PAGE ONE

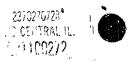
IMPORTANT NOTICE Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes (Chapter 111 of the Illinois Revised Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management. Center

APPLICATION FOR LICENSURE AND/OR EXAMINATION

| been approved by the Forms Management. Center | | | | |
|--|--|---|---|-------------------------------------|
| The following materials are required to multicensure and/or Examination in Illinois: | ake Application for | Carefully follow all s SHEET. In addition, | teps outlined on the note the following: | INSTRUCTION |
| Four page APPLICATION FOR LIC EXAMINATION. | ENSURE AND/OR | A Type or print leg | | 1 |
| INSTRUCTION SHEET, which gives application instructions for your profe | ssign. | information is no | Social Security num | ed only to ensure |
| 3 REFERENCE SHEET which give information for your profession | s detailed dealing | your application | curacy and to expect own on your support | |
| SUPPORTING EDGLIMENTS form documentation you may be required application | is, and/or any differs to summit with your | different from the submit proof of | at shown on your app legal name change - decree, affidavit or o | lication, you must copy of marriage |
| | | | | |
| PART I: Application Category Info | | | 33090 | |
| A SEF REFERENCE SHEET, CHART I, PRIOR 1 PROFESSION NAME | TO COMPLETING ITEMS 1 2 PROFESSION | 3. LICENSURE METHOD | | 4 FEE |
| Temporary Physician Licensure | CODE | Nonexamir | nation | \$100 |
| : have previously made application illinois. However, my previous application now reapplying. Other: PART II: Applicant Identifying I and/or Continental Test | cation expired and lar | n | y made application for lam now applying | under new statutory |
| application in order to | receive any furth | er information. | | |
| 1 NAME LAST FIRST COWELL, Allison A | | 2 TITLE (e.g. M.D.D.D.S. et M.D. | SOCIAL SECU | RITY NUMBER |
| 4 PERMANENT MAILING ADDRESS | STREET | C'TY STATE/COUNTRY | ZIP CODE | COUNTY |
| 5 BUSINESS ADDRESS STREET | | CITY STATE/COUNTRY | ZIP CODE | COUNTY |
| | | | | |
| 6 MAIDEN GIVEN SURNAME OR ANY NAM (SEF D ABOVE) | IE(S) UNDER WHICH SU | PPORTING DOCUMENTS WIL | BE SUBMITTED | |
| 7 PLACE OF BIRTH CITY STATE/CO | DUNTRY | 8 DATE OF BIRTH | | 9 AGE S Femal |
| | | | Year | ☐ Male |
| 10 TELEPHONE NUMBER WHERE YOU MAY | BE REACHED | | | |
| Work () | | Home. | | |
| (A'ea Code) | | V 0.00 C | | |

| ART III: Education Informatio | n | | | |
|--|--|-----------------------|-------------------------------|--------------------------|
| | ind High School or G.E.D. Citale number of years co | mo eted) | | |
| 1 2 3 4 5 6 7 8 9 10 11 | - Graduated | D _r | eceived G.E.D.? | lYes □No |
| NAME OF LAST PRELIMINARY SCHOOL ATTENDED Classical High School | (City and State) | N | 4 DATE OF GR. D 6 Month | |
| 1 2 3 4 5 6 7 8 | her of years completed: | s □No | | |
| 6 COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate) | LOCATION (C.ry and State or Country) | DATES OF A | ТО | TYPE OF DEGREE EARNED |
| Duke University | Durham, NC | Month/Year 7/89 | Month [*] ear 5 93 | BS |
| Duke University Rhode Island TO MEGGET OF STATE STEAL | Providence, R1 | 5/90 | 6/90 | none |
| Boston University 99 | Boston, MA | 5191 | 7/91 | none |
| 227C27/07/ 0013 0E017R/ 0012 0019 | . 1 | | | |
| -: | | | | |
| PRO CONTRACTOR OF STATES OF | 720.523 7.34. | | | |
| The state of the s | gProfessional Training, Vocational Training, Practical | or Clinical Training) | | |
| SPECIALIZED TRAINING INTERIORICS | LOCATION | DATES OF | ATTENDANCE | Did You Complete |
| INSTITUTION NAME | (City and State or Country) | FROM | TO | Training? |
| 23.0 c 2.00 | | Month Year | Month? ear | ☐ Yes ☐ No |
| Phs. | | | | ☐ Yes ☐ No |
| The state of the s | | | | ☐ Yes ☐ No |
| IDP PLOEFC | 1 | | | ☐ Yes ☐ No |
| AP3 1 0 | 98 | | | ☐ Yes ☐ No |
| | | | | |

