

QUERY RESPONSE

This query was processed under the provisions of:

Title IV (NPDB) Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports		

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name: JONES, REBECCA KEENE
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used: [REDACTED]
Organization Name:
Organization Type:
Work Address:
City, State, ZIP: [REDACTED]
Home Address: [REDACTED]
City, State, ZIP: [REDACTED]
Telephone: [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation: UNIVERSITY OF PENNSYLVANIA (1991)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: MD051312L, PA
Specialty: OBSTETRICS & GYNECOLOGY (50)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: MD2005-0829, NM
Specialty: OBSTETRICS & GYNECOLOGY (50)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 227062, MA
Specialty: OBSTETRICS & GYNECOLOGY (50)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 22200, WV
Specialty: OBSTETRICS & GYNECOLOGY (50)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 00045964, WA
Specialty: OBSTETRICS & GYNECOLOGY (50)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 042-0011506, VT
Specialty: OBSTETRICS & GYNECOLOGY (50)
Drug Enforcement Administration (DEA) Numbers:
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):

C. ENTITY INFORMATION

Entity Name: MAINE BOARD OF LICENSURE IN MEDICINE (DBID ending in ...18)
Authorized Agent:
Authorized Submitter's Name: Tracy A. Morrison
Authorized Submitter's Title: Temporary Clerk
Authorized Submitter's Telephone: (207) 287-6976

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

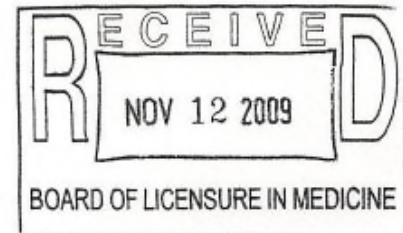
The Federation of State Medical Boards of the United States, Inc.

Federation Credentials Verification Service

P.O. Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
Fax: (817) 868-4099



Physician Information Profile



This report is compiled exclusively for:

Name: Rebecca Keene Jones
SSN: [REDACTED]
DOB: [REDACTED]
Packet ID: 109256
Recipient: Maine Board of Licensure in Medicine

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician 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. All documents bearing the 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.

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Rev. 4/7/04

Request ID: 21355298

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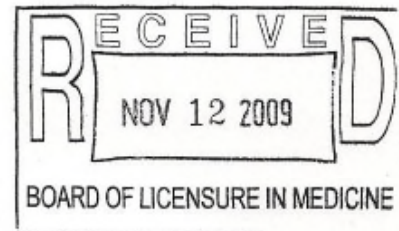
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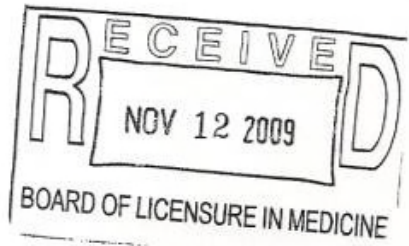


IV. Postgraduate Medical Education

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Section I

FCVS Reports

FCVS Credentials Analysis Summary Report

Your Board may wish to review the unresolved items below marked by an "X"



Physician Name: Rebecca Keene Jones

Physician Identity Number: 109256

I. FCVS/FSMB Reports

II. Identity

III. Medical Education

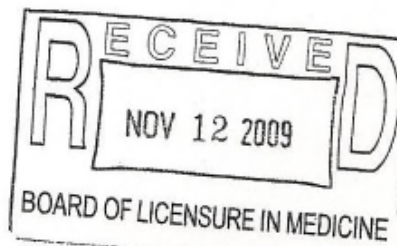
- a. University of Pennsylvania School of Medicine
 - i. Medical Education Form
 - X ii. Unusual Circumstances Questions
 - iii. Official Medical Education Transcripts
 - iv. Compulsory Internship/Internado
 - v. Medical Education Dean's Letter
 - vi. Medical School Diploma

IV. Postgraduate Medical Education

V. Examination History/Score Transcripts

VI. Explanations for Unaccounted Time/Overlaps

- X a. Between Premedical and Medical Education
- b. Between Medical Schools
- c. Between Medical Schools and Degree Issue Date
- d. Between Degree Date and Post Graduate Education
- e. Between Post Graduate Programs



Physician Information Report

Identity:

Name: **Rebecca Keene Jones**
 Other Name Used: **N/A**

Gender: **Female**
 Date of Birth: **[REDACTED]**
 Place of Birth: **Allegheny County, PA USA**
 SSN: **[REDACTED]**

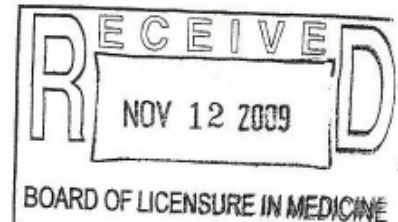
Current Address: **[REDACTED]**

Permanent Address: **Same**

Telephone Numbers: Bus: **610-334-0098**
 Fax: **N/A**
 Home: **[REDACTED]**
 Other: **N/A**

Physical Description: Height: **5' 03"**
 Weight: **115 lbs**
 Eye Color: **Blue**
 Hair Color: **Gray**

Physical Marks: Description: **N/A**
 Location: **N/A**


Premedical Education (Reported by physician. Not verified by FCVS):

Institution: **Boston University, Boston, MA 02215**
 Dates of Attendance: **09/1973 - 05/1977**
 Degree Conferred/Issued: **Bachelor of Arts**

Institution: **University of Minnesota - Twin Cities, Minneapolis, MN 55455**
 Dates of Attendance: **09/1979 - 06/1982**
 Degree Conferred/Issued: **Doctor of Philosophy**

Medical Education:

Medical School: **University of Pennsylvania School of Medicine**
100 Stemmler Hall
36th and Hamilton Walk
Philadelphia, PA 19104-6087

Dates of Attendance: **09/02/1986 - 05/21/1991**
 Date Degree Conferred/Issued: **05/21/1991**
 Degree Conferred/Issued: **Doctor of Medicine**

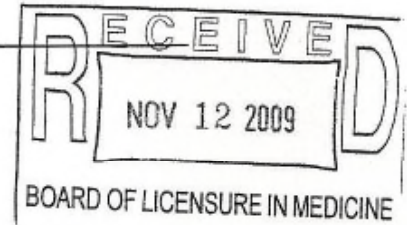
Unusual Circumstance: **Leave**
See Form

Credentials Analysis Report

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

Physician Identification:

Name: Rebecca Keene Jones
DOB: [REDACTED]
SSN: [REDACTED]
Packet ID: 109256
Request ID: 21355298



OMISSIONS

There are none identified.

