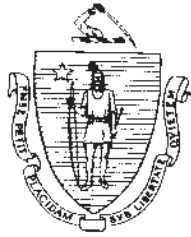


# Interview File Report

6/18/2014

Sacheen Carr Ellis

<b>Board Date</b>	06/18/2014	<b>License#</b>	MD
<b>Intended Location</b>	Mobile		
<b>POB</b>	Bronx NY United States		
<b>Original License</b>	USMLE/MA	<b>Date</b>	05/07/2003
<b>PreMed</b>	Union College	BS 95	
<b>Medical</b>	Albany Medical College	9/95-5/99	
<b>Residency</b>	New York Medical College at Westchester Medical	7/99-6/03	



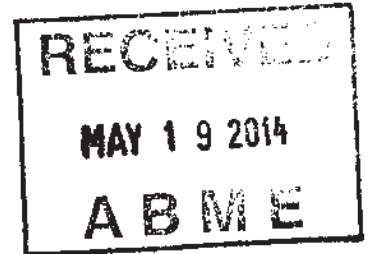
DEVAL L. PATRICK  
GOVERNOR

# Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

*App C*



5/14/2014

To Whom It May Concern:

This certifies that Sacheen Nathan, M.D., a 1999 graduate of Albany Medical College of Union University, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 216743 was issued to Dr. Nathan on 05/07/2003. The license status is: Active. The expiration date is 4/2/2016.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

### Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

### Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL

*Francesca Mulero*  
Staff Member, Board of Registration in Medicine

Francesca Mulero

*MA  
2014*



# FCVS

FEDERATION  
CREDENTIALS  
VERIFICATION  
SERVICE

Federation of  
**STATE  
MEDICAL  
BOARDS**

## Medical Professional Information Profile

*This report provides credentialing information for*  
Name: **Sacheen Carr-Ellis**

Recipient: **AL - Alabama State Board of Medical  
Examiners**

### 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.

**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: **Sacheen Carr-Ellis**

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**I. FCVS Reports**

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**II. FSMB and Other Reports**

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**III. Identity**

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**IV. Medical Education**

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**A. Pre-medical Schools****B. Medical Schools****Albany Medical College**

1. Medical Education Form and Translation
2. Medical Education Transcript and Translation
3. Medical Education Diploma and Translation

**C. Fifth Pathway Program****D. ECFMG Certification**

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**V. Graduate Medical Education**

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**New York Medical College at Westchester Medical Center**

1. GME Form
2. GME Completion Certificate

---

**VI. Licensure Examination History**

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**A. FSMB Exam Transcript**

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End of report for: **Sacheen Carr-Ellis**

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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**



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# Section I

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FCVS Reports

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**Identity**

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Medical Professional Name: **Sacheen Carr-Ellis**

Documentation: No Document Statement

Gender: Female

Date of Birth: Not Reported by Primary Source

Place of Birth: Not Reported by Primary Source

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**Pre-medical Education**

---

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

**Institution:** Union College

**Address:** New York, NY 10029

UNITED STATES

**Dates of Attendance:** 08/--/1991 To 05/--/1995

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

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**ECFMG**

---

There are none identified or not applicable.

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**Medical Education**

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**Medical School:** Albany Medical College

**Address:** 47 New Scotland Avenue

Albany, NY 12208

UNITED STATES

**Dates of Attendance:** 09/05/1995 to 05/21/1999

**Date Certificate Issued:** 05/27/1999

**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:** Metropolitan Hospital Center  
**Address:** Department of Obstetrics-Gynecology  
1901 First Avenue  
New York, NY 10029  
UNITED STATES

**Training Level:** 1 - 3  
**Program Type:** Residency  
**Specialty:** Obstetrics and Gynecology  
**Dates of Attendance:** 07/01/1999 To 06/30/2002  
**Completed Successfully:** Yes  
**Accreditation:** ACGME