L486-1019 10/95 (LT



PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

| STATE | PROFESSION NAME | LICENSF NUMBER | DATE OF ISSUANCE | LICENSE STATUS (Active, Lapsed etc.) |
|--|-----------------|----------------|------------------|---|
| tate of Original Licensure | | | | |
| one of Curre Lice sure where on nost real try have been ractiong | | | | |
| Other States of Licensure | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have evertaken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action

| HYEAR EXAM RESULTS | MONTH/YEAR | ME OF EXAMINATION | ١ |
|--------------------------|------------|-------------------|------------|
| (Passed, Failed, Absent) | 6/96 | | USMLE Step |
| pending | 3/98 | 2 | USMLE Step |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | Chaot) | | |

(If additional space is needed, attach a separate sheet.)

PAGE FOUR

| ART VI: Personal History Information (This part must be completed by all Applicants) | YES | NO |
|---|----------|---------------------------------------|
| Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office | | X |
| Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded a chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol content substance abuse, (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether content you are currently under treatment. | r | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Have you been denied a professional license or permit, or privilege of taking an examination, or has a professional license or permit disciplined in any way by any licensing authority in Illinois conserved lifest attach a detailed explanation. | d or | X |
| 4 Have you ever been discharged other than honorably from the armed service or from a city, count state or federal position? If yes, attach a detailed explanation | /· | X |
| PART VII: Examination Coding Information (This part is for Examination Applicants only | | |
| Refer to the REFERENCE SHEET enclosed with this application package and complete the following | ng: | |
| a) CHART II - Select examination(s) you desire and enter Test Codes | H | |
| Landon Landon Landon Landon Landon | | |
| b) CHART III - Select the examination site you desire and enter Test Center Code school code c) CHART IV - Find your School of Graduation and enter | | |
| b) CHART III - Select the examination site you desire and enter Test Center Code school code | | |
| b) CHART III - Select the examination site you desire and enter Test Center Code school. code c) CHART IV - Find your School of Graduation and enter school code d) Record the number of times you have taken this exam in Illinois | | |
| b) CHART III - Select the examination site you desire and enter Test Center Code SCHOOL CODE C) CHART IV - Find your School of Graduation and enter School code d) Record the number of times you have taken this exam in Illinois or any other state e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you | | |
| b) CHART III - Select the examination site you desire and enter Test Center Code SCHOOL CODE C) CHART IV - Find your School of Graduation and enter school code d) Record the number of times you have taken this exam in Illinois or any other state e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? Yes No | ents sub | mitted |
| b) CHART III - Select the examination site you desire and enter Test Center Code CHART IV - Find your School of Graduation and enter school code EXAM ATTEMPTS Or any other state Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? Yes No PART VIII: Certifying Statement Index school code EXAM ATTEMPTS Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? Yes No | ents sub | mitted |

Basis to a tools 1"

IMPERTANT NOTICE Completion of this form is merchanger (see the consideration for homestre uncer 225 illumous Compiled Statutes and Stillingus Compiled Statutes minus complied actives and a fine information is MANDATORY Failure to compay may result in the form not being processed. This form has been ap-

ADDENDUM TO THE APPLICATION FOR LICENSURE AND/OR EXAMINATION

| .0 | anitod \$180025 m. of this morning | , A 1 | v all |
|-----|--|-------|---------------|
| iii | Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. Public Act 90-0018 became effective July 1, 1997, and requires the following information be provided by the Forms Management Center. | :U - | - T |
| | te 10013-65(c) the in compy many been ap | 211 | musi |
| | The form the | 10 | ,,,, |
| M | WANDA DISCUSSED. The CONSIDER CONSIDER CONSIDER | | |
| ميء | and not being management | | |
| | acor and the faithful the | | |
| ٥ | sover the state of | | |
| ۳ | Fortive July application perulation | | |
| Į | - barame Bileon a soca your appropriate Nosional Nos | | |
| 1 | on on 18 decommend Height of Profession Floor | | Marie Walter |
| 1 | annicants. The artificants. | - | OR THE PERSON |
| ł | Public A signation applied to Departmenton St. | | |
| ١ | return it to soo IN Washing | | |
| 1 | icansular and learning 320 VV. II 62/80 | | |
| | | | |

