGISTRAR 12b. JUL 3 1981		

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 16 day of February 1982.

89579 S.C.  
Fee Control Number

[Signature]  
Omar L. Greeman, State Registrar

SEAL  
VERIFIED

203713

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

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## **Section IV**

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### **Medical Education**

**FCVS****FEDERATION CREDENTIALS  
VERIFICATION SERVICE****Verification of  
Medical Education****Federation of  
STATE  
MEDICAL  
BOARDS**

Page 1

**Instruction to the Dean**

Please complete both pages of this form, sign date and seal on the front page then return to:

**Federation Credentials  
Verification Service**  
400 Fuller Wiser Road  
Suite 300  
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

**If your office also processes transcript requests, please attach the individual's official transcript** (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

**Institution Name:** University of Kentucky College of Medicine

**Address Line 1:** University of Kentucky College of Medicine

**Address Line 2:** 138 Leader Avenue

**City:** Lexington

**State/Province:** KY

**Zip Code (Postal Code):** 40506

**Country:** US

If name of institution was different when this individual attended, please note this name below:

N/A

**Premedical Education:**

Years of education required for admission to your medical school: 16

Credential/degree presented by the applicant for admission to your medical school: BA

**Enrollment and Participation:** Our records indicate that Chastine, Cheryl Ann

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 4 years of medical education on the following dates:

**From:** 08/01/2005 **To:** 05/14/2009  
Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine

on 05/16/2009

Was NOT awarded a degree because: (please explain - additional page if necessary)

Month Day Year

**Attestation**

Affix Institutional  
Seal Here

If no seal is available,  
this form must be  
notarized.

Watermark  
For FCVS internal use only.

**ELECTRONIC  
SEAL VERIFIED**

**Name:** Beth Hartmann

**Signature:** Beth Hartmann

**Title:** COM Registrar

**Date of Signature:** 01/23/2014

**Phone:** (859) 323-2456

**Fax:** (859) 323-2076

**Email:** bahart2@email.uky.edu

203713

2269

215425828

### Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

No

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved:

From Date:

To Date:

Personal/Family \_\_\_\_\_

Academic remediation \_\_\_\_\_

Health \_\_\_\_\_

Financial \_\_\_\_\_

Participation in joint degree Program (e.g., MD/PhD)

Participation in non-research special study

(e.g., fellowship, international experience) \_\_\_\_\_

Participation in non-degree research \_\_\_\_\_

Other:

Other:

Please Specify:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

No

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

From Date:

To Date:

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Other:

Please specify a reason:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

No

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

No

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

No

If YES, please provide detailed documentation/information about the nature of the limitations or special requirement:

---

**Medical School**

---

**Medical Professional Name:** Cheryl Ann Chastine  
**University of Kentucky College of Medicine**

---

**Unusual Circumstances**

---

Did you have any interruption(s) or extension(s) in your medical education?	Yes	<u>No</u>
Were you ever placed on probation?	Yes	<u>No</u>
Were you ever disciplined or placed under investigation?	Yes	<u>No</u>
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	<u>No</u>
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	<u>No</u>

---

End of report for: Cheryl Ann Chastine

**PROVIDED BY  
APPLICANT**





UNIVERSITY OF KENTUCKY

College of Medicine  
Office of Student Affairs  
138 Leader Avenue  
Lexington, KY 40506-9983  
(859) 323-5261  
Fax (859) 323-2076  
[www.mc.uky.edu/meded/student\\_affairs](http://www.mc.uky.edu/meded/student_affairs)

November 1, 2008

**MEDICAL STUDENT PERFORMANCE EVALUATION  
For Cheryl Chastine**

**IDENTIFYING INFORMATION**

Cheryl Chastine is a fourth-year student at the University of Kentucky College of Medicine in Lexington, Kentucky.

**UNIQUE CHARACTERISTICS**

Cheryl is a recognized leader in the Class of 2009. She serves as Secretary for the Family Medicine Interest Group, President of the Clinical Neurosciences Club, and President for the Forum for Reproduction Education and Empowerment. She has supervised ambulatory medical care to homeless patients in the Salvation Army Student Run Free Clinic. In the fall semester of 2008, she served as an instructor for teaching Physical Exam for small groups of first year medical students. She is a student member of the American Medical Association, the American College of Physicians, the American Psychiatric Association, the Association of Reproductive Health Professionals, as well as the American Academy of Family Physicians. She is fluent in speaking Spanish and French.

