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Board of Registration
in Medicine

Application #: 246342
Date of Issue: / /

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880

Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

FULL LICENSE APPLICATION

REDACTED COPY

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)

Edlow Andrea Goldberg
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D. D.O. Ph.D. Other degree M.Sc. 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

Goldberg Andrea Sophia
Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: _____ Social Security Number: _____
Month Day Year

Place of Birth: Albuquerque New Mexico
City State/Province/Territory Country if not USA

*Mailing Address: _____ Telephone: _____
Number and Street
City State/Province/Territory Zip (or postal) Code

Home Address: _____ Telephone: _____
Number and Street
City State/Province/Territory Zip (or postal) Code

Business Address: Brigham and Women's Hospital,
75 Francis St, Department of Ob/Gyn Telephone: 617-732-7801
Number and Street
Boston MA 02115
City State/Province/Territory Zip (or postal) Code

E-mail Address: _____ Fax number: 617-732-2833 Attn A. Edlow

Are you applying for licensure through FCVS? (See instructions page 12) Yes No c/o Terrielle Doyle

* The Board will use your Mailing Address for all correspondence

CK. # 366
12/03/10
WS

81
2 12/17/10

Pre-medical School

Facility: Yale College Degree: B.A. From 08/1998 To 05/27/2002
Street: 246 Church Street, 3rd Floor City: New Haven State: CT

Facility: Oxford University Degree: M.Sc. From 10/1002 To 08/1003
Street: Registrar's Office, University Office, Wellington Square City: Oxford State: England OX1 2JD
country

Medical School

Facility: University of Pennsylvania Degree: M.D. From 08/13/03 To 05/14/2007
Street: Suite 100 Stemler Hall City: Philadelphia State: PA

Facility: _____ Degree: _____ From _____ To _____
Street: _____ City: _____ State: _____

Date of medical school graduation: 05 / 14 / 2007
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.

Facility: Brigham and Women's Hospital Position: PGY-1-4 From 06/20/07 To 06/19/11
Street: 75 Francis Street City: Boston State: MA

Facility: Massachusetts General Hospital Position: PGY-1-4 From 06/20/07 To 06/19/11
Street: 55 Fruit Street City: Boston State: MA

Facility: _____ Position: _____ From _____ To _____
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ From _____ To _____
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ From _____ To _____
Street: _____ City: _____ State: _____

Examination History

Please contact the appropriate examination entity and have certified transcript of your scores sent directly to this Board. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below. If you answer "yes" to question #5 on the Full Supplement, you must also complete the required information.

<u>Examination</u>	<u>Most Recent Date taken (Month/Year)</u>	<u>Passed (P) or Failed (F)</u>		<u>Number of attempts</u>
USMLE Step I	<u>02/2006</u>	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	<u>1</u>
USMLE Step II	<u>CK: 03/2007; CS: 12/2006</u>	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	<u>1, 1</u>
USMLE Step III	<u>04/2008</u>	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	<u>1</u>
NBME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Component 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Component 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
FLEX Pre-1985	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
NBOME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMLEX Level 3	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
COMVEX	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC – Single	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC – Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
LMCC – Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
State Board Exam	_____	<input type="checkbox"/> P	<input type="checkbox"/> F	_____
	(State of examination)			

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.

		From	To
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	_ / _ / _	_ / _ / _
Street: _____	City: _____	State: _____	

1. List other states (abbreviations) where you are currently or have ever had a full license: _____ None

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): _____ 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: I will be a fellow in Maternal-Fetal Medicine and serve as an Ob-Gyn attending at Tufts Medical Center, 2011-2014

7. Name of Facility: Tufts Medical Center
 Address: 800 Washington Street City: Boston

8. Anticipated starting date in Massachusetts: 06 / 29 / 2011

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.

Andrea A Edlow
Signature of Applicant

11 / 29 / 2010
Month Day Year

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions. Under the final HIPAA NPI Rule, all individual and organization covered providers were required to obtain an NPI by May 23, 2007.

You must supply the Board of Registration in Medicine with your valid NPI. If you do not have an NPI number, you can apply for an NPI directly by using the NPPES web site at www.NPPES.cms.hhs.gov.

My current NPI is:

1679764799

Penalties for Falsifying Information on the National Provider Identifier Application

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Please sign and date to confirm that all of the information on this form is true and accurate.

