

330 BROOKLINE AVE. BOSTON, MA - 02215
(Street Address) (City)

PRINT NAME SADIA HAIDER

Page 2 of 6

7. Name of premedical school(s): UNIVERSITY OF CHICAGO

Location: Chicago, IL. - 60637 U.S.A.
(City, State, Country)

8. Name of medical school(s): PRITZKER SCHOOL OF MEDICINE

Location: CHICAGO, IL. - 60637 U.S.A.
(City, State, Country)

Date of Graduation: 06/08/01 Degree: ☒ M. D. ☐ D. O. Other(specify) _____
(Month) (Day) (Year)

9. Have you had previous post-graduate training? ☒ No ☐ Yes ☐ U.S. or ☐ International

Name of Institution: _____

Address: _____

Name of Program: _____ Dates of Training: _____
(If additional space is needed, please continue your answer on a separate sheet of paper.)

10. List states (abbreviations) where you *currently* have a license to practice medicine (include residency training licenses). Indicate whether full license (F) or residency or training license (L).

____ ☐ (F) ☐ (L) ____ ☐ (F) ☐ (L) ____ ☐ (F) ☐ (L) ____ ☐ (F) ☐ (L)

11. List states (abbreviations) where you were *previously* licensed to practice medicine (include residency-training licenses). Indicate whether full license (F) or residency or limited license (L).

____ ☐ (F) ☐ (L) ____ ☐ (F) ☐ (L) ____ ☐ (F) ☐ (L) ____ ☐ (F) ☐ (L)

YES NO

12-A. If you are a USMG, have you taken more than 4 years to complete medical school?

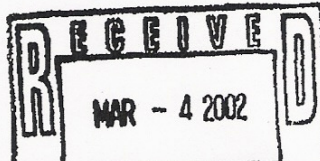
☒ ☐

12-B. If you are an IMG, have you taken more than 6 years to complete medical school?
If yes, you must provide additional information. (See instructions).

☐ ☐

13. Has more than one year passed between the date of your graduation from medical school and the anticipated start date of your limited licensure in Massachusetts?
If yes, you must provide additional information, including your curriculum vitae and the months and dates of any gaps in your professional activities since graduation from medical school. (See instructions.)

☐ ☒



#137
arc
3/2/02

Application #: 211536
Date Approved: 3/26/02

Commonwealth of Massachusetts - Board of Registration in Medicine
10 West Street, Third Floor, Boston, Massachusetts 02111 - www.massmedboard.org

RENEWAL APPLICATION - LIMITED LICENSE

IMPORTANT: Please read the accompanying instructions before completing this form, and print legibly or type your answers.

SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT.

SECTION A:

1. Name: (Last) HAIDER (First) SADIA (MI) —
Telephone Number: _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Name of Training Hospital: BETH ISRAEL DEACONESS Med. Ctr.
4. Current Limited License Number: Q11536
5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). ☐ (F) ☐ (L) ☐ (F) ☐ (L) ☐ (F) ☐ (L)

SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program? ☐ Yes ☒ No

I hereby certify that the above-named physician is in good standing in the training program.

Print Name: Jodi F Abbott Date: 2/19/02

Signature of Program Director: Jodi F Abbott Telephone: 617-2285

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that Sadia Haider has been appointed
(Name of Applicant)

to the position of: ☐ Intern ☒ Resident ☐ Fellow as a PGY 2

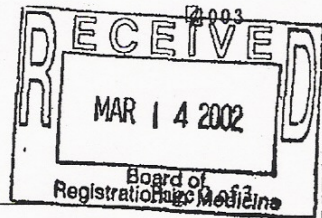
Hospital Name: BIDMC Specialty: OB/GYN

Beginning Date: 10/12/01 Anticipated Completion Date of Training: 10/30/05

Is the program accredited by the ACGME? ☒ Yes ☐ No
If no, is there an approved ACGME program in applicant's specialty? ☐ Yes ☐ No

Designated Official: Susan Heilthy Telephone: 617-2285
(Print Name) (Title)

Designated Official's Signature: S Heilthy Date: 2/19/02

*Amended
same*

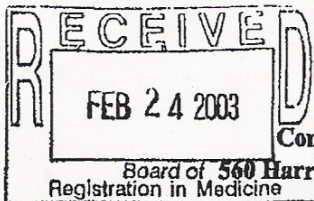
NAME:

SADVA HANDER

SECTION C: Read the instructions. Check either YES or NO to each question. Do not answer N/A.
If you answer YES to any of these questions, you must provide details on Limited Supplement attached.