**ACADEMIC HISTORY**

Date of Expected Graduation from Medical School: May 16, 2009

Date of Matriculation in Medical School: August 1, 2005

Was this student required to repeat or otherwise remediate any coursework during his/her medical education? NO

Was this student the recipient of any adverse action by the medical school or its parent institution? NO

## **ACADEMIC PROGRESS**

### **Preclinical/Basic Science Curriculum:**

Cheryl completed the first year of the medical curriculum with a 3.57 GPA and was promoted "With Distinction." She completed the second year with a 3.27 GPA. Cheryl passed the United States Medical Licensing Examination Step 1 with a score of 248.

### **Core Clinical Clerkships in Chronological Order:**

Clerkship 1 Surgery: "Conscientious, outstanding student. Well prepared always. Very good with patients and families."

Clerkship 2 Psychiatry: "Interested in psychiatry, good notes."

Clerkship 3 Neurology: "Whatever medical career she ultimately chooses, she will be enormously successful." "Cheryl, although a bit quiet, was a very pleasant, integral part of the team. She followed her patients closely and presented detailed yet succinct summaries of her patients during morning rounds. She was intellectually curious, and like her counterpart, presented topics of interest unsolicited." "Cheryl is a hardworking student; she is enthusiastic about learning. She maintained good rapport with parents and patients."

Clerkship 4 Inpatient Pediatrics: "Attention to detail, concise presentations, compassionate care of children and families."

Clerkship 5 Outpatient Pediatrics: "Excellent rapport with patients, parents, and health care team. Hard working and interested in learning new skills."

Clerkship 6 Family Medicine: "Overall, she was a very impressive student. Knowledgeable, helpful, great rapport with patients. Very comfortable with primary care and patient complexity. Incorporated prevention into plans as well. Will make an outstanding physician. Performs above her peers clinically and with patients." "Cheryl has an outstanding understanding of family Medicine. Her patient care skills, professionalism and medical knowledge are superb."

Clerkship 7 Obstetrics & Gynecology: "Good presentations." "Definitely does her reading outside of clinical duties." "Will be a strong voice for the patients. Does a good job of viewing the whole patient including social and emotional needs as well as medical/physical ones. Well read and always prepared for rounds."

Clerkship 8 Internal Medicine/Emergency Medicine: "It was a pleasure working with Ms. Chastine. She has an excellent fund of knowledge that provides her an outstanding opportunity to excel. She has an excellent common sense approach to patient problems which will serve her well in solving common and complex problems caring for patients." "Cheryl did a good job on this service. She carefully followed her patients, learned the cases, and had good plans of care. She worked well with the other team members and ancillary staff. She showed evidence of outside reading and had a solid knowledge base."

**SUMMARY**

The College of Medicine is pleased to highly recommend Cheryl Chastine for a residency position in your program. Cheryl has demonstrated that she has an excellent fund of medical knowledge and can perform well in the clinical arena. Cheryl is an extremely capable, mature individual who performs all her clinical duties well and is conscientious about every aspect of her work. She also demonstrates intellectual curiosity. I have personally enjoyed getting to know Cheryl over the past four years. I believe she will be a tremendous asset to your program and recommend you give her application your full consideration.

*Jennifer Brueckner*

Jennifer K. Brueckner  
Assistant Dean for Student Affairs  
jbrueck@uky.edu

**ELECTRONIC  
SEAL VERIFIED**

Name: Chastine, Cheryl Ann  
SSN:   
Date of Birth: 07/02/1981  
Place of Birth:   
Print Date: 05/26/2009 Page Number: 1 of 2

Degree Awarded:	Doctor of Medicine	Academic Year 2006-2007
Graduation Date:	05/16/2009	Student Name: Chastine, Cheryl

Credit Grade	P	B	A	B	B	B
5						
7						
9						
9						
7						
2						

PATIENTS, PHYSICIANS, AND  
SOCIETY II  
INTRODUCTION TO MEDICAL  
PROFESSION II  
IMMUNITY, INFECTION, AND  
DISEASE  
MECHANISMS OF DISEASE &  
TRTMT/PATHOLOGY  
MECHANISMS OF DIS &  
TRTMT/PHARMACOLOGY  
MECHANISMS OF DIS &  
TREATMENT/PSYCHIATRY

Academic Year	GPA	Cumulative GPA
2019-2020	3.265	3.436

Academic Year 2007-2008  
Student Name: Chastine, Cheryl

Credit Grade	A	B	B	A	A	A	B	A	B
	4	4	4	4	4	12	8	4	4

PEDIATRICS  
EMERGENCY MEDICINE  
NEUROLOGY  
PSYCHIATRY  
PRIMARY CARE/FAMILY PRACTICE  
INTERNAL MEDICINE  
SURGERY  
OBSTETRICS & GYNECOLOGY  
PRIMARY CARE/PEDIATRICS