**Training Level:** 4  
**Program Type:** Chief Resident  
**Specialty:** Obstetrics and Gynecology  
**Dates of Attendance:** 07/01/2002 To 06/30/2003  
**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**

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FSMB Transcript USMLE Step 1	Date: 06/1997	Passed the Exam
FSMB Transcript USMLE Step 2	Date: 03/1999	Passed the Exam
FSMB Transcript USMLE Step 3	Date: 10/2000	Passed the Exam

---

**ABMS Verification**

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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**

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

**End of report for: Sacheen Carr-Ellis**

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**

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Medical Professional Name: **Sacheen Carr-Ellis**

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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: Sacheen Carr-Ellis

**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: **Sacheen Carr-Ellis**

Start Date	End Date	Activity	Location	Overlap Explanation	Program Length Explanation
07/1995	05/1999	Medical Education Record	Albany Medical College, 47 New Scotland Avenue Albany, NY 12208 UNITED STATES		
07/1999	06/2003	GME Record	Metropolitan Hospital Center, Department of Obstetrics-Gynecology New York, NY 10029 UNITED STATES		

End of report for: **Sacheen Carr-Ellis**

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

**STATE  
MEDICAL  
BOARDS**

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## **Section II**

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FSMB and Other Reports

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



April 04, 2014

Attn:

Re: Board Action Query Dated: April 04, 2014  
 FSMB Batch Number: BQ2422290

The following is a report of the search results from the Board Action Data Bank as of April 04, 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 April 04, 2014

Name	School	Yr/Grad	Provider ID
Sacheen Carr-Ellis	033010	1999	303824

**License History**

Licensing Entity  
 MASSACHUSETTS

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

As of: **04/04/2014**  
Medical Professional Name: **Sacheen Carr-Ellis**  
Year of Graduation: **(Doctor of Medicine)**

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**Certification**

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**Certification:**

Board: **Obstetrics and Gynecology**  
Specialty: **Obstetrics and Gynecology**  
Status: **ACT**  
Initial Certification: **01/09/2007**

---

End of report for Sacheen Carr-Ellis

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**



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## Section III

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Identity

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.



*[Handwritten Signature]*

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

Carr-Ellis, Sacheen

Applicant's Printed Last Name

11/28/2014

Date of Signature (must correspond to date of notarization)

State of Massachusetts County of Suffolk

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 28 day of January, 2014.

JOHN W. DICKENSON, III  
Notary Public, Massachusetts  
My Commission Expires October 30, 2020

Notary Public Signature:

*[Handwritten Notary Signature]*

My Notary Commission Expires:

Oct 30, 2020

I cannot provide a certified birth certificate or original un-expired passport, which is required by FCVS as valid documentation of identity. The following statement explains why I cannot provide the required document.

The only original copy of my birth certificate I have has been sent in to the FCVS. It was the original document given to my parents and me by a New York State judge upon my legal adoption. It is my only original documentation of my birth certificate. It is what has been uploaded onto my application.

---

Sacheen Carr-Ellis  
Name

303824  
Packet ID



Signature

April 3, 2014  
Date

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**



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## **Section IV**

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Medical Education

### 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:** Albany Medical College

**Address Line 1:** 47 New Scotland Avenue

**Address Line 2:** Mail Code 3

**City:** Albany

**State/Province:** NY

**Zip Code (Postal Code):** 12208

**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: 3

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

**Enrollment and Participation:** Our records indicate that Carr-Ellis, Sacheen

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

attended our medical school for total of **144** weeks of medical education on the following dates: **From: 09/05/1995 To: 05/21/1999**

Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine

on 05/27/1999

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

Month Day Year

<p><b>Attestation</b></p> <p>Affix Institutional Seal Here</p> <p>_____</p> <p>If no seal is available, this form must be _____</p>	<p>Watermark For FCVS Internal use only.</p>	<p><b>Name:</b> Amelie Tartaglione</p> <p><b>Signature:</b> <i>Amelie Tartaglione</i></p> <p><b>Title:</b> Student Records</p> <p><b>Date of Signature:</b> 02/04/2014 <b>Phone:</b> (518) 262-2929</p> <p><b>Fax:</b> (518) 262-5887 <b>Email:</b> studentrecords@mail.amc.edu</p>
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SEAL VERIFIED**