THESE QUESTIONS APPLY ONLY SINCE YOUR LAST RENEWAL**YES NO**

16. Have you been terminated, ~~granted~~ a leave of absence, withdrawn or had to repeat a year in a postgraduate-training program?
17. Have you been denied the privilege of taking or finishing an examination or have you been accused of cheating and/or improper conduct during an examination?
18. Have you, for any reason, been denied a medical license, whether full, limited or temporary or have you withdrawn an application for medical licensure?
19. Have you voluntarily surrendered a license to practice medicine or any healing art?
20. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
21. Has any disciplinary action been taken against you for violation of laws, rules, by-laws or standards of practice by any governmental authority, health care facility, group practice, or professional medical society or association (international, national, state or local)? (see definition).
22. Have you been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
23. Have you, for any reason, withdrawn an application for hospital privileges or appointment?
24. Have you voluntarily relinquished medical staff membership?
25. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
26. Have you been charged with any criminal offense, other than a minor traffic offense?
27. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted or surrendered, or have you been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
28. Has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
29. Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?



Application #: 211536
Date Approved: 2/26/03

Commonwealth of Massachusetts - Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 - www.massmedboard.org

RENEWAL APPLICATION - LIMITED LICENSE

IMPORTANT: Renewal fee is \$100.00. Please read the attached instructions before completing application.

SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT.

SECTION A:

1. Name: (Last) HAIDER (First) SADIA (MI) -
Telephone _____
2. Mailing Address: _____
City: _____ State: MA Zip: _____
3. Name of Training Hospital: BETH ISRAEL DEACONESS
4. Current Limited License Number: 211536
5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). ☐ (F) ☐ (L) ☐ (F) ☐ (L) ☐ (F) ☐ (L)

SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program? ☐ Yes ☒ No

I hereby certify that the above-named physician is in good standing in the training program.

Print Name: Jodi F. Abbott Date: 2/11/03

Signature of Program Director: [Signature] Telephone: 617-2285

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that Sadia Haider has been appointed
(Name of Applicant)

to the position of: ☐ Intern ☒ Resident ☐ Fellow as a PGY 3

Hospital Name: BIDMC Specialty: OB/GYN

Beginning Date: 10/12/01 Anticipated Completion Date of Training: 10/20/05

Is the program accredited by the ACGME: ☒ Yes ☐ No

If no, is there an approved ACGME program in applicant's specialty? ☐ Yes ☐ No

Designated Official: Susan Herlihy Resident Coordinator Telephone: 617-2285
(Print Name) (Title)

Designated Official's Signature: [Signature] Date: 2/11/03

CH
2/12/04
CE#184

Application #: 211836
Date Approved: 2/12/04

Commonwealth of Massachusetts - Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 - www.massmedboard.org

RENEWAL APPLICATION - LIMITED LICENSE

IMPORTANT: Renewal fee is \$100.00. Please read the attached instructions before completing application.

SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT.

SECTION A:

1. Name: (Last) HAIDER (First) SADIA (MI) -
Telephone Number: _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Name of Training Hospital: BETH ISRAEL DEACONESS MED. CTR.
4. Current Limited License Number: 211836
5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). ☒ (F) ☐ (L) ☐ (F) ☐ (L) ☐ (F) ☐ (L)

SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program? ☐ Yes ☒ No

I hereby certify that the above-named physician is in good standing in the training program.