Academic Year GPA 3.583 Cumulative GPA 3.492

**Promoted With Distinction**

A = Exceptionally High Achievement    E = Failure  
B = Expected Level of Achievement    U = Unsatisfactory  
C = Marginal Performance  
P = Pass  
I = Incomplete  
W = Withdrawn from Course  
U\* = Remediated Grade

Beth Hartmann, Registrar

ELECTRONIC  
SEAL VERIFIED

UNIVERSITY OF KENTUCKY  
COLLEGE OF MEDICINE  
LEXINGTON, KENTUCKY

Name: Chastine, Cheryl Ann  
SSN: [REDACTED]  
Place of Birth: [REDACTED] Date of Birth: 07/02/1981  
Print Date: 05/26/2009 Page Number: 2 of 2

Matriculated: 08/01/2005  
M.D. Granted: 05/16/2009  
Cumulative GPA: 3.544

Degree Awarded: Doctor of Medicine  
Graduation Date: 05/16/2009

Academic Year 2008-2009

Student Name: Chastine, Cheryl

	Credit Grade
ANA 850 APPLIED HUMAN ANATOMY	A
ANS 853 PAIN MGMT CLERKSHIP	B
FM 850 FAMILY MEDICINE AI	A
MD 840 DEAN'S COLLOQUIUM	P
MD 842 ADV PHARM & ANESTHES	A
MED 890 INTERNAL MED OFF-SITE	A
OPH 850 OPHTHAL MOLOGY	A
PED 879 ADOLESCENT MEDICINE	A
SUR 854 UROLOGY ACT INTNSHP	B

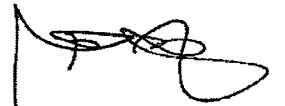
Academic Year GPA 3.750 Cumulative GPA 3.544

Graduated - Distinction

A = Exceptionally High Achievement E = Failure  
B = Expected Level of Achievement U = Unsatisfactory  
C = Marginal Performance X = Grade not Reported  
P = Pass W = Withdraw from Course  
I = Incomplete U\* = Remediated Grade

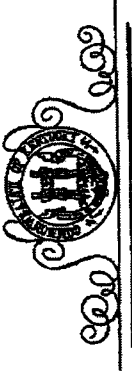
Beth Hartmann, Registrar

Beth Hartmann, Registrar  
UK College of Medicine



ELECTRONIC  
SEAL VERIFIED

# University of Kentucky



## College of Medicine

To all who may read these letters, Greetings:

Whereby it is certified that, after the pursuit of studies, the passage of examinations required, and upon the recommendation of the University Senate, the Board of Trustees of the University of Kentucky, through the President, confers upon

Cheryl Ann Chastine

the degree of

Doctor of Medicine

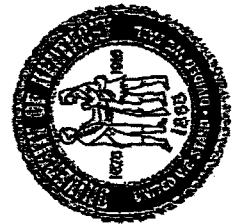
With Distinction

with all the rights, privileges and honors pertaining thereto.

Dated this sixteenth day of May, 2009.

Lee J. Judd, Jr.  
PRESIDENT OF THE UNIVERSITY

Miss Bell  
CHAIRMAN, BOARD OF TRUSTEES



Jay Allen Parnell  
DEAN OF COLLEGE

Donald E. Leitch  
UNIVERSITY REGISTRAR

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

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## **Section V**

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Graduate Medical Education

**Federation Credentials Verification Service (FCVS)**

400 Fuller Wiser Road, Suite 300, Euless, TX 76039  
Tel: (817) 868-5000 Fax: (817) 868-5099

**Verification of Graduate Medical Education**

Institution: West Suburban Hospital Medical Center

Attention: Program Director

Specialty: Family Medicine

Affiliated

University: \_\_\_\_\_

Address: Oak Park, IL

Verification For:

Name: Chastine, Cheryl Ann

DOB: 07/02/1981

Individual's Name on Record (If different from above): \_\_\_\_\_

**Program  
Participation:**  
Important:

Report Incomplete  
Training Levels (years)  
separate from those that  
were successfully  
completed.

Training Level: 1  
(e.g., 1, 2, 3, etc.)

- ☐ Internship  
☒ Residency  
☐ Chief Residency  
☐ Fellowship  
☐ Research

Specialty/Subspecialty: Family Medicine

From: 07/01/2009

To: 06/30/2010

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC  
☐ RCPCSC ☐ APPAP ☐ None of these

Training Level: 2  
(e.g., 1, 2, 3, etc.)

- ☐ Internship  
☒ Residency  
☐ Chief Residency  
☐ Fellowship  
☐ Research

Specialty/Subspecialty: Family Medicine

From: 07/01/2010

To: 06/30/2011

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC  
☐ RCPCSC ☐ APPAP ☐ None of these

Training Level: 3  
(e.g., 1, 2, 3, etc.)