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213735194

**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:

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**Medical School**

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**Medical Professional Name: Sacheen Carr-Ellis**  
**Albany Medical College**

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**Unusual Circumstances**

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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: Sacheen Carr-Ellis

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**PROVIDED BY  
APPLICANT**

# The Albany Medical College

47 New Scotland Ave.  
Albany, NY 12208  
(518)262-5523  
www.amc.edu

STUDENT NAME: Carr-Ellis, Sacheen

DATE OF FIRST ENROLLMENT: 08/30/95  
PROGRAM OF STUDY: Medicine  
DEGREE CONFERRED: M.D.  
DATE OF DEGREE : 05/27/99

PREVIOUS COLLEGES ATTENDED TO DEGREE COMPLETION:  
Union College, BS, 06/95

FRESHMAN YEAR: 09/05/95 - 06/07/96

	HOURS	GRADE
Cell & Molecular Biology I	106.0	G
Musculoskeletal System I	137.0	G
Nervous System I	131.0	G
Cardiovascular System I	73.0	G
Acid/Base Reg&Res/Ren Syst	83.0	G
Gastrointestinal System I	57.0	G
Endocrine Sys & Metabolism	58.0	G
Health, Care and Society I	33.0	P
Comprehen Care Case Stu I	32.0	P
Clinical Skills I	23.0	P
Journal Club I	6.0	P
Reproductive System I	44.0	G

SENIOR YEAR: 08/03/98 - 05/21/99

	WEEKS	GRADE
Obstetrics & Gynecology (away)	4.0	EH
Neurology Required	4.0	G
General Surgery Required	4.0	E
Obstetrics & Gynecology (away)	4.0	EH
Critical Care Required (away)	4.0	G
Emergency Medicine Required	4.0	G
Pediatrics (away)	4.0	G
Ob/Gyn - Perinatal Pathology	2.0	G
Developmental Disabilities	2.0	E
Primary Care Required (Medicine)	4.0	E
** Health, Care and Society	.0	P
** Compreh. Care Case Study	.0	P
** Adv. Cardio. Life Support	.0	P
** Clinical Skills Exam	.0	P

SOPHOMORE YEAR: 08/12/96 - 08/08/97

	HOURS	GRADE
Disease & Defense	71.0	G
Principles of Drug Therapy	31.0	G
Intro - Infectious Disease	41.0	G
Introduction to Oncology	44.0	G
Lymphohematopoetic System	52.0	G
Human Development	44.0	G
Cardiovascular System II	70.0	G
Respiratory System II	54.0	G
Reproductive Biology	50.0	G
Renal and Genital-Urin Sys	63.0	G
Gastrointestinal System II	69.0	G
Nervous System II	96.0	G
Endocrine System II	31.0	M
Musculoskeletal System II	55.0	G
Psychobiol & Behavior Path	44.0	G
Nutrition II	20.0	P
Comprehen Care Case Stu II	20.0	P
Health, Care & Society II	31.0	P
Journal Club II	6.0	P
Clinical Skills II	37.0	P
Orientation Clerkship	80.0	P

ELECTIVES TAKEN FOR SENIOR CREDIT:

	WEEKS	GRADE
Community Medicine	4.0	E

\*\*\*\*\* END OF ACADEMIC RECORD \*\*\*\*\*

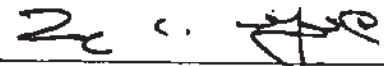
JUNIOR YEAR: 08/11/97 - 07/24/98

	WEEKS	GRADE
* Health, Care & Society	0.0	P
* Nutrition	0.0	P
* Compreh. Care Case Study	0.0	P
Pediatrics	8.0	G
Family Practice	6.0	G
Surgery	8.0	G
Medicine	12.0	G
Psychiatry	6.0	G
Obstetrics/Gynecology	6.0	G