DISCREPANCIES

There are none identified.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

1 year of independent research/teaching/maternity leave.

Section of Profile: **Medical Education**

Issue: The applicant and University of Pennsylvania School of Medicine report Leave in the Unusual Circumstances sections of the application and the verification form, respectively during attendance at this institution.

Follow-Up: Both the applicant and the institution provided an explanation on the verification form for the Leave of Absence/Break in Training.

Miscellaneous 2:

Section of Profile: **Continuity of Education**

Issue: There is an interruption of education between completion of premedical education at University of Minnesota (ends 06/00/1982) and entrance into medical school at University of Pennsylvania School of Medicine (begins 09/02/1986).

Follow-Up: FCVS does not follow up with the applicant to verify or report any overlaps/interruptions prior to entering medical school.

Miscellaneous 3:

Section of Profile: **Continuity of Education**

Issue: There is an interruption in education between completion of premedical education at Boston University (ends 05/00/1977) and University of Minnesota (begins 09/00/1979).

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH
VITAL RECORDS
Certification of Birth

DATE OF BIRTH

[REDACTED]

FILE NO.

2018290-1955

DATE FILED

11-22-1955

COUNTY OF BIRTH

ALLEGHENY

DATE ISSUED

12-17-2000

NAME

REBECCA KEENE JONES

SEX

FEMALE

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 615, P.L. 304, approved by the General Assembly, June 29, 1953.

Carl Johnson

Carl B. Johnson, M.D., M.P.H.
Secretary of Health

1105, 105 Rev. 6/05

Frank Zeropoli

Frank Zeropoli
State Registrar



**SEAL
VERIFIED**

RECEIVED
NOV 12 2009
BOARD OF LICENSURE IN MEDICINE

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH

DBM

14390107

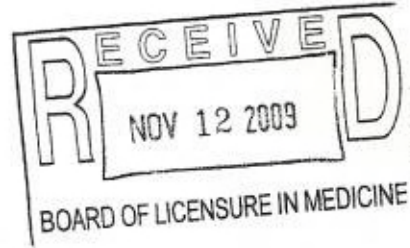
The information appearing on the certified copy of birth is exactly transcribed from information contained on the original birth certificate as filed with the Office of Vital Records.

If you wish to correct the certified copy issued, please complete the lower portion of this form in the presence of a notarizing official and forward to the Division of Vital Records, P.O. Box 1528, New Castle, Pa. 16103

PLEASE SUBMIT DOCUMENTARY EVIDENCE TO SUPPORT THE CHANGES REQUESTED SUCH AS A COPY OF A BAPTISMAL RECORD, EARLY SCHOOL RECORD, MILITARY RECORD, INSURANCE POLICY OR MARRIAGE LICENSE.

DATA	ORIGINAL RECORD NOW READS	CORRECTIONS DESIRED (print full names, dates, other)
NAME OF SUBJECT		
DATE OF BIRTH		
SEX		
OTHER ERROR		
OTHER ERROR		
OTHER ERROR		
SUBSCRIBED AND SWORN TO BEFORE ME:	MO. DAY YEAR	FATHER'S SIGNATURE
SEAL SIGNATURE OF PERSON ADMINISTERING OATH		MOTHER'S SIGNATURE
		SUBJECT'S SIGNATURE
		PRESENT ADDRESS
DO NOT NOTARIZE UNLESS SIGNED BY SUBJECT (OR PARENT(S) IF UNDER AGE 18) MUST BE SIGNED IN PRESENCE OF NOTARY		STREET CITY STATE ZIP CODE

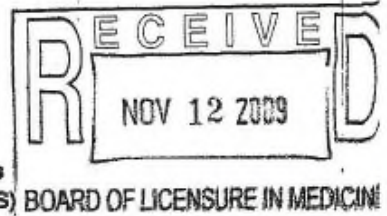
RECEIVED
 NOV 12 2009
 BOARD OF LICENSURE IN MEDICINE



Section III

Medical Education

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)
VERIFICATION OF MEDICAL EDUCATION
(This form must be completed by the medical school)



INSTRUCTIONS TO THE DEAN

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 complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.

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).

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: University of Pennsylvania School of Medicine
Complete Address: _____
Street Address: _____

University of Pennsylvania SOM
Office of the Registrar
3450 Hamilton Walk
Suite 100, Stemmler Hall
Philadelphia, PA 19104-6087

City: _____ **State:** _____ **ZIP Code (Postal Code):** _____

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

Premedical Education:

Years of education required for admission to your medical school: 4 years
Credential/degree presented by the applicant for admission to your medical school: Bachelor's Degree

Enrollment and Participation: Our records indicate that Jones, Rebecca K.
(type/print individual's name: Last, First, Middle, Suffix)
attended our medical school for total of 161 weeks of medical education on the following dates (mm/dd/yy):

From 9 / 2 / 1986 **To** 5 / 21 / 1991
Month Date Year Month Date Year

This individual (check one):

Was awarded the degree of M.D. on 5 / 21 / 1991
Month Date Year

Was NOT awarded a degree because: _____
(please explain - attach additional pages if necessary)

Certification: By my signature, I, Helene Weinberg, certify that the above
(type/print name)
information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: Helene Weinberg
Title: Registrar
Date of Signature: 10/13/09
Phone: (215) 898-4646 **Fax:** (215) 573-5578
Email: hweinber@mail.med.upenn.edu

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

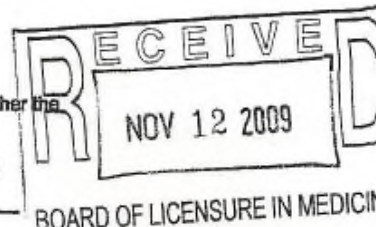
1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

Response YES NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Mo/Yr	To Mo/Yr	Approved	Unapproved
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in Joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)		APRIL 1988 - MAY 1989	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

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?