Signature: *Charles J. Edlow* Date: 11 / 29 / 2010

Curriculum Vitae

DATE PREPARED: November 16, 2010

Andrea Goldberg Edlow

Office Address: Department of Obstetrics and Gynecology
Brigham and Women's Hospital
75 Francis Street
Boston, MA 02115

Work Email:

Work Fax: (617) 277-1440

Place of Birth: Albuquerque, New Mexico

Languages: Fluent in Spanish

Education:

8/98 - 6/02	B.A. Yale College (History, <i>summa cum laude</i>) New Haven, CT <i>Phi Beta Kappa</i>
9/02 - 8/03	M.Sc. Oxford University (Economic and Social History, <i>with Distinction</i>) Oxford, England
8/03 - 5/07	M.D. University of Pennsylvania School of Medicine, Philadelphia, PA <i>Alpha Omega Alpha</i>

Post-doctoral Training:

6/07 - 6/11	Resident in Obstetrics and Gynecology, Brigham and Women's and Massachusetts General Hospitals, Boston, MA
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Licensure and Certification:

2007-2011	Limited Medical License, State of Massachusetts
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Academic Appointments:

6/07-6/11	Clinical Fellow, Harvard Medical School
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Administrative Responsibilities:

9/08-10/09	Chair, ACOG Junior Fellows, MA Section
9/07- 9/08	Vice-Chair, ACOG Junior Fellows, MA Section

Committee Assignments

9/07-10/09	Officer, ACOG District I Junior Fellow Executive Committee
9/07-10/10	Member, ACOG MA Section Executive Committee

7/09-11/09 Member, MA Section Legislative Committee
Member, Committee to Create Electronic Rounding
Tool and Discharge Modules, Massachusetts General
Hospital and Brigham and Women's Hospital

8/09-present University of Pennsylvania School of Medicine
Council of Recent Graduates

1/10-present Member, Center of Expertise Research Focus Group,
Brigham and Women's Hospital

7/10-present Member, Committee on Safe Handoff Policy,
Massachusetts General Hospital

Professional Societies

7/07-present American Congress of Obstetricians and
Gynecologists (ACOG)
Chair of ACOG Junior Fellows, MA Section
Officer, ACOG District I Junior Fellow Executive
Committee
Member, ACOG MA Section Executive Committee

Community Service Related to Professional Work:

2000 Certified Spanish-English Interpreter,
Yale-New Haven Hospital

2003-2004 HIV/AIDS Problem-Based Learning Teacher,
Sayre Middle School, University of Pennsylvania
Center for Community Partnerships

2003-2004 Patient Education Coordinator,
University of Pennsylvania School of Medicine
United Community Clinics

2003-2007 Certified Spanish-English Interpreter,
University of Pennsylvania Health System
Language Link

2007 Neuroscience Teacher, University of Pennsylvania
School of Medicine Pipeline Neuroscience Program

2007 Volunteer, University of Pennsylvania United
Community Clinics

2009 Volunteer, Rosie's Place

Awards and Honors:

2001 Phi Beta Kappa, Yale University

2001 Rhodes Scholarship: National Finalist

2001 Marshall Scholarship: National Finalist

2001 *GLAMOUR* Magazine's Top Ten College Women

2001, 2002 All-Ivy League Academic Team,
Yale University Varsity Tennis Team

2001 All-Ivy League Singles, Second Team

2001, 2002 All-Ivy League Doubles, Second Team

2002 Henry Fellowship, Yale University (supports 1 year
of study at Oxford or Cambridge)

2002 DeLaney Kiphuth Student-Athlete Distinction
Award, Yale University

2002 Charles Garside, Jr. History Prize,
Yale University

2003-2007	21 st Century Gamble Scholar, University of Pennsylvania School of Medicine
2004	NIDDK/NIH Short-Term Research Grant
2006	Alpha Omega Alpha, University of Pennsylvania School of Medicine
2006-2007	Research Fellowship in Women's Cardiovascular Health, FOCUS on Health and Leadership for Women, University of Pennsylvania School of Medicine
2007	Medical Student Research Day Prize (Scholarly Pursuit- Clinical)
2007	Spencer Morris Prize Finalist, University of Pennsylvania School of Medicine
2007	Celso-Ramon Garcia Award for Outstanding Research in Women's Health, University of Pennsylvania School of Medicine
2007	Nathan and Pauline Pincus Prize for Outstanding Achievement as a Clinician, University of Pennsylvania School of Medicine
2007	Michelle M. Battistini, M.D. Award for Excellence in the Field of Obstetrics and Gynecology, University of Pennsylvania School of Medicine
2009	Expanding the Boundaries Research Grant, Dept of Obstetrics and Gynecology, Brigham and Women's Hospital
2010	APGO-CREOG Resident Scholar
2010	North American Menopause Society/Teva Women's Health Resident Excellence Award

