LARA/REL-400 (05/14)

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Licensing Division
PO Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

Tran Info:430106 20183661-1 02/10/15
Chk#: 1003 Amt: $170.00
ID: 4301076163

Tran Info:531557 20183661-2 02/10/15
Chk#: 1003 Amt: $20.00
ID: 4301076163

FOR BOARD USE ONLY
License Number: 076163
CS License Number: 5315069305
Issue Date: 4-2-15

APPLICATION FOR RELICENSURE

Tran Info:531537 20183661-3 02/10/15
Chk#: 1003 Amt: $65.00
ID: 4301076163

Please select the license type you are applying for from the drop down list below.

Medical Doctor by Relicensure and Controlled Substance Fee: $170.00 71-4301-00 and $85.00 71-5315-13757 Total Fi

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application DO NOT SEND CASH Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

1. Demographic Information

First Name: JUSTINE | Middle Name: PEEN | Last Name: WU

U.S. Social Security #: [redacted] | Birth Date: [redacted]

Street Address: Department of Family Medicine 1150 West Medical Center Dr. | Apt/Bldg #: M1300 Med Ctr I

City: ANN ARBOR | State: MI | Zip Code: 48109-5625

Country: USA

Phone Number [redacted] | Email Address: [redacted]

Has your Michigan health professional license been lapsed more than three years? ☒ Yes ☐ No

Health Professional Permanent ID/License Number: 4 3 0 1 0 7 6 1 6 3 | Expiration Date: 1/31/2006

Have you ever been known under any other name? ☐ Yes ☒ No
If yes, list name(s):

Will documents be received in any other name? ☐ Yes ☒ No
If yes, list name(s):

Full Name: JUSTINE PEEN WU

2. Personal Data Questions

1. Have you ever been convicted of a felony? ☐ Yes ☒ No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? ☐ Yes ☒ No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? ☐ Yes ☒ No

If yes, please explain

4 Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period? ☐ Yes ☒ No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements totaling $200,000 in any consecutive 5 year period? ☐ Yes ☒ No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country? ☐ Yes ☒ No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified? ☐ Yes ☒ No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years? ☐ Yes ☒ No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: JUSTINE PEEN WU

3. Professional Education

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted
RUTGERS NEW JERSEY MEDICAL SCHOOL	SOUTH ORANGE AVE. NEWARK, NJ	6/2000	MD
UNIVERSITY OF MICHIGAN HEALTH SYSTEM	1150 WEST MEDICAL CENTER ANN ARBOR, MI	6/2003	FAMILY MEDICINE

4. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES.** (Attach additional sheets if necessary.)

☒ Yes
☐ No

State/Country	Permanent License/ Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)
NJ	25MA7613000	7/3/2003	11.5	6/30/15	ENDORSEMENT
NY	231390	2/24/2004	3	5/31/2007	ENDORSEMENT
MI	4301076163	7/30/2002	4	7/31/2006	ENDORSEMENT

5. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant Justine Date 2/3/15

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs If you need assistance with reading, writing, hearing, etc , under the Americans with Disabilities Act, you may make your needs known to this agency

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

MEMORANDUM

DATE: February 25, 2015

TO: Board of Medicine

FROM: Dan Burns
Health Licensing Division
Credentials Unit

RE: Justine Peen Wu MD
LICENSE #: 4301076163

The above referenced licensee has earned the 150 hours of continuing education required for relicensure.

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P O Box 183, Trenton, NJ 08625-0183

JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

For overnight deliveries:
140 East Front St
PO Box 183 , 3rd Floor
Trenton, NJ 08608

(609) 826-7100

(609) 826-7101 FAX

November 10, 2014

Michigan Board of Medicine and Surgery
P.O. Box 30670
Lansing , MI 48909-8170

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by JUSTINE PEEN WU to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that JUSTINE PEEN WU was issued a New Jersey license 25MA07613000 on or about 07/03/2003 and is currently Active with an expiration date of 06/30/2015. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/dd/mac

KFV

RECEIVED
NOV 17 2014
LARA

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

MI

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, WU JUSTINE
was issued license/certificate number 231390 for the practice of MEDICINE on 02/24/04.