Print Name: Jodi F. Abbot, MD Date: 2/2/04
Signature of Program Director: Jodi F. Abbot Telephone: 617-2285

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that Sadia Haider has been appointed
(Name of Applicant)

to the position of: ☐ Intern ☒ Resident ☐ Fellow as a PGY 4

Hospital Name: BIDMC Specialty: OB/GYN

Beginning Date: 6/21/04 Anticipated Completion Date of Training: 6/30/05

Is the program accredited by the ACGME: ☒ Yes ☐ No
If no, is there an approved ACGME program in applicant's specialty? ☐ Yes ☐ No

Designated Official: Meredith A. Technera - GME Telephone: 617-2067 (Print Name)
(Title)
Designated Official's Signature: Meredith Technera Date: 2/5/04

DD

6/25/07

\$600.00

416531946

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JUN 20 2007

Board of Registration
in MedicineApplication #:
Date of Issue:

233771

Commonwealth of Massachusetts - Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810 - www.massmedboard.org

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

Check One:

U.S./Canadian Graduate



International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

HATDER

Last Name (type or print clearly)

SADIA

First

Middle

Suffix (Jr., etc.)



M.D.



D.O.



Ph.D



Other degree

MPH



Male



Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here ☒

Entire Last Name (type or print clearly)

First

Middle

Suffix (Jr., etc.)

Date of Birth:

Month Day Year

Social Security Number:

Place of Birth:

HARVEY

City

Illinois

State/Province/Territory

Country if not USA

*Mailing Address:

Number and Street

Telephone:

City

State/Province/Territory

Zip (or postal) Code

Home Address:

Number and Street

Telephone:

City

State/Province/Territory

Zip (or postal) Code

Business Address:

1001 POTRERO AVE. WARD

Number and Street

Telephone:

415-206-8358

SAN FRANCISCO

City

CALIFORNIA

State/Province/Territory

94110

Zip (or postal) Code

E-mail Address:

Are you applying for licensure through FCVS? (See instructions page 12) ☐ Yes



No

* The Board will use your Mailing Address for all correspondence

PRINT NAME: SADIA HAITER

PAGE 2 OF 4

RECEIVED
JUL 13 2007
Board of Registration
in Medicine

Pre-medical School

Facility: UNIVERSITY OF CHICAGO Degree: BA From 9/1/92 To 6/15/94
Street: 5801 South Ellis Avenue City: CHICAGO State: IL
Facility: _____ Degree: _____ From 1/1 To 1/1
Street: _____ City: _____ State: _____

Medical School

Facility: UNIVERSITY OF CHICAGO Degree: MD From 9/30/96 To 6/8/01
Street: 924 East 57th Street City: CHICAGO State: IL
Suite # 104
Facility: HARVARD SCHOOL OF PUBLIC HEALTH Degree: MPH From 9/3/99 To 6/23/00
Street: 677 HUNTINGTON AVE City: BOSTON State: MA
Date of medical school graduation: 06/08/01
Month Day Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

From To
Facility: BRITH ISRAEL DEACONESS Position: INTERN From 7/1/01 To 6/30/02
Street: 330 BROOKLINE AVE City: BOSTON State: MA
Facility: BRITH ISRAEL DEACONESS Position: RESIDENT From 7/1/02 To 6/15/05
Street: 330 BROOKLINE AVE City: BOSTON State: MA
Facility: FELLOWSHIP - UNIVERSITY OF CALIFORNIA Position: FELLOW From 7/15/05 To 6/30/07
Street: SAN FRANCISCO City: SAN FRANCISCO State: CA
Facility: 1001 PUTNER AVE Position: _____ From _____ To _____
Street: _____ City: _____ State: _____
Facility: _____ Position: _____ From _____ To _____
Street: _____ City: _____ State: _____

PRINT NAME: SADIA HANDEE

PAGE 3 OF 4

Hospital Affiliations and Employment

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

Facility: BETH ISRAEL DEACONESS HOSPITAL Position: HOUSE OFFICER From 7/1/01 To 6/15/05
Street: 330 BROOKLINE AVE City: BOSTON State: MA

Facility: SAN FRANCISCO GENERAL HOSPITAL Position: FELLOW 8/1/05 PRESENT
Street: HOSPITAL City: SAN FRANCISCO State: CALIFORNIA