Report of Current Research Activities

2008-2010	Second Trimester Intrauterine Fetal Demise and Maternal Morbidity P.I.: Alisa Goldberg, M.D., M.P.H Research Grant: Expanding the Boundaries Awarded February 2009
2009-2010	Headache and Contraception – Review Article Co-author: Dr. Deborah Bartz
2009-present	HSV-2 Seropositivity and Obstetric Quality of Life PI: Laura Riley, M.D.
1/2010-present	Monochorionic Diamniotic Twin Gestations Discordant for First Trimester Cystic Hygroma or Large Nuchal Translucency PI: Louise Wilkins-Haug, M.D., Ph.D.
4/2010-present	Levels of Bisphenol A in Amniotic Fluid in the Second and Third Trimesters PI: Thomas McElrath, M.D., Ph.D.

Report of Teaching:

2007-present	Clinical Fellow, Harvard Medical School Teacher, Medical Students on Ob/Gyn rotation, 3 students per week, 2 hours/week preparation, 15-20 hours of contact, Harvard Medical School
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- 2007 Pipeline Neuroscience Program Volunteer Teacher
18 High School Students, 3 Medical Students,
3 Hours/Week Preparation, 3 Hours/Week Contact,
University of Pennsylvania School of Medicine
- 2003-2004 HIV/AIDS Problem-Based Learning Volunteer
Teacher, 20 Middle School Students, 3 Hours/Week
Preparation, 2.5 Hours/Week Contact,
University of Pennsylvania School of Medicine

Bibliography:

Original Articles:

1. **Goldberg AS, Bathina MN, Mickelsen S, Nawman R, West G, Kusumoto FM.** Long-term outcomes on quality-of-life and health care costs in patients with supraventricular tachycardia (radiofrequency catheter ablation versus medical therapy). *American Journal of Cardiology.* 89(9):1120-3, 2002.
2. **Goldberg A, Menen M, Mickelsen S, MacIndoe C, Binder M, Nawman R, West G, Kusumoto FM.** Atrial fibrillation ablation leads to long-term improvement of quality of life and reduced utilization of healthcare resources. *Journal of Interventional Cardiac Electrophysiology.* 8(1):59-64, 2003.
3. **Gonzalez JM, Edlow AG, Silber A, Elovitz MA.** Hyperosmolar hyperglycemic state of pregnancy with intrauterine fetal demise and preeclampsia. *Am J Perinatol.* 24(9):541-3, 2007.
4. **Edlow AG, Srinivas SK, Elovitz MA.** Second trimester loss and subsequent pregnancy outcomes: what is the real risk? *Am J Obstet Gynecol.* 197(6):581.e1-6, 2007.
5. **Srinivas SK, Ernst LM, Edlow AG, Elovitz MA.** Can placental pathology explain second-trimester pregnancy loss and subsequent pregnancy outcomes? *Am J Obstet Gynecol.* 199(4): 402-404, 2008.
6. **Edlow AG, Srinivas SK, Elovitz MA.** Investigating the risk of hypertension shortly after pregnancies complicated by preeclampsia. *Am J Obstet Gynecol.* 200(5):e60-2, 2009.
7. **Srinivas SK, Edlow AG, Neff PM, Sammel MD, Andrela CM, Elovitz MA.** Rethinking IUGR in preeclampsia: dependent or independent of maternal hypertension? *J Perinatol.* 29(10):680-4, 2009.
8. **Edlow AG, Hou MY, Maurer R, Benson C, Delli-Bovi, L, Goldberg, AB.** Uterine Evacuation for Second Trimester Fetal Death and Maternal Morbidity. *Obstet Gynecol.* Accepted, *in press.*

Reviews, Chapters and Editorials:

1. **Goldberg AS, Moroz L, Smith A, Ganley TJ.** Injury Surveillance in Young Athletes: A Clinician's Guide to Sports Injury Surveillance Literature. *Sports Medicine.* 37(3): 265-278, 2007.