Response YES NO

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

From Mo/Yr To Mo/Yr

- Academic Probation _____
- Probation for unprofessional conduct/behavioral _____
- Probation for other reason _____

Please specify 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?

Response YES 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?

Response YES NO

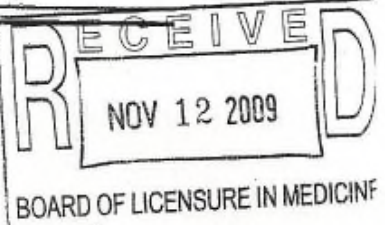
If YES, please provide detailed documentation/information about the circumstances and outcome(s):

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?

Response YES NO

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

Applicant: Print your complete last name: Jones



16. U.S./Canadian Medical Education

List all the medical schools you attended in chronological order.

You may photocopy this page to report more than two institutions if necessary.

If necessary, you may continue your explanation of Unusual Circumstances on a separate 8.5" x 11" sheet of paper. Your response may not exceed 100 words per question.

Documentation: You must include a complete, legible photocopy of your medical school diploma.

If a break of six months or more occurred between medical schools attended or between graduation from medical school and your first year PGY, please provide a written explanation outlining your activities during this "gap" period on the enclosed Gap Explanation Form.

UNIVERSITY OF PENNSYLVANIA

Complete name of institution #1 (Do not abbreviate)

PHILADELPHIA

PA

State

City

From: 09 1986 To: 05 1991

Degree

- None M.D. D.O.
 M.D./Ph.D. combined
 Did not graduate
 B.A./M.D. combined

Date Degree was conferred/issued: 05 21 1991

Month Day Year

Unusual Circumstances (circle yes or no):

- 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, incompetence, disciplinary problems or for any other reason? Yes No

Please explain any "Yes" responses from above: Study was extended over 5 years with one year of independent research/teaching / maternity leave

Complete name of institution #2 (do not abbreviate)

City

State

City

From: To:

Degree

- None M.D. D.O.
 M.D./Ph.D. combined
 Did not graduate
 B.A./M.D. combined

Date Degree was conferred/issued:

Month Day Year

Unusual Circumstances (circle yes or no):

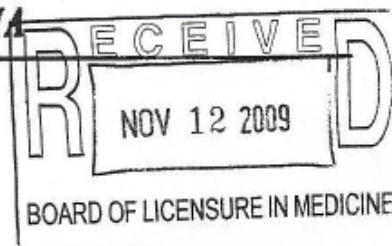
- Did you have any interruption(s) or extension(s) in your medical education? Yes No
 Were you ever placed on probation? Yes No
 Were you ever disciplined or placed under investigation? Yes No
 Were any negative reports for behavioral reasons ever filed by instructors? Yes No
 Were any limitations or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

Please explain any "Yes" responses from above:

UNIVERSITY of PENNSYLVANIA

School of Medicine
Academic Programs
Suite 100, Medical Education Building
Philadelphia, PA 19104-6087
Tel. 215-898-8034
Fax: 215-898-0833
Dear Colleague:

November 1990



The University of Pennsylvania School of Medicine is pleased to submit the following evaluation in strong support of Rebecca Keene Jones as an applicant to your residency education program.

Dr. Jones completed her undergraduate education at Boston University in May 1977 receiving the B.A. psychology and philosophy degree summa cum laude. She was inducted into Phi Beta Kappa honorary. Becky received the M. Phil. in experimental psychology from the University of Edinburgh, Scotland, in July of 1979. In August of 1982 she received the Ph.D. in Child Development from the University of Minnesota. Dr. Jones then served as an instructor in the Institute of Child Development, the University of Minnesota. In 1982-1983 Becky served as lecturer in the Department of Psychology, Villanova University. She was a counselor for Eastern Women's Center, New York, New York in 1983-1984. Dr. Jones was a National Science Foundation Graduate Fellow and an associate in the Center for Research in Human Learning, University of Minnesota.

Dr. Jones entered the University of Pennsylvania School of Medicine in the Fall of 1986. Her performance in the basic science courses was excellent, receiving "honors" in Introduction to Clinical Medicine: History Taking and Physical Examination, Systemic Pathophysiology: Nephrology, Introduction to Clinical Medicine: Differential Diagnosis, and Elective in Medical Education. Faculty members commented that she was "an excellent student, very mature, a warm, gifted student, very capable and enthusiastic." Becky received a William Goldman Foundation Scholarship and the Janet M. Glasgow Award from the American Medical Women's Association. She was a counselor and volunteer trainer in the Elizabeth Blackwell Health Center and a counselor for Women Organized Against Rape. Becky is a member of the Board of Directors Women Against Abuse. She is an active contributor to the Elizabeth Blackwell Society, meal preparation for the homeless in West Philadelphia, and the American Medical Women's Association. She has been co-instructor of a course on child development for medical students and is currently preparing a case report of congenital malformations in association with prenatal exposure to primidone. Her scholarship has been published in 24 journal articles or book chapters.