Facility: MT. ZION HOSPITAL Position: FELLOW 6/1/06 PRESENT
Street: _____ City: SAN FRANCISCO State: CALIFORNIA

Facility: MARIN GENERAL HOSPITAL Position: FELLOW 8/1/06 PRESENT
Street: _____ City: MARIN State: CALIFORNIA

1. List other states (abbreviations) where you are currently or have ever had a full license: CA

2. a) Are you certified by the American Board of Medical Specialties? ☐ Yes ☒ No
b) Are you certified by the American Board of Osteopathic Medicine? ☐ Yes ☒ No

3. List Board Certification(s): Not Applicable Certification date: / /
Certification date: / /

4. List your practice specialt(ies) Obstetrics AND Gynecology

5. Have you attached an up-to-date copy of your curriculum vitae? ☒ Yes ☐ No

6. Reason for requesting a Massachusetts medical license:

Moving to Boston for a new job - Faculty position @ BETH ISRAEL DEACONESS MEDICAL CENTER
7. Name of Facility: BETH ISRAEL DEACONESS MEDICAL CENTER
Address: 330 BROOKLINE AVE City: BOSTON MA - TO START 8/1/07
8. Anticipated starting date in Massachusetts: 8/1/07

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete. As an applicant for a full license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Sadia Handee
Signature of Applicant

06 / 1 / 07
Month Day Year

(Continued on page 4)

PRINT NAME: SADIA HANDEER

PAGE 2

Pre-medical School

Facility: UNIVERSITY OF CHICAGO Degree: BA From 9/1/92 To 6/15/97
Street: 5801 South Ellis Avenue City: CHICAGO State: IL 60637
Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Medical School

Facility: UNIVERSITY OF CHICAGO (PRETZER SCHOOL OF MEDICINE) Degree: MD From 9/1/96 To 6/08/01
Street: 924 East 57th Street Suite 104 City: CHICAGO State: IL 60637
Facility: HARVARD SCHOOL OF PUBLIC HEALTH Degree: MPH From 9/1/99 To 6/15/00
Street: 677 HUNTINGTON AVENUE City: BOSTON State: MA 02215
Date of medical school graduation: 06/08/2001
Month Day Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

	From	To
Facility: <u>BETH ISRAEL DEACONESS</u> Position: <u>Intern</u>	<u>7/1/01</u>	<u>6/30/02</u>
Street: <u>330 BROOKLINE AVE.</u> City: <u>BOSTON</u> State: <u>MA</u>		<u>02215</u>
Facility: <u>BETH ISRAEL DEACONESS</u> Position: <u>Resident</u>	<u>7/1/02</u>	<u>6/15/05</u>
Street: <u>330 BROOKLINE AVE.</u> City: <u>BOSTON</u> State: <u>MA</u>		<u>02215</u>
Facility: <u>Fellowship Family Planning</u> Position: <u>CLINICAL FELLOW</u>	<u>6/15/05</u>	<u>6/30/07</u>
Street: <u>UCSF 1001 POTRERO AVE.</u> City: <u>SAN FRANCISCO</u> State: <u>CA</u>		<u>94110</u>
Facility: _____ Position: _____	_____	_____
Street: _____ City: _____ State: _____		
Facility: _____ Position: _____	_____	_____
Street: _____ City: _____ State: _____		

SUPPLEMENT FORM

PRINT NAME: _____

SADIA HATDER

DATE: _____

6/1/07

Board of Registration
in Medicine

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06/24/07 66

IMPORTANT NOTE: If you answer "yes" to any of these questions, you must provide the additional information on pages 4-10.

QUESTIONS

YES NO

1. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?
2. Have you ever been terminated or granted a leave of absence by a medical school or medical post-graduate training program or have you ever withdrawn from a medical school or medical postgraduate training program or had to repeat a year of postgraduate training?
3. Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, previous name: _____
4. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?
5. Have you ever failed any of the following examinations: FLEX, any State Board examination, any part of the National Boards, any Step of the USMLE, NBOME, or have you failed to gain certification from the National Board of Medical Examiners, any other certification body or any foreign licensing or certification body?
- 6-A. Have you ever, for any reason, been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
- 6-B. Have you ever voluntarily surrendered a license to practice medicine or any healing art?
7. Have you ever, for any reason, lost American Board of Medical Specialty or been denied required recertification by one or more specialty boards?
- 8-A. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
- 8-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or professional medical society or association (national, state or local)?