2. **Edlow AG**, Laufer MR. "Endometriosis in Adolescents." In: Endometriosis: Current Management and Future Trends, JA Garcia-Velasco and BR Rizk, ed. Jaypee Brothers Medical Publishers, 111-118, 2010.

3. **Edlow AG**, Bartz D. Hormonal Contraceptive Options for Women with Headache: a Review of the Evidence. *Rev Obstet Gynecol*, Spring; 3(2):55-65, 2010.

Oral Presentations:

1. "Maternal Morbidity Associated with Second Trimester Intrauterine Fetal Demise Compared to Induced Abortion." National Abortion Federation 2010 Annual Meeting. April 2010, Philadelphia, PA.

2. "Injury Rate and Risk in Female vs. Male High School Athletes: A Prospective Cohort Study." American Academy of Orthopedic Surgeons 2006 Annual Meeting. March 2006, Chicago, IL

3. "Injury Rate and Injury Risk in Female vs. Male High School Athletes: A Prospective Cohort Epidemiologic Study." American Academy of Pediatrics 2005 National Conference and Exhibition. October 2005, Washington, DC.

Poster Sessions:

1. **Edlow AG**, Reiss R, Benson C, Gerrol P, Wilkins-Haug L. Monochorionic diamniotic twin gestations discordant for 1st trimester cystic hygroma or very large nuchal translucency. Poster presentation #147, International Society for Prenatal Diagnosis 15th International Conference. July 12, 2010, Amsterdam, Netherlands.

2. Srinivas SK, **Edlow AG**, Elovitz MA, Ratcliffe SJ. Can Blood Pressure After Delivery Predict Women at Risk for Persistent Hypertension? Poster presentation # 114. American College of Obstetricians and Gynecologists Annual Clinical Meeting. May 17, 2010, San Francisco, CA.

3. Srinivas SK, **Edlow AG**, Bastek J, Andrela C, Elovitz MA. Do risk factors and severity of preeclampsia differ by maternal race? Poster presentation, # 699, Society for Gynecologic Investigation Annual Scientific Meeting. March 27, 2008, San Diego, CA.

4. **Edlow AG**, Srinivas SK, Elovitz MA. Short term maternal cardiovascular outcomes after preeclampsia: what is the real risk? Poster presentation, #487, Society for Maternal-Fetal Medicine 2008 Annual Meeting. February 1, 2008, Dallas, TX.

5. Elovitz MA, Sammel M, **Edlow AG**, Ofori E, Srinivas SK. Preeclampsia and cardiovascular disease: shared pathophysiologic pathways? Poster presentation, # 486, Society for Maternal-Fetal Medicine 2008 Annual Meeting. February 1, 2008, Dallas TX.

6. **Goldberg AS**, Srinivas SK, Elovitz MA. Short interpregnancy interval is a significant risk factor for subsequent poor obstetric outcome in patients with prior full term birth. Society for Gynecologic Investigation 2007 Annual Scientific Meeting. March 2007, Reno, NV.

7. **Goldberg AS**, Srinivas SK, Sammel M, Parry S, Elovitz MA. Does the presence of placental infection at the time of a second trimester loss predict recurrent second trimester

pregnancy loss? Society for Gynecologic Investigation 2007 Annual Scientific Meeting. March 2007, Reno, NV.

8. Srinivas SK, Larkin J, **Goldberg AS**, Sammel M, Elovitz MA. BMI and preeclampsia: what is the real risk? Society for Gynecologic Investigation 2007 Annual Scientific Meeting. March 2007, Reno, NV.

9. Srinivas SK, Larkin J, **Goldberg AS**, Sammel M, Elovitz MA. Preeclampsia risk: does family history matter? Society for Gynecologic Investigation 2007 Annual Scientific Meeting. March 2007, Reno, NV.

10. **Goldberg AS**, Srinivas SK, Elovitz MA. Second trimester loss and subsequent pregnancy outcomes: what is the real risk? Society for Maternal-Fetal Medicine 2007 Annual Meeting. February 2007, San Francisco, CA.

11. Srinivas SK, Neff P, **Goldberg AS**, Sammel M, Elovitz MA. Rethinking IUGR in preeclampsia: dependent or independent of maternal condition? Society for Maternal-Fetal Medicine 2007 Annual Meeting. February 2007, San Francisco, CA.

12. **Goldberg AS**, Bathina MN, Mickelsen S, Nawman R, West G, Kusumoto FM. Focal Atrial Fibrillation Ablation Leads to Long-Term Improvement in Quality of Life and Reduced Utilization of Healthcare Resources. North American Society of Pacing and Electrophysiology 2002 Scientific Sessions. May 2002, San Diego, CA.