| restore July 1, 1997, cation can be gulation |
|--|
| Public Act 90-0018 became effective July 1, 1997, Before your application can be gulation Before your application Regulation Before your application Regulation Department of Professional Regulation Journal of Professional Regulation 320 W. Washington St., 3rd Floor 320 W. Washington St., 3rd Floor Scringfield, IL 62786 |
| Public Act 90-0018 became ends. Before your of Professional The Department of Professional T |
| public Act so applicants to: Department of Sensure/registration applicants to: Department of Sensure/registration application it to: 320 W. Washington St., 310 sensure of Sensu |
| licensure/ sorm and return 320 W. Value 62786 |
| soringfield, IL son your applications |
| Company as shown on a serior a |
| icansure/registration application and return it to: 320 W. Washington out Springfield, IL 62786 Springfield, IL |
| Information (Resulting METHOD |
| 1 UCENSURA |
| APPRICATION APPRICATION |
| PANT COOE S 5 NOTTO |
| Temporary Prysiding Like 125 Temporary Prysiding Like 125 Temporary Prysiding Like 125 Social SECURITY NUMB |
| 1. PROFESSION SECURITY |
| Tamporen Himmengan engan |
| ncinformation 2 |
| Temporary Programmes Category Information PART II: Application Category Information PART III: Application Category Information PART III: Application Category Information |
| DART II: APPINA |
| PART II: APP MIDDLE S. MAIDEN OR GIVEN ST. |
| S. Mass |
| COWETT, ATTE ZIP CODE |
| CITY STATE |
| 4 ADDRESS STREET |
| a. Albuman |
| |
| PART III: Child Support Information [In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new under penalty of under penalty of the license shall cartify, under penalty of a child support order. Failure to license shall include the applicant's Social Security number, and the licensee shall support order. Failure to license shall include the applicant's Social Security number in complying with a child support order. Failure to license shall include the applicant's Social Security number and action, and making a false statement may subject the licensee to |
| PART III: Child Support Information [In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new under penalty of statutes 100/10-65(c), applications for renewal of a license or a new under penalty of statutes 100/10-65(c), applications for renewal of a license or a new under penalty of statutes 100/10-65(c), applications for renewal of a license or a new under penalty of a license shall certify, under penalty of the license shall certify, under penalty of the license to license shall include the applicant's Social Security number, and the license shall certify, under penalty of license shall certify. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall certify, under penalty of license shall certify. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license of a new license shall certify. |
| PART. III: Child Cort. Parlications for renewal of certify, under penalty of |
| 100(10-65(c), appulationsae shall de support order. |
| PART III: Child Support the parties of a license of a lic |
| Sur a lline complied Security in complying may subject in complying |
| accordance with the applicants and days deliting a false state. |
| license shall include the art more than sicense shall be art that the sicense shall be art than sicense shall be art that sicense shall be art that sicense shal |
| |
| perjury, half result in about |
| certify sname court and a child support of the supp |
| perjury, that he or perjury shall result in disciplinary certify shall result in disciplinary certify shall result in disciplinary certify shall result in complying with a child support order. You MUST check one of the following: You must check one of the fo |
| contempt of the following complying was child support order. |
| You mus than 30 days are complying will a |
| am not more und days delinquent in which torder. |
| -cre than 30 days - Lild support order. |
| contempt of court contempt of court contempt of the following: You MUST check one of the following: You Mu |
| the most currently unit |
| I am not more than 30 days delinquent in the support order. I am more than 30 days delinquent in the support order. I am not currently under any child support order. |
| |
| PART IV: Certifying Statement Under penalties of perjury, I declare that I have examined this document and certify that the above infortune and certification and certif |
| and certify that the |
| Statement and this document and |
| Certifying examined with |
| PART IV: Certification in the examined and in the examined and in the examined are the examined and in the examined are the examined and in the examined are th |
| was of perjury. I could |
| 3127/90 |
| Under perial State |
| |
| |
| Signature of Applicant |
| ・ |
| の The Control of t |

| IMPORTANT NOTICE | Completion of this form is |
|--------------------------|------------------------------|
| necessary for considera | tion for licensure under 225 |
| of the Illinois Compiled | Statues (Chapter 111 of the |
| Illinois Revised Statu | ites) Disclosure of this |
| information is VOLUNT | FARY However failure to |
| comply may result in thi | s form not being processed |
| This form has been | approved by the Forms |
| | |