Individual faculty comments regarding Dr. Jones' clinical course work follow:

DEPARTMENT OF MEDICINE: In the required Clinical Clerkship [High Pass], Becky's "presentations were beautiful, complete and well thought out, work on the ward was efficient and very helpful to her intern, unusual dedication to her patients, very competent and mature, hard work and progress notes were excellent, fine fund of knowledge complemented by a good common-sense approach to problem solving." On an Externship in Emergency Medicine [Honors], Becky was "absolutely wonderful, one of the best students all year, excellent clinical judgment, thorough yet focused work-ups and presentations."

Re: Rebecca Keene Jones
Page 2

DEPARTMENT OF SURGERY: In the required Clinical Clerkship [High Pass], Becky was "a dedicated, dependable and hard working student, enthusiastic, quickly became an active member of the surgical team, presentations were outstanding demonstrating thorough preparation, history and physical examinations were well done."

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY: On the required Clinical Clerkship in Gynecology [Honors], she was "an outstanding student, excellent fund of knowledge, is an astute clinician, consistently writes organized, thorough notes and history and physicals." On a Clinical Clerkship in Obstetrics [High Pass], Becky "showed an active interest in presenting cases and being involved in the care of patients, interacted with residents and staff appropriately, excellent judgment, initiative and maturity." On Clinical Infertility and Reproductive Endocrinology [Honors], she was "a mature team member, sympathetic to patients' needs, eager to do independent research, excellent student, very cooperative and hard working, reliable, sensitive."

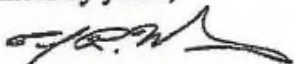
DEPARTMENT OF PEDIATRICS: In the required Clinical Clerkship [Honors], Becky gave "a consistently good performance in all areas, excellent patient write-ups and written examination, reflected a considerable amount of logic and breadth of knowledge, very fine student." On an elective in Medical Genetics [Honors], she "performed like a fellow, has a wonderful fund of knowledge, will do well in what ever specialty she chooses, follows through on everything, very personable, an exceptional student."

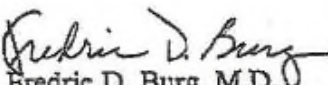
DEPARTMENT OF PSYCHIATRY: In the required Clinical Clerkship [High Pass], Becky "demonstrated an impressive ability to follow patients closely with compassion, diligent, organized, and very able to prioritize issues in patient care, warmth, sensitivity and ability to interact with and assimilate into a treatment team were most remarkable."

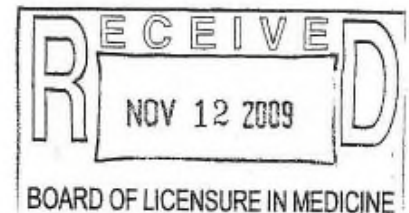
OTHER ELECTIVES: Becky was awarded a special one year Independent Study In Medical Education [Honors]. In concert with another faculty member, she planned and co-taught a seminar on child development for medical students. Her "greatest strength was ability to integrate research with practical aspects of child development for potential physicians." On Clinical Neurology [Honors], Becky was "very mature, thorough, a professional student with a good understanding of pathophysiology, will do well in all her clinical courses and will make an excellent physician." On an Introduction to Neonatology and Obstetric Anesthesia [Honors], she "often stayed at night to get additional experience, excellent fund of knowledge especially in obstetrics and gynecology, excellent with patients, outgoing, pleasant personality, an excellent medical student."

Dr. Jones has demonstrated a unique ability to integrate scholarship with practical medical application in the clinical context. We are very confident of her abilities and recommend her to you as an outstanding house officer candidate.

Sincerely yours,


Paul R. Mehne, Ph.D.
Associate Dean for Student
and Housestaff Affairs


Fredric D. Burg, M.D.
Vice Dean for Education



RECEIVED
 NOV 12 2009

RECORD OF:
 ID NUMBER:

UNIVERSITY OF PENNSYLVANIA
 SCHOOL OF MEDICINE
 PHILADELPHIA, PENNSYLVANIA 19104

DATE OF MATRICULATION: 09-02-86
 M.D. DEGREE DATE: 05-21-91

1986-1987	1988-1989	1990-1991	CU	MO	GR	CU	MO
AA-100*	PE-200*	ME-394A	10	6.25	H	1	1
AA-101*	OP-200*	ME-354A	10	1.62	H	1	1
AA-150*	OR-200*	ME-300G	10	1.62	H	1	1
AE-100*	OT-200*	RA-300	10	8.87	H	1	1
BC-100*	NE-200	ME-314E	10	8.87	H	1	1
BC-561	SU-200*	PA-300	10	2	H	1	1
HG-150*	ME-308E	DE-300	10	2	H	1	1
ID-100A*	OG-200A*	AE-250*	10	2	H	1	1
ID-101*	PE-303						
ME-100A*	OG-201A						
MI-100*	ID-307						
NE-100*	OG-304A						
OG-150	OG-321						
PA-100*							
PH-100*							
PS-150A*							
DE-205*							
ID-202*							
ID-205							
ID-205A*							
ID-205B*							
ID-205C*							
ID-205D*							
ID-205E*							
ID-205F*							
ID-205G*							
ME-100C*							
PA-200*							
PR-100*							
PS-150B*							
PS-200A*							
ID-218							
1988-1989							
ME-200*							

BOARD OF LICENSURE IN MEDICINE
 GROSS ANATOMY
 HISTOLOGY: CELL & TISSUE BIO
 INTRO. TO HUMAN EMBRYOLOGY
 BAS CARDIAC LIFE SUPPORT - CPR
 INTRODUCTION TO BIOCHEMISTRY
 BIOCHEMICAL ASPECTS OF
 METABOLISM & HUMAN DISEASE
 HUMAN/MOLECULAR GENETICS
 NEUROBIOLOGY
 BASIC IMMUNOLOGY
 INTRO TO CLINICAL MEDICINE:
 HISTORY TAKING & PHYSICAL EXAM
 MICROBIOLOGY
 INTRODUCTION TO NEUROLOGY
 INTRODUCTION TO REPRODUCTION
 INTRODUCTION TO PATHOLOGY
 MEDICAL PHYSIOLOGY
 INTRO TO BEHAVIORAL SCIENCE
 TOTAL