Theses

1. A Voice for the "Voiceless Millions"? Edith How-Martyn's Imperial Feminism and the Indian Birth Control Movement, 1920-1940. Oxford University, 2003.

2. The Politics of Collaboration and the Antipolitics of Rescue: Lvov, Poland as a Case Study for Polish-Jewish-Ukrainian Interaction During the Second World War. Yale University, 2002.

SUPPLEMENT FORM

SI
21 12/17/10

PRINT NAME: Andrea Goldberg Edlow DATE: 11/29/2010

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-A. Have you ever been terminated or granted a leave of absence by a medical school or any postgraduate training program or have you ever withdrawn from a medical school or any postgraduate training program or had to repeat a year of postgraduate training?
- 2-B. Have you ever, for any reason, been placed on probation by a medical school or any postgraduate training program?
- 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: Andrea J Edlow Date: 11/29/2010

YES NO

- 9-A. Have you ever voluntarily relinquished any medical staff membership?
- 9-B. 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?
- 9-C. Have you ever 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?
- 9-D. Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?
10. Have you ever been charged with any criminal offense, other than a minor traffic offense?
11. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
12. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
13. Have you ever been the subject of any suspension or probation proceedings instituted Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?
14. Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?
- 15-A. In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
- 15-B. In the past ten (10) years, 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?

Applicant's Signature: _____

*Anders A. Edlow*Date: 11 / 29 / 2010

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

MEDICAL EDUCATION VERIFICATION

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: Chelsea Edlow Date of Birth: _____
Print or Type Name: Edlow Andrea G Social Security No: _____
(Last name) (First Name) (Middle Initial)
Other Name(s): Andrea Sophia Goldberg
(Please type or print name(s))
Name of Medical School: University of Pennsylvania School of Medicine
Address: Suite 100, Stearns Hall, 3450 Hamilton Walk City: Philadelphia State or Province: PA

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL

Please complete this form and forward it, together with a copy of the official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations) and mail it to the Board of Registration in Medicine.

APPLICANT'S EDUCATIONAL HISTORY

If name of institution was different from the above named institution when applicant attended, please enter name below:

Premedical Education: Does your school have a premedical school education requirement? Yes No

If "yes," indicate where the applicant completed premedical school.

Applicant's Undergraduate School: Yale University
Undergraduate School Address: Cambridge, MA

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DEC - 8 2010
Board of Registration
in Medicine

(Continued on page 2)

Full License Application

Enrollment and Participation: Our records indicate that

(type or print the applicant's name): Edlow (Last name) Andrea (First name) G. (Middle initial)

attended our medical school on the following dates (indicate the month, day and year in the section below):

Table with columns: ATTENDANCE DATES, FROM, TO, FROM, TO. Rows show dates from 8/13/03 to 5/14/07.

The applicant attended 184 total weeks or total months (must be included) of not less than 32 weeks in each academic year of continuing on-campus education.

check one [X] was awarded a degree in Medicine on (month/day/year) 5/14/2007 [] was NOT awarded degree. Please explain reason(s).

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.

- 1. Did the applicant take any leaves of absence or breaks from his/her medical education?
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?

COMMENTS:

AFFIX INSTITUTIONAL SEAL HERE

(If the institution does not have a seal, this form must be notarized) INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: Helene Weinberg
Print Name: Helene Weinberg
Title: Registrar
Date: 12/3/10 Telephone: (215) 898-4646

This form will not be accepted unless it is stamped with the institutional seal or notarized.

Not Verified
12-8-10
[Signature]

Board of Registration in Medicine
 200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
 Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

POSTGRADUATE TRAINING VERIFICATION

APPLICANT'S AUTHORIZATION: I authorize the release of information from my postgraduate training program listed below, as requested by the Massachusetts Board of Registration in Medicine.

Applicant's Signature: Andrea G. Edlow Date: 11/03/2010
 Print or Type Name: Andrea Goldberg Edlow
 Name of Institution: Brigham and Women's Hospital

INSTRUCTIONS TO THE PROGRAM DIRECTOR

Please complete this form and forward it to the applicant in a **sealed envelope, signed across the seal**. If the department was a "rotating" or "transitional" program, please submit documentation of the rotations, dates and hours of training.