WORK HISTORY

SUPPORTING DOCUMENT

WH

| this form has been approved by the Forms flanagement Center | |
|---|--|
| APPLICANT: Complete Work History. If you hav rized to photocopy this form if add | |
| NAME LAST FIRST MIDDLE | 2 DATE OF BIRTH 3 SOCIAL SECURITY NUMBER |
| Cowett, Allison Ann | |
| ADDRESS STREET CITY STATE, ZIP COLL | 5 REFER TO REFERENCE SHEET Record profession name and three digit profession code for which you are making Illinois application. |
| | Temporary Physician Licensure 125 Profession Name Profession Code |
| MAIDEN OR GIVEN SURNAME | 7 CHECK HERE IF YOU HAVE 8 DATE FORM COMPLETED 8/27/98 |
| RECORD WORK HISTORY CHRONOLOGICALLY - Complete W must account for the entire till e period including periods of unemp | Jork History beginning with present employment and concluding with graduation. You ployment and volunteer work, etc. |
| A NAME OF BUSINESS/INSTITUTION | JOB TITLE |
| ADDRESS STREET, CITY STATE ZIP CODE | DESCRIPTION OF DUTIES PERFORMED |
| | |
| SUPERVISOR NAME | |
| | |
| DATE OF EMPLOYMENT/ATTENDANCE HOURS WORKED PER WEEK | |
| From// | |
| To Month Day Year Full-time P | Part-time |
| TOTAL TIME WORKED (Year/Month) | |
| | |
| B NAME OF BUSINESS, INSTITUTION | JOB TITLE |
| ADDRESS STREET CITY STATE ZIP CODE | DESCRIPTION OF DUTIES PERFORMED |
| | |
| SUPERVISOR NAME | |
| DATE OF EMPLOYMENT/ATTENDANCE HOURS WORKED PER WI | VEEK . |
| | |
| From | |
| TO Month Day Year | Part-time |
| TOTAL TIME WORKED (Year/Month) | |

| NAME OF BUSINESS INSTITUTION | JOB TITLE |
|---|---------------------------------|
| | |
| ADDRESS STREET CITY STATE Z'P CODE | DESCRIPTION OF OUTIES PERFORMED |
| SUPERVISOR NAME | |
| DATE OF EMPLOYMENT ATTENDANCE HOURS WORKED PER WEEK | |
| From None Ca, Year TYPE OF EMPLOYMENT | |
| To Morro Day Year Full-time Part-time | |
| TOTA, TIME WORKED (Year/Month) | |
| D NAME OF BUSINESS INSTITUTION | JOB TITLE |
| ADDRESS STREET CITY STATE ZIP CODE | DESCRIPTION OF DUTIES PERFORMED |
| SUPERVISOR NAME | |
| DATE OF EMPLOYMENTIATTENDANCE HOURS WORKED PER WEEK | |
| From Month Da. Yea: TYPE OF EMPLOYMENT | |
| TO MOTE Day real Full-time Part-time | |
| | |
| NAME OF BUSINESS INSTITUTION | JOB TITLE |
| ADDRESS STREET CITY STATE ZIP CODE | DESCRIPTION OF DUTIES PERFORMED |
| SUPERVISOR NAME | |
| DATE OF EMP, CYMEN ATTENDANCE HOURS WORKED PER WEEK | |
| FYOTT CO. YES TYPE OF EMPLOYMENT | |
| To Merch Jan Year DFull time Part-time | е |
| 10th, that victaked Year Month | |

##86 (CT 69) (LT 489CK)

4-14-98

iMPORTANT NOTICE Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes (Chapter 111 of the Illinois Revised Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management. Center.