- ☐ Internship  
☒ Residency  
☐ Chief Residency  
☐ Fellowship  
☐ Research

Specialty/Subspecialty: Family Medicine

From: 07/01/2011

To: 06/30/2012

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC  
☐ RCPCSC ☐ APPAP ☐ None of these

**Unusual**

**Circumstances:**

Check the correct response.  
Omitted responses require  
written explanation.

If necessary, you may  
continue your explanation  
on a separate sheet of  
paper.

1. Did this individual ever take a leave of absence or break from his/her training? ..... ☐ Yes ☒ No
2. Was this individual ever placed on probation? ..... ☐ Yes ☒ No
3. Was this individual ever disciplined or placed under investigation? ..... ☐ Yes ☒ No
4. Were any negative reports for behavioral reasons ever filed by instructors? ..... ☐ Yes ☒ No
5. Were any limitations or special requirements placed upon this individual because  
of questions of academic incompetence, disciplinary problems or any other reason? ..... ☐ Yes ☒ No

Please explain any "Yes" response from above:

\_\_\_\_\_  
\_\_\_\_\_

**Certification:**

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: Scott Levin, MD

Signature: S. Levin, MD

Title of Signatory: Program Director

Date of Signature: 2/4/14

Tel: 708-763-2369

Fax: 708-763-2162

E-Mail: slevin@westsubmc.com

**ELECTRONIC  
SEAL VERIFIED**



**FCVS****FEDERATION CREDENTIALS  
VERIFICATION SERVICE****Applicant Reported  
Unusual Circumstances****Federation of  
STATE  
MEDICAL  
BOARDS**

Page 1 of 1

**Graduate Medical Education****Medical Professional Name:** Cheryl Ann Chastine  
**West Suburban Hospital Medical Center**  
**Family Medicine****Unusual Circumstances**

Did you have any interruption(s) or extension(s) in your medical education? Yes No

Were you ever placed on probation? Yes No

Were you ever disciplined or placed under investigation? Yes No

Were any negative reports for behavioral reasons ever filed by instructors? Yes No

Were any limitations or special requirements imposed on you because of  
academic performance, incompetence, disciplinary problems or for  
any other reason? Yes No

End of report for: Cheryl Ann Chastine

**PROVIDED BY  
APPLICANT**

West Suburban Medical Center  
Oak Park, Illinois

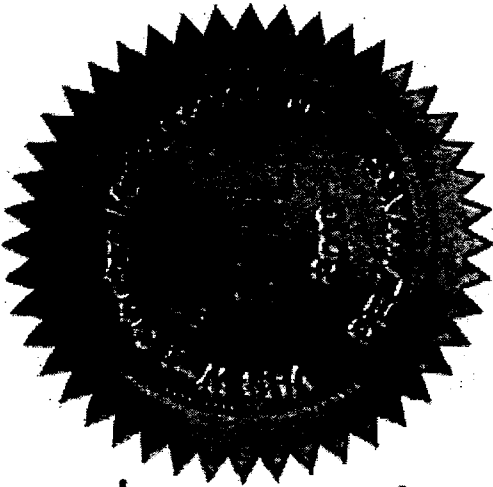
Certifies that

**Cheryl A. Chastine, MD**

Has faithfully and satisfactorily performed all duties as a  
Resident in Family Medicine

From July 1, 2009 through June 30, 2012

In witness whereof, we have subscribed our names as officers of  
West Suburban Medical Center

  
Jud Chastine  
CEO, West Suburban Medical Center

[Signature]  
President, Medical Staff

S. Levi, MD  
Program Director

C. Fractisch, MD  
Associate Program Director

[Signature] MD  
Associate Program Director

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

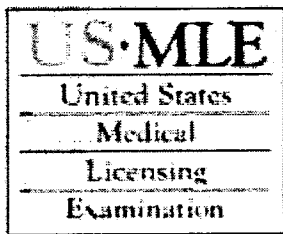
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## **Section VI**

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### **Licensure Examination History**

(State Licensing Authorities Only)



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 – Telephone (817) 868-4000

Date : 01/22/2014

**Recipient:**

Federation Credentials Verification Service  
ATTN: FCVS

**Packet ID:** 203713

**Examinee:** Chastine, Cheryl Ann  
**Alt Name(s):**

**Examinee ID#:** 5-194-539-2  
**Date of Birth:** 07/02/1981

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

## USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
06/04/2007	Pass	248	(185)	

## USMLE STEP 2

### Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
07/28/2008	Pass	263	(184)	