Applicant's Signature: _____

Sadiah Hatder

Date: _____

6/1/07

University of California, San Francisco

CURRICULUM VITAE

Name: Sadia Haider, MD, MPH

Position: Clinical Fellow in Family Planning
Department of Obstetrics, Gynecology and Reproductive Sciences
University of California, San Francisco

Address:

EDUCATION:

1992-1996	University of Chicago	BA	Anthropology
1995-1996	Oxford University, England		
1996-2001	University of Chicago	MD	
2000-2001	Harvard School of Public Health	MPH	Maternal and Child Health
2005-2006	Advanced Training in Clinical Research University of California, San Francisco		

LICENSES, CERTIFICATIONS:

2006-present California Medical license number A93909
2006-present DEA registration

PRINCIPAL POSITIONS HELD:

6/01-6/05	Beth Israel Deaconess Medical Center, Harvard University	House Officer
7/05-present	University of California, San Francisco Ob, Gyn & Reproductive Sciences	Family Planning Fellow
7/05-present	University of California, San Francisco Ob, Gyn & Reproductive Sciences	Clinical Instructor

OTHER POSITIONS HELD CONCURRENTLY:

7/06-8/06	Mt. Zion Hospital University of California, San Francisco	Acting Medical Director, Women's Options Center
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HONORS AND AWARDS:

1991 Mount Holyoke Book Award for outstanding scholarship and community involvement
1992 Emma Willard Award for excellence in leadership and citizenship
1992 *Cum Laude Award*, Emma Willard School
1992-1996 Dean's List University of Chicago
1996 Honors and General Honors, Anthropology, University of Chicago
2005 Douglas K. Richardson Perinatal Collaboration Award, Beth Israel Deaconess Medical Center, Harvard University
2005 Association of Reproductive Health Professionals New Leaders Fellowship Award
2005-2007 NIH Loan Repayment Program Awarded for Contraception Research

KEYWORDS/AREAS OF INTEREST:

Contraception, abortion, family planning, international reproductive health, reproductive health disparities, Muslim women's health

PROFESSIONAL ACTIVITIES

CLINICAL:

2006-present Attending Physician, General Gynecology Clinic, San Francisco General Hospital. Supervision/Teaching of Residents, Medical Students. Consultant to Midwifery service and Nurse Practitioners.

2006-present Attending Physician, Inpatient OB/GYN Service, San Francisco General Hospital. Supervision/Teaching of Residents/Medical Students. Consultant to Midwifery and Family Practice Services. Broad coverage including labor and delivery, operating suites and inpatient gynecology services.

2006-present Attending Physician, Marin General OB/GYN Hospitalist Program. Provision of inpatient clinical care for Marin Maternity Services. General OB/GYN services including supervision of midwives. Additionally, supervision of rotating UCSF medical students.

SUMMARY OF CLINICAL ACTIVITIES

I am a general ob-gyn who teaches clinical obstetrics and gynecology to medical students and residents in both outpatient and inpatient settings, with a concentration on family planning. I also supervise and act as an attending for the midwifery service and the Family Medicine service on labor and delivery.

PROFESSIONAL ORGANIZATIONS

Memberships

2001-present American College of Obstetricians and Gynecologists (ACOG), Junior Fellow
2005-present Physicians for Reproductive Choice and Health (PRCH)

- 2005-present Association of Reproductive Health Professionals (ARHP)
- 2006-present Society of Family Planning (SFP)
- 2006-present National Abortion Federation (NAF)

Service to Professional Organizations

- 2003 Massachusetts Department of Public Health, assisted on Infant mortality data review project
- 2005 Physicians for Reproductive Choice and Health (PRCH) Panel speaker against Proposition 73
- 2006 American College of Obstetricians and Gynecologists (ACOG) abstract reviewer
- 2006 Ipas volunteer Manual Vacuum Aspiration trainer at Kaiser, Milipitas, CA
- 2007 Medical Students for Choice, Board of Directors