20 Bar 18

CERTIFICATE OF ACCEPTANCE FOR SPECIALTY/RESIDENCY PROGRAM

SUPPORTING DOCUMENT

CA-MED

| NOTE: An applicant shall not commence special receives written notice of the approval Regulation. | ty/residency training before he or the hospital/institution of his application from the Department of Professional |
|--|--|
| APPLICANT: Complete the applicant section of this form, you for specialty/residency training, for co | then forward it to the hospital/institution that has accepted mpletion of the remainder of the form. |
| NAME LAST FIRST MIDDLE | 2 DATE_OF, BIRTH. 3 SOCIAL SECURITY NUMBER |
| Cowett, Allison | Month Day Year |
| 4 AD RESS STREET CITY STALL, ZIP CODE | Month Day Year 5 REFER TO REFERENCE SHEET Record profession name and three digit profession code for which you are making Illinois application |
| 6 MAIDEN OR GIVEN SURNAME | |
| TO CONTRACT ON THE ONLY CONTRACT CONTRA | Temporary Physician License 125 |
| Control of the Contro | Profession Name Profession Code |
| ADMINISTRATOR: Complete the remainder of this form | and return it to the applicant. |
| A HOSPITAL/INSTITUTION NAME | B. BEGINNING DATE C ENDING DATE |
| McGaw Medical Center of Northwestern University | Month Day Year Month Day Year |
| D BUSINESS ADDRESS "STREET, CITY STATE, ZIP CODE | E SPECIALTY / RESIDENCY: NAME |
| _303 E. Chicago Ave., Ward 9-332 Chicago, IL 60611 | OB/GYN William Parties and asset a post |
| F BUSINESS TELEPHONE NUMBER | G YEAR OF POSTGRADUATE TRAINING |
| 312 503 7975 Area Code () | PGY-1 STATE OF THE |
| I do hereby declare that the above named applicant will be a subsequent to the evaluation of medical education and/or complicant is found to be eligible for licensure. | accepted for specialty/residency training as indicated above if, inical skills by the Department of Professional Regulation, the |
| | |
| | |
| The Topic of the Market of the Control of the Contr | Signature of Program Difector |
| | Sharon Dooley, MD |
| W SEAL | Print Name of Program Director |
| The second secon | Program Director |
| | 7itle 1/98</td |
| | Date |

---: ,'a--.

IMPORTANT NOTICE. Completion of this form is necessary to accomplish the requirements outlined in 255 of the filmois Compiled Statutes (Chapter 111 of the It-nois Revised Statues). Disclosure of this information is VOLUNTARY. However failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED - MED

| COWETT, AMSON | F1818 + | - | Month | Day | year | | | |
|--|---------|---|-------|-----|------|---|---|------------|
| 4 ADDRESS STREET CITY, STATE, ZIP CODE | A | | | | | Record profession na aking Illinois applicatio | | tree digit |
| & MATERIOR GIVEN SURNAME L. | | 1 | | | | | , | _ |

NAME OF INSTITUTION ATTENDED

Temporary Physician Licensure 1 2 5

Profession Name Profession Code

8. DATE OF GRADUATION/COMPLETION

05/24/98

University of Rochester

I hereby authorize a scl. hol official of the institution named above designated testing service the information requested below

3/27/98
Date

| ,,,,,, | rofessional F | Regulation or i |
|--------|---------------|-----------------|
| | | <u>.</u> |
| | | |
| - / | | |
| | Signature | |

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side, then return to the applicant.

B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE

| A NAME OF INSTITUTION | |
|--|--|
| Univ. of Rochester School of Med. & Dent. | 601 Elmwood Avenue, Rochester, NY 14642 |
| C INDICATE YEAR BY YEAR THE DATES OF ATTENDANCE IN COLLEGE (Both pre-medical and medical education must be included) | Total academic years attended O4 Years Months Days |
| From 0 8 /2 2 /9 4 To 0 6 /1 0 /9 5 Montr Day Year Month Day Year | Total calendar years attended Years Months Days E TYPE OF DEGREE OR CERTIFICATE AWARDED |
| From 0 9 0 5 9 5 To 0 6 0 1 9 6 Month Day Year | Doctor of Medicine |
| From 0 8 1 9 9 6 To 0 8 1 0 9 7 Month Day Year Month Day Year | F DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE Will be |
| From 0 6 /3 0 /9 7 To 0 5 /2 4 /9 8 Month Day Year Month Day Year | $\frac{0.5 \times 2.4 \times 9.8}{\text{Month}}$ |
| FromTo | G DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED |

From _______ Month Day Year Month Day Year G DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED WIll be _______ O 5 /2 4 /9 8 ______ Month Day Year

H CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE

| [] Applicant has graduated on | /_ | /_ | |
|--|-------------------|---------------|-------------|
| 1.1 | Month | Day | Year |
| [x * Applicant will graduate on is expected to | _0 _5 /_ Month | 2 _4/_ Day | 9 E Year |

[] Applicant has completed program on

| , , , | Month | Day | Year |
|-----------------------------------|-------|-----|------|
| pplicant will complete program on | | / | / |
| | Month | Day | Year |

MET

F EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME PLEASE EXPLAIN

| IFYING THE DEPARTMENT OF PROFESSION | E ACTUAL GRADUATION OF THE APPLICANT, THE SCHOOL OFFICIAL IS RESPONSIBLE FOR NAL REGULATION OF ANY FAILURE ON THE PART OF THE APPLICANT TO COMPLETE THE |
|---|---|
| IFYING THE DEPARTMENT OF PROFESSION MIREMENTS FOR GRADUATION | herein is true and correct according to the official records of this institution. |
| IFYING THE DEPARTMENT OF PROFESSION MIREMENTS FOR GRADUATION | herein is true and correct according to the official records of this institution. |
| FYING THE DEPARTMENT OF PROFESSION DUREMENTS FOR GRADUATION BRITISH THE INFORMATION RECORDED IN | nerein is true and correct according to the official records of this institution. Signature of School Officia |
| SCHOOLS | herein is true and correct according to the official records of this institution. |
| SCHOOLS | Signature of School Official Carol C. Pellett Print Name of School Official |
| SEAL | nerein is true and correct according to the official records of this institution. Signature of School Officia Carol C. Pellett |
| SEAL | Signature of School Official Carol C. Pellett Print Name of School Official Medical School Registrar |
| SCHOOLS | Signature of School Official Carol C. Pellett Print Name of School Official Medical School Registrar |
| SEAL | Signature of School Official Carol C. Pellett Print Name of School Official Medical School Registrar Title 04/01/98 |
| SEAL | Signature of School Official Carol C. Pellett Print Name of School Official Medical School Registrar Title 04/01/98 |
| SEAL | Signature of School Official Carol C. Pellett Print Name of School Official Medical School Registrar Title 04/01/98 |
| SCHOOL SEAL | Signature of School Official Carol C. Pellett Print Name of School Official Medical School Registrar Title 04/01/98 |

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



Federation Place 400 Fuller Wiser Road, Suite 300 Euless, Texas 76039-3855 Telephone: (817) 868-4000 FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

May 7, 1998

Attn: Pat Eubanks
Illinois Dept. of Reg. & Ed.
320 W Washington Street
Springfield IL 62786

Re: Board Action Query Dated:

May 7, 1998

Your Reference Number:

FSMB Batch Number:



The following is a final report of the search results from the Board Action Data Bank as of May 7, 1998 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 7, 1998