### Clinical Skills (CS)\*

Test Date	Pass/Fail	Total	MP	Comments
09/08/2008	Pass			

## USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
KENTUCKY	06/20/2011	Pass	249	(187)	

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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 – Telephone (817) 868-4000

Examinee ID#: 5-194-539-2

Date of Birth: 07/02/1981

Examinee: Chastine, Cheryl Ann

#### INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

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

#### STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

#### 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 are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. **No score is reported.** Information regarding the nature of the indeterminate score 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 for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

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

#### ANNOTATIONS APPEARING AS "NOTE"

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

#### BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

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

4/2013



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

Pat Quinn  
Governor

Manuel Flores  
Acting Secretary

Jay Stewart  
Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

March 13, 2014

Board of Medical Licensure  
P O Box 18256  
Oklahoma City OK 73154-0256

PRIMARY  
SCIENCE

Licensee: CHERYL ANN CHASTINE MD

License Number: 036.128802

Profession: LICENSED PHYSICIAN AND SURGEON

Date of Issuance: 08/17/2011

Expiration Date: 07/31/2014

License Status: ACTIVE

License Method: ACCEPT EXAM-USMLE

Disciplinary History: Has not been disciplined

**RECEIVED**

MAR 21 2014  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Temporary certificate physician and surgeon no.125.056559 was issued with a starting date of 07/01/2009. No disciplinary action on file. This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Jay Stewart #7  
Director

Division of Professional Regulation

March 13, 2014  
Date

30440  
VA

Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, KS 66612



phone: 785-296-7413  
1-888-886-7205  
fax: 785-296-0852  
www.ksbha.org

Kathleen Selzler Lippert  
Executive Director

Sam Brownback, Governor

March 6, 2014

OSBMLS  
PO Box 18256  
Oklahoma City, OK 73154-0256

## PRIMARY SOURCE

This is to certify that: Cheryl Ann Chastine, MD has been licensed to practice in Kansas in the following profession: Medical Doctor (MD)

License Number:	04-36207
Date of Birth:	07/02/1981
Profession:	Medical Doctor (MD)
License Designation:	MD Active License
License Status:	Current
Original License Date:	01/17/2013
Expiration Date:	06/30/2014

Disciplinary Action:

Unless otherwise indicated, this licensee has not been subject to disciplinary proceeding by the Kansas Board of Healing Arts.

Verified by:

*Sandra Fienhage*  
Sandra Fienhage  
Senior Administrative Assistant

*30440  
KS*

**RECEIVED**

MAR 10 2014

**OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION**

BOARD MEMBERS: JOHN F. SETTICH, PH.D., PUBLIC MEMBER, PRESIDENT, Atchison • M. MYRON LEINWETTER, DO, VICE PRESIDENT, Rossville • EUSTAQUIO O. ABAY II, MD, Wichita  
MICHAEL J. BEEZLEY, MD, Lenexa • RAY N. CONLEY, DC, Overland Park • GARY L. COUNSELMAN, DC, Topeka • ROBIN D. DURRETT, DO, Hoisington  
ANNE HODGSON, PUBLIC MEMBER, Lenexa • JOEL R. HUTCHINS, MD, Holton • DAVID LAHA, DPM, Overland Park • RICHARD A. MACIAS, JD, PUBLIC MEMBER, Wichita  
GAROLD O. MINNS, MD, Bel Aire • KIMBERLY J. TEMPLETON, MD, Leawood • TERRY L. WEBB, DC, Hutchinson

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: healingarts@ksbha.ks.gov



# AMA Physician Profile

**Name and Mailing Address**

CHERYL ANN CHASTINE MD  
1644 W AUGUSTA BLVD  
CHICAGO IL 60622-3806

**Primary Office Address**

STE B  
917 S OAK PARK AVE  
OAK PARK IL 60304-1950

**Phone** UNKNOWN

✓ **Birth date** 07/02/1981

**Physician's major professional activity** OFFICE BASED PRACTICE

✓ **Self-designated practice specialty** FAMILY MEDICINE (primary)  
UNSPECIFIED (secondary)

*Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership status** NON MEMBER

---

All information from this point forward is provided by the primary source

---

**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
1831325505	06/08/2009	NOT RPTD	NOT RPTD	NOT RPTD	12/23/2013

**Current and/or historical medical school**

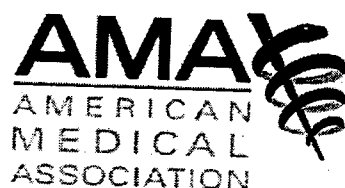
✓ UNIV OF KY COLL OF MED, LEXINGTON KY 40536

Degree Awarded: Yes

Degree Year: 2009

30440  
1/8





#### U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
None	Reported			

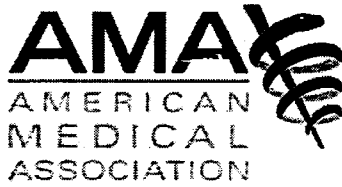
*Only the last three characters of active DEA numbers are displayed*

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

#### Specialty Board Certification

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

*The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.*



#### **Additional Information**

To date, there is no additional information for this physician on file.