INVITED PRESENTATIONS

NATIONAL

- 2006 American College of Obstetricians and Gynecologists (ACOG), luncheon conference moderator: "Teens and Contraception", Washington D.C.
- 2006 Workshop of office gynecologic procedures: "The Papaya Workshop" for medical students and residents, Beth Israel Deaconess Medical Center, Harvard University

REGIONAL AND OTHER INVITED PRESENTATIONS

- 2004 Grand Rounds Speaker, "Management of Obesity and Pregnancy", Mt. Auburn Hospital, Harvard University
- 2005 Grand Rounds Speaker, "Elective Cesarean Delivery: Whose Choice Is It?", Beth Israel Deaconess Medical Center, Harvard University
- 2006 Medical Students for Choice Panel on Abortion Provision, University of California, Davis
- 2007 Grand Rounds Speaker, "Severe Maternal Mortality and Contraceptive Practice in Afghan Couples", University of California, San Francisco

ADDITIONAL COURSES ATTENDED

- 2004 American College of Obstetricians and Gynecologist Council on Resident Education in Obstetrics and Gynecology, Training Workshop, Chicago, IL.
- 2005 Gynecology Laparoscopy with Unembalmed Cadavers Course, Boston, MA
- 2006 Reproductive Health Technologies Project: Policy, Advocacy, Legislation and Media Training Workshop, Washington D.C.

UNIVERSITY AND PUBLIC SERVICE

UNIVERSITY SERVICE

CAMPUS-WIDE:

- 1996-1997 Blue Gargoyle tutor in Math and Science, University of Chicago
- 1999-2000 Health and Human Rights Conference, Student Coordinator, Harvard School of Public Health
- 1997-1998 Maternal Health Workshop Chair, Community Health Initiative, University of Chicago
- 1994-1995 Editor-in-Chief, Oxford University Asian Society Magazine, *Awaaz*
- 1992-1994 Community Service Chair, Muslim Students' Association, University of Chicago

DEPARTMENTAL SERVICE:

2001-2005 Residency Selection Committee, Beth Israel Deaconess Dept. of Ob/Gyn
2005-2007 Family Planning Fellowship Candidate Selection Committee, UCSF
2005-2006 Vietnamese Curriculum in OB/Gyn Reviewer for UCSF/Path Finder International

PUBLIC SERVICE

2004-2005 Red Sox Scholars Mentorship Program, Beth Israel Deaconess Medical Center

INTERNATIONAL SERVICE/EXPERIENCE:

1993 Domestic Violence Shelter volunteer, Bihar, India
1997 Oxford University, outpatient clinics, Oxford, U.K., clinical externship
1997 American Medical Student Association, India study tour participant
1997 *Amar Jyoti*, non-profit medical center, New Delhi, India, volunteer externship
1999 Harvard School of Public Health, Health Sector Reform in Poland, seminar attendee
2001 Albert Schweitzer Hospital volunteer, Haiti
2005 Harvard Medical International Consultant, Sri Ram Chandra Medical College and Research Institute, Chennai, India

TEACHING:

FORMAL SCHEDULED:

Qtr	Year	Course No & Title	Teaching Contribution	Hrs	Class Size
F	1996	Introduction to Physiology, University of Chicago	Teaching assistant	3-5 hrs per wk x 10wks	35
F	2000	Physical Diagnosis, University of Chicago	Teaching assistant	1 hr per wk x 10wks	15
F	2005	School of Pharmacy, Women's Health Elective, UCSF	Lecturer	1	70
S	2006	Ob/gyn 3rd year Medical Student Clerkship Lecture on Abortion, UCSF	Lecturer	1	30
F	2006	Ob/gyn 3rd year Medical Student Clerkship Lecture on Abortion, UCSF	Lecturer	1	30
F	2006	Ob/gyn interest workshop for 1 st year Medical Students, UCSF	Lecturer	2	30
F	2006	Reproductive and Sexual Health Elective UC Davis Panelist	Panel Speaker	1	80
W	2007	Ob/gyn 3 rd year Medical student clerkship gynecological procedures workshop: "The Papaya Workshop", UCSF	Lecturer	2	30
W	2007	Ob/gyn 3rd year Medical Student Clerkship Lecture on Abortion, UCSF	Lecturer	1	30