| Item | Name | DOB | SSN | School | Yr/Grad | Request LD |
|------|-----------------------------|---|-----|--------|---------|------------|
| | ALDE INTERIAL CIDICE | Acquestion in Figure addition to the Commission of the Commission | | 015010 | 1997 | 2261075 |
| 4 | AHN, HYUNAH EUNICE | | | 046010 | 1998 | 2261078 |
| 5 | AKBARNIA, HALLEH | | | 010010 | 1996 | 2261091 |
| 6 | ALSINA, GEORGE ANTHONY | | | 495504 | 1994 | 2261097 |
| 7 | ANANTHARAJU, ABHINANDANA | | | 875015 | 1991 | 2261099 |
| 8 | ANTOINE, JEAN AKL | | | 036040 | 1998 | 2261101 |
| 9 | AVVA, RAJITHA LAKSHMI | | | 014050 | 1998 | 2261103 |
| 10 | AYUSTE, CATHLEEN BARRIOS | | | 305010 | 1998 | 2261106 |
| 11 | BADRUDDOJA, ANWAR MICHAEL A | | | 014010 | 1998 | 2261109 |
| 12 | BARNES, DAVID JEFFREY | | | 026020 | 1998 | 2261112 |
| 13 | BASKINA, REBECCA SUE | | | 009020 | 1998 | 2261117 |
| 14 | BELLIG, GREGORY JAMES | | | 014040 | 1998 | 2261123 |
| 15 | BEZANIS, GREGORY JACOB | | | 014030 | 1998 | 2261125 |
| 16 | BINEY, NANA MARIA | | | 016010 | 1998 | 2261134 |
| 18 | BROWN, ALICE FRANCES | | | 014050 | 1998 | 2261136 |
| 19 | BURGARD, KEITH ALLEN | | | 014030 | 1998 | 2261140 |
| 20 | CAPRIOTTI, PAUL JASPER | | | 014080 | 1998 | 2261146 |
| 21 | CHAUDHRY, SUNEEL KUMAR | | | 033110 | | 2261149 |
| 22 | CHEN, CAROL I-TZU | | | 654010 | | 2261151 |
| 23 | CHHABRA, VIKAS | | | | | |
| 24 | CHI, KENNETH DAESUN | | | 023040 | | 2261154 |
| 25 | CHU, EMILY TZU-HUEY | | | 026030 | | 2261158 |
| 26 | COHN, TAMARA MELISSA | | | 005040 | | 2261162 |
| 27 | COLE, SCOTT ALLEN | | | 023030 | | 2261165 |
| 2 | COWETT, ALLISON ANN | | | 033090 | 1998 | 2261063 |

| Profession 1 | 25 |
|--------------|-------------|
| Date: 5/7/98 | Initials KB |

ADDENDUM TO DEFICIENCY NOTICE FOR TEMPORARY PHYSICIAN LICENSURE APPLICATION

TO: Paul Davis
Graduate Medical Education Office
McGaw Medical Center of Northwestern Univ
303 E Chicago Ave, Ward Bldg 9-332
Chicago, IL 60611

Return this form with the requested materials to:

State of Illinois
Department of Professional Regulation
320 West Washington Street, 3rd Floor
MED 1
Springfield, Illinois 62786

Other Instructions:

Following is a list of applicants with deficiencies as noted:

Allison Cowett Greg Cohen CA-MED
Certification of graduation (either copy
of MD diploma, completed ED-MED showing
date MD will be conferred, or letter from
school official with med school seal affixed

Leslie Cooper

Frank Fu-Sheng Tu

Affidavit re: medical school information missing on application recieved; ED-MED &

Anne Franke ED-MED
Andrew Sokol CA-MED
Eric Sokol CA-MED
Rachel Story CA-MED
Robert Strugala CA-MED





Graduate Medical Education

Ward Bunding 9-332 503 East Chicago Avenue Chicago, Illinois 60611-3008 (312) 503-7975 Fax (312) 503-5230

April 6, 1998

Robert M. Vanecko, MD Associate Dean

James Mathews, MD Assistant Dean

Ms Alicia Purchase
Illinois Department of Professional Regulation
320 West Washington Street, #3rd FL.
Medical Unit 41
Springfield, IL 62786

Re: Allison Ann Cowett, MD

SS#:

Dear Ms Purchase:

The enclosed application packet is for the issuance of the temporary Illinois medical license for Dr. Cowett. Enclosed are the following documents:

- Check (\$100.00)
- Addendum
- Application
- WH

If you have any questions or need more information, please call me at (312) 503-7947 or fax (312) 503-5230.

Sincerely.

Paul F. Davis Program Assistant





Graduate Medical Education

Ward Building 9-332 303 East Chicago Avenue Chicago Itlinois 60611 3008 (312) 503-7975 Eax (312) 503-5230

April 8, 1998

Robert M. Vanecko, MD. Associate Dean

James Mathews, MD Assistant Dean

Ms Alicia Purchase
Illinois Department of Professional Regulation
320 West Washington Street, #3rd FL.
Medical Unit #1
Springfield, IL 62786

Re: A

Allison Ann Cowett, MD

SS#:

Dear Ms Purchase:

The enclosed application packet is for the issuance of the temporary Illinois medical license for Dr. Cowett. Enclosed are the following documents:

- ED-MED

If you have any questions or need more information, please call me at (312) 503-7947 or fax (312) 503-5230.

Sincerely,

Jon 1

Paul F. Davis Program Assistant

APR 1 0 1998