\*\*\*\*\* END OF COLUMN RECORDS \*\*\*\*\*

EH=(Excellent w/Honors) E=(Excellent) G=(Good) M=(Marginal) U=(Unsatisfactory) I=(Incomplete) P=(Pass) F=(Fail) AU=(Audited)  
During the 06-07 academic year, Albany Medical College transitioned from reporting units of study from hours/weeks to credits  
\*Included in all junior year rotations \*\*Taken concurrently with other senior year rotations/electives Printed: 02/04/14  
- = Course continued

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this transcript may not be released or revealed to a third party without the written consent of the student.

  
Signature

Len C. Schlegel  
Registrar

**ELECTRONIC SEAL VERIFIED**

THIS OFFICIAL COPY IS OFFICIAL ONLY WHEN IT BEARS AN OFFICIAL EMBOSSED SEAL OF THE COLLEGE.



## ALBANY MEDICAL COLLEGE TRANSCRIPT FOR: Carr-Ellis, Sacheen

## GRADING SYSTEM (effective 1987)

EH: (Excellent with Honors) Distinguished Achievement  
 E: (Excellent) Outstanding Achievement  
 G: (Good) Achievement ranging from acceptable to that approaching outstanding  
 M: (Marginal) Marginally acceptable performance  
 U: (Unsatisfactory) Unsatisfactory performance  
 I: (Incomplete) Interim grade awarded only when course goals have not been achieved based upon an officially excused absence

\*\* Graded on Pass/Fail basis

## GRADE DISTRIBUTION

Freshman Year: 09/05/95 - 06/07/96	<u>EH</u>	<u>E</u>	<u>G</u>	<u>M</u>	<u>U</u>	<u>P</u>	<u>F</u>	<u>I</u>
Acid/Base Reg&Res/Ren Syst	6	17	108	5	0	0	0	0
Cardiovascular System I	4	21	106	3	2	0	0	0
Cell & Molecular Biology I	4	14	116	2	0	0	0	0
**Clinical Skills I	0	0	0	0	0	135	0	0
**Comprehen Care Case Stu I	0	0	0	0	0	135	1	0
Endocrine Sys & Metabolism	6	13	115	1	0	0	0	0
Gastrointestinal System I	6	10	106	13	1	0	0	0
**Health, Care and Society I	0	0	0	0	0	133	2	0
**Journal Club I	0	0	0	0	0	132	3	1
Musculoskeletal System I	3	8	118	4	2	0	0	0
Nervous System I	5	19	103	9	0	0	0	0
Reproductive System 1	1	8	120	5	0	0	0	1
Sophomore Year: 08/12/96 - 08/08/97	<u>EH</u>	<u>E</u>	<u>G</u>	<u>M</u>	<u>U</u>	<u>P</u>	<u>F</u>	<u>I</u>
Cardiovascular System II	3	15	112	3	1	0	0	0
**Clinical Skills II	0	0	0	0	0	126	0	0
**Comprehen Care Case Stu II	0	0	0	0	0	1	1	0
Disease & Defense	3	24	106	1	0	0	0	0
Endocrine System II	8	15	103	7	0	0	0	0
Gastrointestinal System II	4	21	104	3	1	0	0	0
**Health, Care & Society II	0	0	0	0	0	125	1	0
Human Development	5	32	92	4	1	0	0	0
Intro - Infectious Disease	5	8	115	4	0	0	0	0
Introduction to Oncology	4	13	107	7	3	0	0	0
**Journal Club II	0	0	0	0	0	126	0	0
Lymphohematopoetic System	10	19	103	2	0	0	0	0
Musculoskeletal System II	5	22	105	0	0	0	0	0
Nervous System II	5	20	106	2	1	0	0	0
**Nutrition	0	0	0	0	0	126	0	0
Orientation Clerkship	0	0	0	0	0	0	0	0
Principles of Drug Therapy	6	27	101	0	0	0	0	0
Psychobiol & Behavior Path	8	24	99	2	0	0	0	0
Renal and Genital-Urin Sys	10	27	96	0	0	0	0	0
Reproductive Biology	6	17	107	2	1	0	0	0
Respiratory System II	5	19	109	0	1	0	0	0
Junior Year: 08/11/97 - 07/24/98	<u>EH</u>	<u>E</u>	<u>G</u>	<u>M</u>	<u>U</u>	<u>P</u>	<u>F</u>	<u>I</u>
**Compreh. Care Case Study	0	0	0	0	0	132	2	1
**Health, Care & Society	0	0	0	0	0	132	1	0
**Nutrition	0	0	0	0	0	130	0	3
Family Practice	11	50	73	1	0	0	0	1
Medicine	9	25	100	0	0	0	0	0
Obstetrics/Gynecology	12	40	76	5	1	0	0	0
Pediatrics	25	28	82	0	0	0	0	0
Psychiatry	13	34	82	4	0	0	0	0
Surgery	1	28	104	1	0	0	0	1