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log onto our website ([www.ama-assn.org/go/amaprofiles](http://www.ama-assn.org/go/amaprofiles)) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association  
Division of Database Products  
Attn: Physician Products Portfolio  
AMA Plaza  
330 N. Wabash Ave., Suite 39300  
Chicago, IL 60611-5885

Fax: (312) 464-5900

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

**EVIDENCE OF STATUS FORM: PART A**

Type or Print Clearly - Please use blue or black ink only

Date: 2/21/14 Social Security #: \_\_\_\_\_ License No.: \_\_\_\_\_  
Full Legal Name: Cheryl Ann Chastine  
First Middle Maiden (if applicable) Last  
Mailing Address: 1644 W Augusta Blvd  
Street Address or Post Office Box  
Chicago IL 60622 312-788-4004  
City State Zip Code Telephone Number (including area code)

**PRIMARY EVIDENCE OF CITIZENSHIP  
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- ☒ A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;
- ☐ United States passport (except limited passports, which are issued for periods of less than five years);
- ☐ Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- ☐ Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;
- ☐ Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);
- ☐ Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);
- ☐ United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);
- ☐ Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
- ☐ Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or
- ☐ American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- ☐ Alien Lawfully Admitted for Permanent Residence:
- ☐ INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- ☐ Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

**RECEIVED**

**FEB 26 2014**

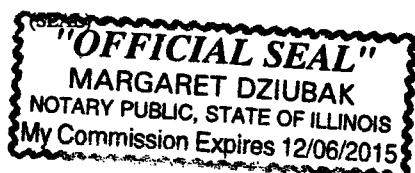
**OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION**

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Chastine  
Signature of Applicant (Do not sign until in the presence of the Notary Public)

2/21/14  
Date

Subscribed and sworn before me this 21st day of February, 2014



Margaret Dziubak  
Notary Public  
Commission Number: \_\_\_\_\_  
My Commission Expires: 12/06/2015

30440  
KA

RECORDED

FEB 26 2014

NO. 2-A  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116

REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

Registration District No. 755

Primary Registration District No. 2277

REGISTRAR'S NO. 6330

81 26806

CHILD-NAME		LAST		DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR	
1. Cheryl		Ann Chastine		2a. July 2, 1981		2b. 4:04 PM	
SEX		IF NOT SINGLE BIRTH—SIBLING FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH			
3. Female		4b.		5a. Jefferson		5b.	
CITY, TOWN, OR LOCATION OF BIRTH (SPECIFY)		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL-NAME		(IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
4a. Single		5c. yes		5d. Baptist Hospital East			
5b. St. Matthews		MIDDLE		LAST		SOCIAL SECURITY NUMBER	
MOTHER-MAIDEN NAME		FIRST		AGE (AT TIME OF BIRTH) IN U.S.A. NAME CO. (SPECIFY)		6d. 050-50-6080	
6a. Mary		Chan		6b. 27		6c. China	
RESIDENCE-STATE		COUNTY		CITY, TOWN, OR LOCATION (ZIP CODE)		STREET AND NUMBER	
Kentucky		Jefferson		Louisville 40222		7d. 3902 Burning Bush Rd.	
FATHER-NAME		FIRST		LAST		SOCIAL SECURITY NUMBER	
8a. Gary		Chastine		8b. 29		8c. 255-88-9913	
9a. Mother		DATE SIGNED		MONTH, DAY, YEAR		ATTENDANT—U.S.A. NAME CO. (SPECIFY)	
10a. Mary Chastine		10b.		10c.		10d.	
10e. SIGNATURE		10f. SIGNATURE		10g. SIGNATURE		10h. SIGNATURE	
10i. SIGNATURE		10j. SIGNATURE		10k. SIGNATURE		10l. SIGNATURE	
10m. SIGNATURE		10n. SIGNATURE		10o. SIGNATURE		10p. SIGNATURE	
10q. SIGNATURE		10r. SIGNATURE		10s. SIGNATURE		10t. SIGNATURE	
10u. SIGNATURE		10v. SIGNATURE		10w. SIGNATURE		10x. SIGNATURE	
10y. SIGNATURE		10z. SIGNATURE		10aa. SIGNATURE		10ab. SIGNATURE	
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10fe. SIGNATURE		10ff. SIGNATURE		10fg. SIGNATURE		10fh. SIGNATURE	
10fi. SIGNATURE		10fi. SIGNATURE		10fi. SIGNATURE		10fi. SIGNATURE	

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky, this 16 day of February, 1982.