CLIN CLERK IN PEDIATRICS
 TOTAL
 INTRO TO ANESTHESIA
 INTRO TO OPHTHALMOLOGY
 INTRO TO ORTHOPAEDIC SURGERY
 INTRO TO OTORHINOLARYNGOLOGY
 CLIN NEUROLOGY
 CLIN CLERK IN SURGERY
 EXTERN IN EMERGENCY MEDICINE
 CLIN CLERK IN GYNECOLOGY
 MEDICAL GENETICS
 CLIN CLERK IN OBSTETRICS
 INTRO TO NEONATOLOGY AND
 OBSTETRIC ANESTHESIA
 CLIN INFERTILITY AND
 REPRODUCTIVE ENDOCRINOLOGY
 PRECEPT IN PRIVATE OB/GYN
 TOTAL

PATHOPHYS OF SKIN DISEASE
 MECHANISMS OF INFECTION
 SYST PATHOPHYS: OVERALL GRADE
 SYSTEMIC PATHOPHYS: PULMONARY
 SYSTEMIC PATHOPHYS: HEK/ONC
 SYSTEMIC PATHOPHYS: ENDOCRIN
 SYSTEMIC PATHOPHYS: RENAL/ELEC
 SYSTEMIC PATHOPHYS: NEPHROLOGY
 SYSTEMIC PATHOPHYS: GASTROENT
 INTRO TO CLINICAL MEDICINE:
 DIFFERENTIAL DIAGNOSIS
 SYSTEMIC PATHOLOGY
 PHARMACOLOGY
 INTRO TO PSYCHOPATHOLOGY
 SUBTOTAL
 CLIN CLERK IN PSYCHIATRY
 ELECTIVE IN MEDICAL EDUCATION
 TOTAL

CLIN ENDOCRINOLOGY
 CLIN INFECTIOUS DISEASES
 EXTERN IN GENERAL MEDICINE
 CLIN CLERK IN RADIOLOGY
 CLIN CARDIOLOGY
 SURGICAL PATHOLOGY
 CLIN CLERK IN DERMATOLOGY
 BASIC & ADVANCED LIFE
 SUPPORT-CPR
 TOTAL
 GRAND TOTAL
 NOTES: INDEPENDENT IN MEDICAL EDUCATION
 04/04/88 05/07/89

**SEALED
 VERIFIED**
 10/13/89

***** NO FURTHER ENTRIES *****
 Registrar SEAL
 (Not Official Without Seal)

IN COMPLIANCE WITH PL-93-360 THIS RECORD SHALL NOT BE MADE AVAILABLE TO ANY THIRD PARTY WITHOUT THE STUDENT'S/GRADUATE'S CONSENT

Grading Legend: H = Honors, P = Pass, F = Fail, F/P = Pass after re-examination, CR = Substantive completion of course taken off-campus or prior to matriculation, NC = No Credit, W = Withdrawal

Letter grades are given for courses taken in graduate schools at the University of Pennsylvania. One credit unit (c u) represents one month of full-time academic course work. No class standing is assigned. Rev 11/89



This is to certify that this is a true copy of the University of Pennsylvania diploma.

Alene W... SEAL

10/13/03

V N I V E R S I T A S
P E N N S Y L V A N I E N S I S
OMNIBVS HAS LITERAS LECTVRIS SALVTEM DICIT

Curn academius antiquus mos sit scientiis litterisve humanioribus excultos titulo iusto condecorare nos igitur auctoritate Curatorum nobis commissa

REBECCA KHEENE JONES

ob studia a Professoribus approbata ad gradum

MEDICINAE DOCTORIS

admisimus eique omnia iura honores privilegia ad hunc

gradum pertinentia libenter concessimus

Cuius rei testimonio nomina nostra die mensis

Maii xxi Anno Salutis mcmxci et Vriversitatis

conditae celi Philadelphiae subscripsimus

RECEIVED
NOV 12 2003

BOARD OF LICENSURE IN MEDICINE

Barbara Ray Straus
Sigilli Curator



Stephen ...
P R A E S I D E N S

...
D E C A N U S

SEAL
VERIFIED

TRANSLATION OF THE UNIVERSITY OF PENNSYLVANIA DIPLOMA - LATIN

VNIVERSITAS
PENNSYLVANIENSIS

OMNIBVS HAS LITTERAS LECTVRIS SALVTEM DICIT

Cum academiis antiquus mos sit scientiis litterisve humanioribus excultos titulo iusto condecorare nos igitur auctoritate Curatorum nobis commissa

(name)

ob studia a Professoribus approbata ad gradum

MEDICINAE DOCTORIS

admisimus eique omnia iura honores privilegia ad hunc gradum pertinentia libenter concessimus. Cuius rei testimonio nomina nostra die mensis (month, day) Anno Salutis (year) et Vniuersitatis conditae (university's year) Philadelphiae subscripsimus

ENGLISH TRANSLATION

UNIVERSITY
OF PENNSYLVANIA

GREETING TO ALL WHO MAY READ THESE LETTERS

Whereas it is the ancient custom of academics to honor with a proper title those who are distinguished in sciences or arts, therefore by the authority of the Trustees committed to us, following approval of his/her studies by the Faculty, we have admitted

REBECCA KEENE JONES

to the degree of

DOCTOR OF MEDICINE

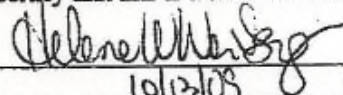
and to him/her we have freely granted all rights, honors, and privileges pertaining to this degree. In testimony of which we have appended our names at Philadelphia, on the 21st day of the month of May in the year of Grace 1991 in the 251st year of the University.