**ELECTRONIC  
SEAL VERIFIED**

*N. Schlegel*

LEN SCHLEGEL  
Registrar

# Albany Medical College

of Union



University

Do all to whom these presents shall come or may in any wise concern, the Trustees and Faculty of the Albany Medical College of Union University send Greetings:

Having exhibited unto us satisfactory testimony of studies in Medicine for the term and in the manner directed by law and having also, upon examination by the Faculty, given sufficient proofs of knowledge in Medicine, Surgery and the Collateral Sciences; Wherefore, by order of the patrons invested in us by the Regents of the University of the State of New York, we do confer upon

**Sacheen Carr-Ellis**

the degree of

**Doctor of Medicine**

with all rights and privileges these to appertaining.

Witness our hand and the seal of the Albany Medical College, this twenty-seventh day of May in the year One Thousand Nine Hundred and Ninety-Nine.



*Sacheen Carr-Ellis*  
Student of the Albany Medical College

*Jessie M. Kelly, M.D.*  
Dean of the Albany Medical College



**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

**Verification of Graduate Medical Education**

Institution: <u>New York Medical College at Westchester Medical</u>	Attention: <u>Program Director</u>
Specialty: <u>Obstetrics and Gynecology</u>	Affiliated _____
Address: <u>New York, NY</u>	University: _____

**Verification For:** Name: Carr-Ellis, Sacheen

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:** 1,2,3  
(e.g., 1, 2, 3, etc.)

Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

**Specialty/Subspecialty:** Obstetrics and Gynecology

**From:** 7/01/1999 **To:** 06/30/2002

**Successfully Completed?:**  Yes  No  In Progress

**Accredited by:**  ACGME  AOA  LCGME  RSC  CFPC  
 RCPSC  APPAP  None of these

If the training level (year) is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

**Training Level:** 4  
(e.g., 1, 2, 3, etc.)

Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

**Specialty/Subspecialty:** Obstetrics and Gynecology

**From:** 07/01/2002 **To:** 06/30/2003

**Successfully Completed?:**  Yes  No  In Progress

**Accredited by:**  ACGME  AOA  LCGME  RSC  CFPC  
 RCPSC  APPAP  None of these

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

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

Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

**Specialty/Subspecialty:** \_\_\_\_\_

**From:**  / /  **To:**  / /

**Successfully Completed?:**  Yes  No  In Progress

**Accredited by:**  ACGME  AOA  LCGME  RSC  CFPC  
 RCPSC  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: Sari J. Kaminsky, MD Signature: Sari J. Kaminsky, MD