30348



## REPORT SUMMARY

Oklahoma Board of Medical Licensure - Applicants - ONLINE - Standard Package

### Prepared for:

Oklahoma Board of Medical Licensure - Applicants - ONLINE, Default User  
Requested on 1/22/2014 4:05:04 PM  
Completed on 1/29/2014 9:31:55 AM

### Subject of Report:

**Name:** Cheryl Ann Chastine  
**DoB:** Jul 2, 1981  
**SSN:** XXX

**Address:**  
1644 W Augusta Blvd  
Chicago, IL 60622

### Report Summary:

County Criminal Search  
Multi-County Criminal Search  
SSN Check  
Broadscreen Verify  
CrimTRAK

Clear  
Clear  
Complete  
Clear  
Complete

**Compliance Notice to our valued landlords:** Before taking an adverse action against the person named in this report you must provide him or her with a pre-adverse action notice, a copy of this report, and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act." You must provide the person a reasonable amount of time to respond to your notice. If after hearing the individual's response you determine to continue with the adverse action you must provide a second post-adverse action notice. You must provide notice even if the information in the report plays only a small part in the overall decision. Additional notice requirements may apply in certain states. Trak-1 provides you with details about the content and format of these notices in the addendums to your Customer Service Agreement and at [www.trak-1.com/compliance](http://www.trak-1.com/compliance). For tools to help you generate these required notices refer to the top of the page you used to print this report.

**Compliance Notice to our valued employers:** Before taking an adverse action against the person named in this report you must provide him or her with a first pre-adverse action notice, a copy of this report, and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act." You should provide the person a reasonable amount of time to respond to your notice. If after hearing the individual's response you determine to continue with the adverse action you must provide a second post-adverse action notice. You must provide notice even if the information in the report plays only a small part in the overall decision. Additional notice requirements may apply in certain states. Trak-1 provides you with the content and format of these required notices in the addendums to your Customer Service Agreement or at [www.trak-1.com/AdverseAction](http://www.trak-1.com/AdverseAction). For tools to help you generate these required notices refer to the top of the page you used to print this report.

**Notice to All Users of This Report:** This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report. For further information about your obligations regarding adverse action, please refer to the Federal Trade Commission articles: "Using Consumer Reports: What Landlords Need to Know", <http://www.ftc.gov/bcp/edu/pubs/business/credit/bus49.shtm> and "Using Consumer Reports: What Employers Need to Know" <http://www.ftc.gov/bcp/edu/pubs/business/credit/bus08.shtm>. Failure to abide by your legal obligations may expose you to liability. For questions contact us at 7131 Riverside Parkway Tulsa, Oklahoma 74136, 800.600.8999.

PRIMARY  
SOURCE

30440  
HS



## Multi-County Criminal Search

Multi-County Criminal Search

State: OK

No Results Returned from  
Record Search

**CrimTRAK Search Criteria**

Maximum Number of Years of Address History Searched: 7  
 Maximum Number of County Searches Ordered: 2  
 Actual Number of Counties Searched: 2  
 State Omitted: OK

Counties Searched

State	County
IL	COOK
KY	FAYETTE

**Applicant Address History**

Name	Address	City	State	Zip	County	FirstReported	LastReported
CHERYL CHASTINE	W 1644 AUGUSTA BLVD	CHICAGO	IL	60622	COOK	4/5/2012	4/13/2012
CHERYL CHASTINE	N 2360 CAMBRIDGE AVE APT 214	CHICAGO	IL	60614	COOK	6/7/2011	3/9/2012
CHERYL CHASTINE	W 1320 CHESTNUT ST APT 214	CHICAGO	IL	60642	COOK	6/7/2010	7/13/2010
CHERYL CHASTINE	W 324 LAKE ST APT 3	OAK PARK	IL	60302	COOK	8/2/2009	4/7/2010
CHERYL CHASTINE	W 7226 BEACHLAND BEACH RD APT 36	PROSPECT	KY	40059	JEFFERSON	10/8/2006	12/12/2006
CHERYL CHASTINE	W 562 WOODLAND AVE APT 36	LEXINGTON	KY	40508	FAYETTE	1/16/2006	9/7/2008
CHERYL CHASTINE	W 132 COLFAX ST APT 36	LEXINGTON	KY	40508	FAYETTE	6/26/2003	8/19/2003
CHERYL CHASTINE	W 5300 PUEBLO RD APT 36	LOUISVILLE	KY	40207	JEFFERSON	3/27/2000	8/9/2006