Secretary

President
Dean

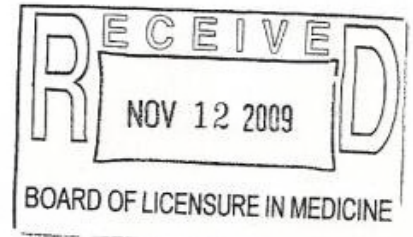
SEAL
VERIFIED

This is to certify that this is a true and accurate translation of the University of Pennsylvania diploma.



HELENE W. WEINBERG, REGISTRAR

(SCHOOL SEAL)

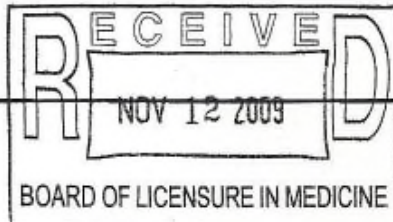


Section IV

Postgraduate Training

Verification of Postgraduate Medical Education

Institution: <u>Reading Hospital and Medical Center</u> Address: <u>Dept of Obstetrics and Gynecology</u> <u>Reading, PA 19611</u>	Attention: Program Director Affiliated University: _____
Verification For:	Name: <u>Jones, Rebecca Keene</u> DOB: <u>[REDACTED]</u> Individual's Name on Record (if different from above): _____
Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: <u>1</u> Specialty/Subspecialty: <u>OB/GYN</u> <input checked="" type="checkbox"/> Internship From: <u>06/23/1991</u> To: <u>06/23/1992</u> <input type="checkbox"/> Residency Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
	PGY: <u>2-4</u> Specialty/Subspecialty: <u>OB/GYN</u> <input type="checkbox"/> Internship From: <u>06/24/1992</u> To: <u>06/23/1995</u> <input checked="" type="checkbox"/> Residency Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> Chief Residency Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
	PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship From: _____ / _____ / _____ To: _____ / _____ / _____ <input type="checkbox"/> Residency Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
Certification: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> ELECTRONIC SEAL VERIFIED </div>	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: <u>A. George Neubert, M.D.</u> Signature: <u>A. George Neubert, M.D.</u> Title: <u>Chair and Program Director</u> Date of Signature: <u>09/25/2009</u> Tel: <u>610.988.8827</u> Fax: <u>610.988.9292</u> E-Mail: <u>neubertg@readinghospital.org</u>



Applicant: Print your complete last name: Jones

16. Postgraduate Medical Education

List all of the postgraduate medical education programs you attended in chronological order. Use one page per institution. You are provided two pages (p. 6 - 7) in this application to report this information. You must make a photocopy(ies) of this page to report more than two institutions.

DEPARTMENT: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If your postgraduate year is currently in progress, indicate the expected completion date in the "To" field. Report Internships, residencies, fellowships and research programs separately.

Use one section per department.

(PGY) - Postgraduate years is also known as postgraduate training level.

If a break of six months or more occurred between any of your postgraduate training activities, please provide a written explanation outlining your activities during this "gap" period on the enclosed Gap Explanation Form.

Please submit photocopies of your internship/residency training or fellowship certificates.

If necessary, you may continue your explanation of Unusual Circumstances on a separate 8.5" x 11" sheet of paper. Your response may not exceed 100 words per question.

READING HOSPITAL AND MEDICAL CENTER

Complete name of hospital where training was conducted (Do not abbreviate).

SIXTH AND SPRUCE

Address line 1

Address line 2

READING PA City State

USA 1191602 Country ZIP/Postal Code

PGY: 1
 Internship
 Residency
 Chief Resident
 Fellowship
 Research
 Specialty/Subspecialty: O A G Y N
 From: 06 1991 To: 06 1992 Successfully completed? Yes No In progress

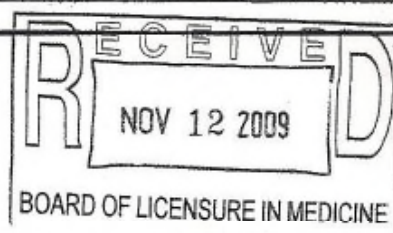
PGY: 2 + 3
 Internship
 Residency
 Chief Resident
 Fellowship
 Research
 Specialty/Subspecialty: O A G Y N
 From: 06 1992 To: 06 1994 Successfully completed? Yes No In progress

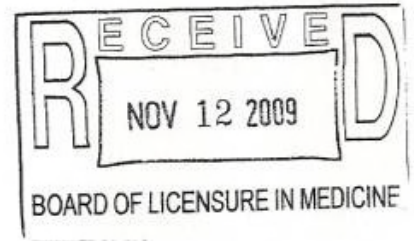
PGY: 4
 Internship
 Residency
 Chief Resident
 Fellowship
 Research
 Specialty/Subspecialty: O A G Y N
 From: 06 1994 To: 06 1995 Successfully completed? Yes No In progress

PGY:
 Internship
 Residency
 Chief Resident
 Fellowship
 Research
 Specialty/Subspecialty:
 From: To: Successfully completed? Yes No In progress

Unusual Circumstances (circle yes or no):
 Did you ever take a leave(s) of absence or break(s) from 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, incompetence, disciplinary problems or for any other reason? Yes No

Please explain any "Yes" responses from above:





Section V

Examination History/Score Transcripts

Record of Scores



This document was prepared by
National Board of Medical Examiners® (NBME®)

3750 Market Street, Philadelphia, PA 19104-3190 Telephone (215) 590-9700

Recipient: **To Whom It May Concern**

Date: **10/26/2009**

Examinee: **Jones, Rebecca K**

Examinee ID: **3-395-321-7**

Date of Birth: **[REDACTED]**

This record shows a complete Part history for this examinee.