Title of Signatory: Program Director Date of Signature: 2/5/2014

Tel: 212 423-6796 Fax: 212 423-8121 E-Mail: sari.kaminsky@nychhc.org



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**Graduate Medical Education**

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**Medical Professional Name: Sacheen Carr-Ellis**  
**Metropolitan Hospital Center**  
**Obstetrics and Gynecology**

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**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: Sacheen Carr-Ellis

<p><b>PROVIDED BY APPLICANT</b></p>
---

# New York Medical College



## GRADUATE MEDICAL EDUCATION CONSORTIUM

WESTCHESTER MEDICAL CENTER      METROPOLITAN HOSPITAL CENTER

C · E · R · T · I · F · I · E · S   T · H · A · T

**Sacheen Carr Ellis, M.D.**

has successfully performed the duties of

**Resident in Obstetrics and Gynecology**

from July 1, 1999 to June 30, 2002

**Chief Resident in Obstetrics and Gynecology**

from July 1, 2002 to June 30, 2003

In Witness Whereof, the undersigned have affixed their signatures

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

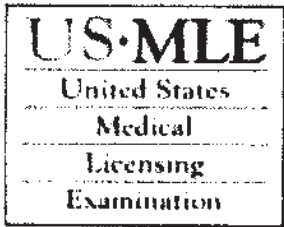
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## **Section VI**

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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 Wisser Road, Suite 300, Euless, TX 76039-3856 – Telephone (817) 868-4000

Date : 01/30/2014

**Recipient:**

Federation Credentials Verification Service  
ATTN: FCVS

**Packet ID:** 303824

**Examinee ID#:** 5-018-252-6

**Examinee:** Carr-Ellis, Sacheen  
**Alt Name(s):** Nathan, Sacheen

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.

<b>USMLE STEP 1</b>
---------------------

Test Date	Pass/Fail	Total	MP	Comments
06/10/1997	Pass	193	(176)	

<b>USMLE STEP 2</b>
---------------------

**Clinical Knowledge (CK)**

Test Date	Pass/Fail	Total	MP	Comments
03/02/1999	Pass	194	(170)	

<b>USMLE STEP 3</b>
---------------------

	Test Date	Pass/Fail	Total	MP	Comments
NEW JERSEY	10/06/2000	Pass	189	(177)	

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 Wisser Road, Suite 300, Euless, TX 76039-3856 – Telephone (817) 868-4000**

**Examinee:** Carr-Ellis, Sacheen

**Examinee ID#:** 5-018-252-6

**Date of Birth:** 04/02/1973

**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.

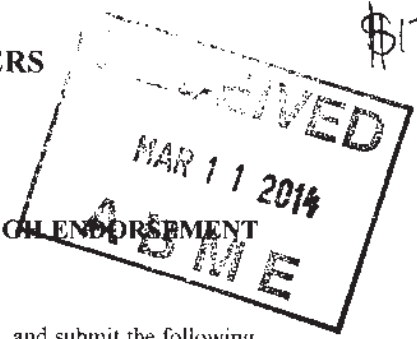
4/2013

**ALABAMA BOARD OF MEDICAL EXAMINERS**

P.O. Box 946 — Montgomery, AL 36101

848 Washington Avenue - 36104

(334) 242-4116



**APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT**

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

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

M.D. (Choose One)  
 D.O.

1. Name in Full Sacheen Carr Ellis

Pursuant to Ala. Code §30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued.