CHERYL ANN CHASTINE  
1644 W AUGUSTA BLVD  
CHICAGO, IL 60622

01/15/2014

RE: MD Application #30440

**Check Your Application  
Status Online at:**  
<http://www.okmedicalboard.org>  
**Username:AP45929219**  
**Password:Last 4 SSN**

Dear CHERYL CHASTINE,

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Exam verification date  
Evidence of Status  
REQUIRED AFFIDAVITS NOT RECEIVED  
OATH  
Extended Background Check  
OTHER DEFICIENCIES: FCVS  
Affidavit DEFICIENCIES: re: priveledges  
Transcript - VANDERBILT UNIVERSITY  
Transcript - UNIVERSITY OF KENTUCKY  
MedSchool-Transcript Univ Of KY Coll Of Med, Lexington Ky 40536  
Verify License from KS 0436207  
MedSchool-Form 1 Univ Of KY Coll Of Med, Lexington Ky 40536  
Verify License from IL 036.128802  
USMLE Exams Incomplete  
PostGrad - Form 2 WEST SUBURBAN MEDICAL CENTER

Any of the required forms in the list above may be downloaded from our website:  
<http://www.okmedicalboard.org/resources>



Oklahoma State Board of Medical Licensure and Supervision

MD 30440

CHASTINE, CHERYL ANN

Submitted:01/15/2014

5130\_1212.JPG



In order to check on the status of your application, please log on to our web site ([www.okmedicalboard.org](http://www.okmedicalboard.org)). Your user name is AP45929219 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page, just below the picture. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

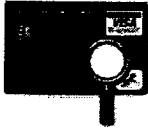
If we may be of further assistance, please contact the undersigned at (405) 962-1400 ext 121.

Sincerely,

Ruth Orr

Dept. of Licensing

Encl



CHASTINE, CHERYL  
SSN: XX  
Verified Dob: 11/2/1981

## SSN Check

**EQUIFAX**

### Affiliated Addresses

Street Address	City	State	Zip	Phone	Date Reported
1320 W CHESTNUT ST	CHICAGO	IL	60642		1/1/2012
1644 W AUGUSTA BLVD	CHICAGO	IL	60622		1/1/2014
2360 N CAMBRIDGE AVE APT 214	CHICAGO	IL	60614		3/1/2012

### Affiliated Employers

Employer	City	State	Last Known Position	Date Employed	Date Left
No Employers Returned					



## Broadscreen Verify

**N o R e c o r d s F o u n d**  
By Searching Multi-State Criminal, National Sex Offender, OFAC and Government Watch Lists

Pursuant to the California Penal Code 290.46, a person is authorized to use information disclosed in sex offender records only to protect a person at risk. These records cannot be used for purposes relating to any of the following: insurance, credit and loans, employment, education, and housing or accommodation for purposes other than to protect a person at risk.

Sexual offender registry searches are statewide searches of registered sex offender databases. Per state law, sex offenders must register each time they move domiciles. However, registrants may move and fail to notify proper law enforcement authorities of their change in residence. As a result, Trak-1 cannot guarantee the accuracy of the address information.

Trak-1 obtains a significant portion of its information from a variety of public record sources. Trak-1 reports only the most current information provided to Trak-1 by the public record source.



## County Criminal Search

County Criminal Search

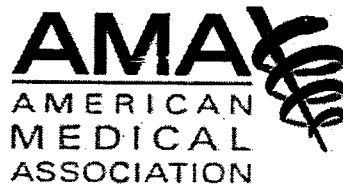
State: IL County: COOK

No Results Returned from  
Record Search

County Criminal Search

State: KY County: FAYETTE

No Results Returned from  
Record Search



Certifying board: AMERICAN BOARD OF FAMILY MEDICINE  
Certificate: FAMILY MEDICINE  
Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
MOC+	07/01/2012		02/15/2014	INITIAL	12/11/2013

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

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*+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.*

#### **Action notifications**

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Public Health Service.



### Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

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

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

✓ **Sponsoring Institution:** WEST SUBURBAN MED CTR  
**Sponsoring State:** ILLINOIS  
**Program name:** WEST SUBURBAN MEDICAL CENTER PROGRAM  
**Specialty:** FAMILY MEDICINE  
**Dates:** 07/2009 - 06/2012 (Verified)

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

### Current and/or historical medical licensure

Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
✓ KANSAS	MD	01/17/2013	06/30/2014	ACTIVE	UNLIMITED	01/02/2014
✓ ILLINOIS	MD	08/17/2011	07/31/2014	ACTIVE	UNLIMITED	12/20/2013
ILLINOIS	MD	06/03/2009	06/30/2012	INACTIVE	RESIDENT	12/20/2013

### ECFMG Certification

**Applicant Number:**

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfmg.org/>