Name of Institution: Brigham and Women's Hospital/Massachusetts General Hospital

If name of Institution was different when applicant attended, please enter name: _____

Enrollment and Participation: Our records indicate that Andrea G. Edlow participated in the following program:
 (Print applicant's name)

(List each year separately with from and to dates)

Program Type (internship, residency, fellowship)	PGY (1,2,3,4)	Department or type of specialty training	Dates Attended (MONTH/DAY/YEAR)		Completed (YES/NO)	Accredited By (ACGME, RSC, AOA or not accredited)
			FROM	TO		
Internship	1	OB/GYN	6/20/07	6/19/08	yes	ACGME
Residency	2	OB/GYN	6/20/08	6/19/09	yes	ACGME
Residency	3	OB/GYN	6/20/09	6/19/10	yes	ACGME
Residency	4	OB/GYN	6/20/10	6/19/11	in progress	ACGME

(Continued on page 2)

APPLICANT'S NAME: Andrea Goldberg Edlow

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please circle the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

QUESTIONS

YES NO

- 1. Did the applicant take any leaves of absence or breaks from his/her post-graduate training?
- 2. Was the applicant ever placed on probation?
- 3. Was the applicant ever disciplined or under investigation?
- 4. Were any negative reports ever filed by instructors regarding the applicant?
- 5. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence or disciplinary problems?
- 6. During the applicant's participation, our postgraduate medical training was accredited by: ACGME Other: _____

COMMENTS: _____

Certification: I hereby certify that the above information is correct, to the best of my knowledge.

AFFIX INSTITUTIONAL SEAL
HERE

(If the institution does not have a seal, this form must be notarized by a notary public).

Program Director's Signature: Ruth E Tuomala
 Print Name: Ruth E. Tuomala
 Academic Title: Residency Program Director
 Telephone: (617)-732-7801 Today's Date: 11/15/2010

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE.

Seal Verified

DATE: 12-3-10

INITIALS: Med



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

Current Status: Active

License Expiration Date: 12/21/2011

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Home Address:

Business Address:

Tufts Medical Center
Department of Ob/Gyn, Box 324, 800 Washington Street
Boston
Massachusetts - 02111
United States of America
(617) 636-4549

3) Email Address:

4) Fax Number: (617) 636-4202

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
		None Reported	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Tufts Medical Center	



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

11) Care of patients in Massachusetts

Average weekly hours involved in:

- a) inpatient care 40 hrs/wk
- b) outpatient care 30 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier

Tufts Medical Center Indemnity Company, L110/01/2011

Policy Start Date

Policy End Date

09/30/2012

Policy Type

Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (if you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes)

Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

Current Status: Active

License Expiration Date: 12/21/2013

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Home Address:

Business Address:

Tufts Medical Center
Department of Ob/Gyn, Box 324, 800 Washington Street
Boston
Massachusetts - 02111
United States of America
(617) 636-4549

3) Email Address:

4) Fax Number: (617) 636-4202

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Tufts Medical Center	



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

11) Care of patients in Massachusetts

Average weekly hours involved in:
a) inpatient care 40 hrs/wk
b) outpatient care 10 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Tufts Medical Center Indemnity Company,	L110/01/2013	09/30/2014	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

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- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

22) Have you completed all CPD requirements (100 hours of CPD of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if you are renewing your license for the first time, please answer Yes) Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

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**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

Current Status: Active

License Expiration Date: 12/21/2015

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address: Tufts Medical Center
800 Washington Street, Box 394
Boston
Massachusetts - 02111
United States of America

Home Address:

Business Address: Tufts Medical Center
800 Washington Street, Box 394
Boston
Massachusetts - 02111
United States of America
(617) 636-1468

3) **Email Address:**

4) **Fax Number:** (617) 636-1469

5) **Specialties**
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) **Other states where you are now licensed to practice**
None Reported

9) **States where you were previously licensed**
None Reported

10) **Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

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Tufts Medical Center	



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

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- b) outpatient care 10 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Tufts Medical Center Indemnity Company,	L110/01/2015	09/30/2016	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

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18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

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20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Andrea Goldberg Edlow, M.D.

License No.: 246342

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

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Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

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25) Electronic Health Records Proficiency

I have demonstrated proficiency in the use of EHR by participation in a Meaningful Use program as an eligible professional.

26) Requirement to Complete Training in Recognizing and Reporting Child Abuse

Have you completed training to recognize and report suspected child abuse or neglect?