NBME PART I

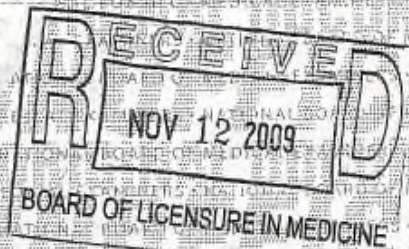
Test Date	Pass/Fail	Score Scale	Total Score	(Min. Pass)	Individual Subject Scores						
					Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
09/07/1988	Pass	Three-Digit	420	(380)	370	455	485	440	365	385	555
		Two-Digit	76	(75)	72	78	80	77	72	73	84

NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min. Pass)	Individual Subject Scores					
					Med	Surg	ObGyn	Prev	Reps	Psych
04/02/1991	Pass	Three-Digit	620	(290)	590	530	725	670	515	535
		Two-Digit	85	(75)	85	83	91	89	82	83

NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min. Pass)
03/04/1992	Pass	Three-Digit	600	(315)
		Two-Digit	85	(75)



109256/cmm

TouchSafe®

Authenticity of NBME Record of Scores

An original, certified NBME Record of Scores is printed using black ink on green safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe[®] Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Record of Scores may result in appropriate legal action or other action consistent with applicable policies.

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

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

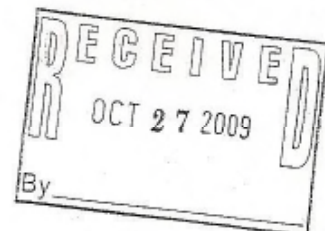
Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

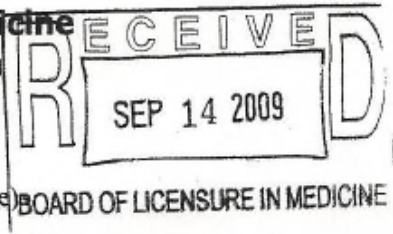
Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.



100%^{o/d}

Maine Board of Licensure in Medicine
State Licensure Examination
Revised 1/23/2008



Applicant: Rebecca Keane Jones (please PRINT full name)

Question #1. True or False - Sexual contact between a licensee and a patient is not misconduct if the patient suggests it.

True False

Question #2. True or False - A patient is never entitled to a copy of his or her own medical record.

True False

Question #3. True or False - Habitual rudeness to patients and or colleagues is potential grounds for Board investigation and /or disciplinary action.

True False

Question #4. True or False - Even if the Licensee (physician or physician assistant) does not belong to the American Medical Association, the AMA code of ethics will be applied to that licensee's behavior.

True False

Question #5. Which of the following statements about Maine's Letters of Guidance from the Board of Medicine to a licensee is true?

- A. Letters of Guidance are reported to the National Data Bank.
- B. Letters of Guidance are a type of disciplinary action by the Board of Medicine.
- C. Letters of Guidance are a mechanism for the Board to deal with problem licensee behavior that is not serious enough to warrant formal discipline.
- D. Letters of Guidance are absolutely confidential.

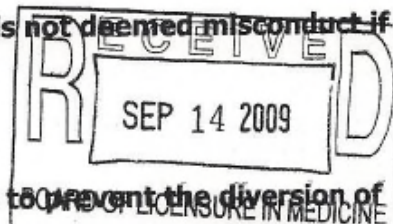
A B C D

Question #6. True or False - Outbursts of anger from licensees caused by stress or lack of rest will be excused as long as the licensee is otherwise competent.

True False

Question #7. True or False - Sexual contact with a patient is not deemed misconduct if it occurred outside the office.

True False



Question #8. True or False - There is little a licensee can do to prevent the diversion of opioids to drug abusers.

True False

Question #9. True or False - If a patient has not paid a bill, the licensee has no obligation to forward records upon request until the bill is paid.

True False

Question #10. True or False - If deemed pertinent to the investigation of a complaint, the Board of Medicine has the authority to insist that a licensee undergo a physical, mental, and/or substance abuse evaluation by an evaluator of the Board's choice.

True False

Question #11. True or False - Licensees do not need to be concerned about rude behavior of their office staff such as the receptionist.

True False

Question #12. True or False - The Board reports all disciplines and practice restrictions to the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank.

True False

Question #13. True or False - Licensees should not prescribe controlled substances for themselves or for family members except in emergency situations.

True False

Question #14. True or False - The sale of goods from the licensee's office raises ethical questions.

True False

Question #15. True or False - If a patient files a complaint and then withdraws it, the Board may still pursue the complaint.

True False

Question #16. A 55-year-old man who recently moved to your area is keeping an appointment in your office during business hours to establish care. He says that he has been prescribed oxycontin and oxycodone for his chronic severe osteoarthritis for the last two years by a Boston Physical Medicine & Rehabilitation doctor. He indicates he has less than a one-day supply of pain medication. He also admits that he was jailed 7 years ago briefly for a "minor offense." He is requesting a prescription for a one-month supply of oxycontin and oxycodone.

The best approach here would be:

- A. Prescribe a one-month supply and wait to see how it goes.
- B. Insist on contact with the most recent prescriber before acceding to his request. Also check the Prescription Monitoring Program data base operated by Maine's Office of Substance Abuse.
- C. Explain that osteoarthritis pain is not treated with opioids.
- D. Presume addiction/diversion is occurring and refuse to prescribe any opioids.

A B C D

Question #17. The most appropriate attitude about managing nonmalignant pain is:

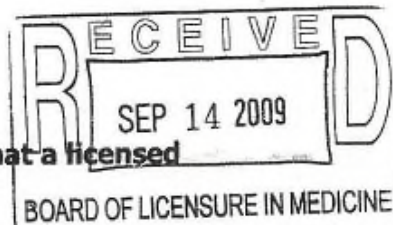
- A. The risk of opioid addiction in long-term pain management is not a concern.
- B. Use of opioids in long-term pain management requires monitoring for opioid abuse and diversion.
- C. Opioid treatment should be reserved for terminal situations.
- D. Pain is not a life-threatening problem and therefore does not require urgent attention.