W	2007	Resident core lecture on abortion, UCSF	Lecturer	1	20
W	2007	Ob/gyn interest workshop for 1 st year Medical Students, UCSF	Lecturer	2	30

TEACHING AND MENTORING:

Activity	Time	Mentoring/Teaching responsibilities
Labor and Delivery-SFGH	48 hours/month	1) conducting morning and/or evening rounds engaging discussion and educating medical students, residents, and nursing staff on issues regarding labor and delivery and its complications
5M Clinic-SFGH	8 hours/month	general gynecology and Obstetric patient care, co-management with residents and students
New Generation Health Center	8 hours/month	1) direct patient care of adolescents 2) supervising and mentoring of medical students 3) consultant for nurse practitioner based at clinic
Women's Options Center-SFGH	16-24 hours/month	1) therapeutic abortions performed with medical students and residents
Gynecology Service- SFGH	8 hours/month	1) general gynecology surgical procedures performed with residents and students

INFORMAL TEACHING:

- 2001-2005 Beth Israel Deaconess, Harvard University, Dept. of Obstetrics and Gynecology (House Officer)
- 2001-2005 Beth Israel Deaconess, Harvard University, formal and informal resident lectures/teaching rounds
- 2005-present UCSF-Mt. Zion and San Francisco General Hospital clinics, labor and delivery, and operating rooms (medical students and ob-gyn residents)
- 2005-presents Presentations for Family Planning Journal Club and contraceptive review sessions, UCSF
 - Led focused discussions on :
 1. Continuous OCP's, August 2005
 2. Effects of Hormonal Contraception on BMD, October 2005
 3. Migraines and Hormonal Contraception, March 2006
 4. Efficacy of Medical Abortion, May 2006
 5. IUD's and Pelvic Inflammatory disease, September 2006
 6. Policy discussion around breast feeding and hormonal contraception December 2006

RESEARCH AND CREATIVE ACTIVITIES

PEER REVIEWED PUBLICATIONS:

Riley L, Appollon K, Haider S, Chan-Flynn S, Cohen A, Ecker J, Rein M, Lieberman E. "Real World" Compliance with strategies to prevent early-onset group B streptococcal disease, *Journal of Perinatology*, June 2003; 23 (4):272-7.

NON-PEER REVIEWED PUBLICATIONS AND OTHER CREATIVE ACTIVITIES:

2005 Edited Obstetrics and Gynecology chapters for *Current Medical Diagnosis and Treatment*

2006 "Resident as Teacher", teaching video for Harvard Medical School

ABSTRACTS ACCEPTED:

Poster: *Characteristics of women seeking elective pregnancy termination in the second trimester*, accepted to ACOG May 2007 meeting

MANUSCRIPTS IN PREPARATION:

1. **Haider S**, Kang M, McFarland W, Kellogg T, Darney P, Drey E. Characteristics of women seeking elective pregnancy termination in the second trimester in an urban clinic.
2. Foster-Green D, **Haider, S**, Thiel de Bocanegra, H. Contraceptive Method Use and Pregnancy Prevention: A Family Planning Program Perspective.
3. *Clinical Obstetrics and Gynecology*, Chapter Review on Injectable contraception use

CURRENT RESEARCH:

1. *Internet access and use in women who are high risk for unintended pregnancy: A Randomized Clinical Trial*, study in recruitment phase, role: co-principal investigator
2. *Evaluation of the reliability, validity and acceptability of the London Measure of Unplanned Pregnancy in a U.S. population of women*, longitudinal cohort study, in recruitment phase, role: co-investigator
3. *Severe Maternal Morbidity and Contraceptive Practice in Afghan Couples*, longitudinal cohort study, role: co-principal investigator