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

25. Military Service, Branch \_\_\_\_\_ Dates \_\_\_\_\_

26. Place of Intended Residence in Alabama Mobile

**I. PRELIMINARY AND PRE-MEDICAL EDUCATION**

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

Name of School	Dates Attended	Degree Conferred
1. <u>Ethical Culture School</u>	<u>Up to 6<sup>th</sup> Grade</u>	
2. <u>Fieldstone Lower Middle School</u>		
3. <u>Bronx Science High School</u>	<u>1987 - 1991</u>	
4. <u>Union College</u>	<u>1991 - 1995</u>	<u>Bachelors of Science</u>
5. _____		
6. _____		
7. _____		

033010

**II. MEDICAL EDUCATION**

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

Name of School	Address
1. From <u>1995</u> to <u>1999</u> <u>Albany Medical College</u>	<u>43 New Scotland Ave Albany NY</u>
2. From _____ to _____	
3. From _____ to _____	

**III. POST GRADUATE MEDICAL EDUCATION TRAINING**

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

Hospital/Institution	Address
1. From <u>1999</u> to <u>2003</u> <u>New York Medical College</u>	<u>1901 First Avenue NY, NY</u>
2. From _____ to _____	
3. From _____ to _____	
4. From _____ to _____	
5. From _____ to _____	
6. From _____ to _____	
7. From _____ to _____	
8. From _____ to _____	

Specialty(s) Obstetrics and Gynecology

**IV. ORIGINAL LICENSE**  
(If Applicable)

I was issued my original (first) license in the State of Massachusetts on April 2, 2003,  
license number 216743 based upon USMLE examination. I certify that this  
license has not been the subject of any disciplinary action. If so please explain on attached sheet.

**V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING**

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

	Place	Address
1. From <u>7/1/2003</u> to <u>present</u>	<u>Boston University Medical Center</u>	<u>850 Harrison Ave Boston MA 02118</u>
2. From _____ to _____	_____	_____
3. From _____ to _____	_____	_____
4. From _____ to _____	_____	_____
5. From _____ to _____	_____	_____
6. From _____ to _____	_____	_____
7. From _____ to _____	_____	_____
8. From _____ to _____	_____	_____
9. From _____ to _____	_____	_____
10. From _____ to _____	_____	_____

**VI. HOSPITAL PRIVILEGES**

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

	Hospital	Address
1. From <u>7/1/2003</u> to <u>present</u>	<u>Boston Medical Center</u>	<u>850 Harrison Avenue Boston MA 02118</u>
2. From _____ to _____	_____	_____
3. From _____ to _____	_____	_____
4. From _____ to _____	_____	_____
5. From _____ to _____	_____	_____
6. From _____ to _____	_____	_____
7. From _____ to _____	_____	_____
8. From _____ to _____	_____	_____
9. From _____ to _____	_____	_____
10. From _____ to _____	_____	_____
11. From _____ to _____	_____	_____
12. From _____ to _____	_____	_____
13. From _____ to _____	_____	_____

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

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

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

**VIII. SPECIALTY BOARD CERTIFICATION**

Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? YES  NO

(If your answer is YES you must have your Specialty Board send verification directly to this office.)

**IX. SPEX**

1. Have you successfully completed a written licensing examination within the last ten years? YES  NO
2. Have you been certified or re-certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? YES  NO

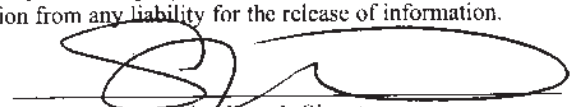
**X. AFFIDAVIT AND RELEASE**

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

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

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

Date 3/6/2014

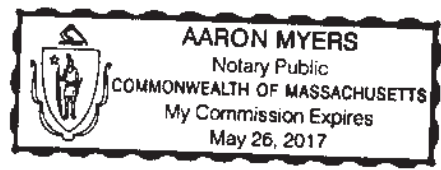
  
Applicant's Signature

County of Suffolk

State of Massachusetts

SWORN to and subscribed before me this 6 day of March, 2014.

Aaron Myers  
Notary Public  
My Commission Expires: 3/5/2017



THE ALBME WILL ENFORCE THE BOARD'S RULES AND OPTIONS FOR THE ISSUANCE OF NON-DISCIPLINARY CITATION AND ADMINISTRATIVE CHARGE WHEN AN APPLICANT FALSIFIES AN APPLICATION.