A B C D

Question #18. If an addicted licensee seeks help by contacting the Maine Medical Association Physician Health Program:

- A. The Board will view this as grounds for automatic discipline.
- B. The Physician Health Program will immediately make a report to the Board, whether or not there is potential for patient harm.
- C. Appropriate treatment will be offered and monitored confidentially.
- D. The Physician Health Program will immediately make a report to the National Data Base

A B C D



Question #19. If a Maine licensee is reasonably concerned that a licensed practicing colleague has a substance abuse problem:

- A. The concerned licensee has a legal obligation to report the colleague either to the Board of Medicine or to the Maine Medical Association Physician Health Program.
- B. The concerned licensee may report the addicted colleague to the Board of Medicine or the Maine Medical Association Physician Health Program, but has no obligation to do so.
- C. There is no obligation to report unless the concerned licensee is aware of adverse patient outcomes as a result of the substance abuse.

A B C

Question #20. Which of the following situations warrant Board disciplinary action?

- A. The licensee exhibits increased tolerance to a narcotic prescribed by his/her health care provider who is treating the licensee for a painful condition.
- B. The licensee seeks treatment for depression.
- C. The licensee uses a sedative hypnotic or an anxiolytic which is prescribed, documented, and monitored by the licensee's health care provider.
- D. None of the above.

A B C D

Question #21. If unsure how to answer a question on a licensure application, a prudent course would be to:

- A. Answer the question putting yourself in the most favorable light.
- B. Call the Board for advice and/or attach an addendum to the application explaining the situation/circumstances.
- C. Skip the question
- D. Guess

A B C D

Question #22. Which of the following is true?

- A. A high percentage of chemically dependent physicians and physician assistants respond successfully to treatment and return to full practice.
- B. Heavy alcohol use, if restricted to times when the licensee is not practicing medicine, will have no impact on the licensee's fitness for practice.
- C. Licensees are too intelligent and too informed about drugs and alcohol to get into trouble with them.
- D. The Physician Health Program in Maine is of no assistance in keeping recovering licensees in practice.

A B C D

Question #23. You have become concerned that a patient is addicted to, and/or diverting opioids you are prescribing for pain. You have learned that this patient is seeking opioid medication from multiple other providers. Which of the following is **NOT** true?

- A. Opioid abuse /addiction is a potentially life-threatening medical condition.
- B. Maine law supports communicating concern about the patient's opioid abuse and/or diversion to other providers and oversight agencies without the patient's consent.
- C. Diversion of opioids threatens the health and safety of other Maine citizens.
- D. You are obligated to continue prescribing opioids.

A B C D

Question #24. Common issues underlying complaints against licensees to the Board of Licensure in Medicine include:

- A. Office staff communication style.
- B. Lack of communication regarding test results.
- C. Poor communication among professionals.
- D. Licensee rudeness.
- E. All of the above.

A B C D E

Question #25. The major focus of the Maine Board of Licensure in Medicine is:

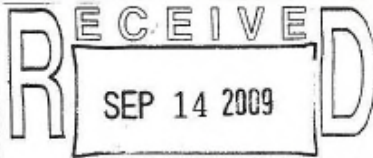
- A. To protect the public health and welfare.
- B. To provide education for licensees.
- C. To provide a readily verifiable source of information for various credentialing bodies.
- D. To provide rehabilitation for ill licensees.
- E. To promote the public image of medicine.
- F. To protect licensees from malpractice suits.

A B C D E F

Question #26. If a licensee wishes to renew the license in active status and has failed to obtain adequate CME for license renewal, an acceptable course of action would be to:

- A. Delay sending in the application for license renewal until the CME is completed.
- B. Claim CME that is planned even if not yet completed.
- C. Send in the application on time, including an accurate CME report, explain the circumstances around not having completed CME requirements, and request an extension.
- D. Send in your renewal leaving CME information blank.

A B C D



BOARD OF LICENSURE IN MEDICINE

Question #27. Primary supervision of a Physician Assistant (PA) involves:

- A. Accepting liability for the medical practice delegated to the physician assistant.
- B. Developing, cosigning and implementing a detailed "plan of supervision" for each site at which the physician assistant is practicing.
- C. Updating the plan of supervision at a minimum every two years with license renewal.
- D. Knowledge of the specific competencies of the physician assistant.
- E. All of the above.

A B C D E

Question #28. True or False – A Physician Assistant must obtain Board approval for schedule II prescribing authority in addition to DEA authority.

True False

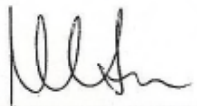
Question #29 True or False – A licensee whose license is in inactive status may practice medicine and surgery in Maine.

True False

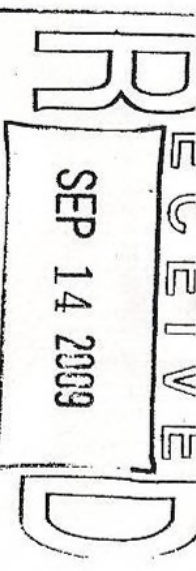
Question #30 True or False – The Board can assist licensees and/or complainants with medical malpractice issues.

True False

I affirm that the foregoing answers are mine, and that I alone completed this examination.

 9/11/09
(Applicant signature) (Date)

The following are open comment questions to help us evaluate this exam.



Question #31. Through this experience did you learn anything that will be of value in your practice in Maine?

No

Question #32. If you have suggestions, questions, or other comments regarding the improvement of this examination, please make them here.

I would be surprised if any applicant was not already aware of what constitutes ethical behavior

Question #33. Did you review the online Law/Rule/Policy review materials before taking this exam, or did you test your current level of knowledge?

Read the materials first - for answers specific to ME

Did not read the materials first
Board