RECEIVED
MAR 30 2015
DEPARTMENT OF ... BUREAU OF ... PROFESSIONS ... AFFAIRS
LICENSING DIVISION

Our records also indicate the following information:
Date of birth: [redacted]
School attended: UNIV MED & DENT OF NJ
Date of graduation: 05/24/00
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
12/01			[redacted]					[redacted]	
02/00									
06/98									

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO
Last reg period ended: 05/31/07
Address: [redacted]

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL

Cathy Hanczaryk 03/19/15
Principal Clerk

OHS/LMO-651 (3-99)

BOARD USE ONLY
License Number 076163
Date of Licensure 6-4-00

Michigan Department of Consumer & Industry Services
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918
TDD (517) 373-7489

APPLICATION FOR EDUCATIONAL LIMITED AND CONTROLLED SUBSTANCE LICENSES

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

I AM APPLYING FOR THE FOLLOWING:
☒ Educational Limited and Controlled Substance Fee: $165.00

	Da[redacted]	Previous License Number
(Last Name) Wu	(First Name) Justine	(Middle Name) Peen
All Previous Names and/or Birth Name Used (if applicable)		
Date of Birt[redacted]	U.S. Social Security Number [redacted]	
Street Address University of Michigan Health System Graduate Medical Education [redacted] Wyoming Street		
City Ann Arbor, MI 48103-0610	State	ZIP Code

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony? ☐ YES ☒ NO
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? ☐ YES ☒ NO
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? ☐ YES ☒ NO
4. Have you been treated for substance abuse in the past 2 years? ☐ YES ☒ NO
5. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ YES ☒ NO
6. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? ☐ YES ☒ NO
7. Have you had one or more settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period? ☐ YES ☒ NO
8. Have you ever been denied the privilege of taking an examination by any state medical board? ☐ YES ☒ NO
9. Have you ever had a federal or state medical or controlled substance license revoked, suspended, or otherwise disciplined, been denied a license, or currently have disciplinary action pending against you? ☐ YES ☒ NO
10. Do you hold or have you ever held a medical license in Michigan or any other state? If yes, list each state, the license number, the date issued, and the basis for licensure. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ YES ☒ NO

State	*License Number*	*Date of Issue*	*Basis for Licensure*

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance From	To	Degree
The College of New Jersey Hillwood Lakes CN 4700 Trenton, NJ 08650-4700	8/93	6/96	B.S. in Biology
UMDNJ-New Jersey Medical School 185 South Orange Ave. Newark, NJ 07103-2714	8/19/96	5/24/00	M.D.

Provide a description of your professional medical experience. Attach additional sheets if necessary.

Name and address of Employer	Dates of Practice From	To	Duties

CERTIFICATION

I understand that it is the policy of this agency to secure conviction criminal history as part of their pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant Joshua P. Ulin Date 3/26/00

OHS/LMD-093 (11/98)

Michigan Department of Consumer &Industry Services
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918
TDD (517) 373-7489

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

Please complete the following information. **Return this completed certification directly to the Michigan Board of Medicine at the address shown above.**

Name of Training Hospital

Street Address of Training Hospital

University of Michigan Health System
Graduate Medical Education
1301 Catherine Street
Ann Arbor, MI 48109-0610

City, State and ZIP Code

I certify that Justine Peen Wu (Applicant's Name) has been duly appointed to a training program in the clinical area of Family Medicine

beginning 6-24, 19 00, and ending 6-30, 19 01,

in the Univ of Michigan (Name of Training Hospital)

Is this program accredited by ACGME? ☒ YES ☐ NO

Is this hospital or institution accredited by JCAH? ☒ YES ☐ NO

Debra Strake for — Signature of Director of Medical Education

4-28-00 — Date of Signature

James O. Woolliscroft, MD — Print or Type Name of Director of Medical Education

SEAL

If school has no seal, please indicate.

OHS/LMD-091 (11/98)

Michigan Department of Consumer & Industry Services
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918
TDD (517) 373-7489

RECEIVED
MAY 05 2000
DEPT. of CIS

CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR THE DOMINION OF CANADA

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

Instructions: Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed directly to the board by the dean of the medical school you attended for completion of Section II. This certification must be submitted directly to the Michigan Board of Medicine by the medical school.

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle): Justine Peen Wu

Street Address: [redacted]

City: [redacted]

State: [redacted]

ZIP Code: [redacted]

Social Security Number: [redacted]

Date of Birth: [redacted]

Date of Admission: August 19, 1996

Date of Graduation: 5/24/00

Signature of Applicant: Justine P. Wu

Date: 3/22/00

Applicant: Upon completion of Section I, send this form to the dean of your medical school for completion of Section II on the reverse side of this form.

THIS SIDE TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE MEDICAL SCHOOL

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on the reverse side of this form

SECTION II - CERTIFICATION OF MEDICAL EDUCATION

Name of Medical School

UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY-NEW JERSEY MEDICAL SCHOOL

Street Address of Medical School

185 SOUTH ORANGE AVENUE, ROOM B640, NEWARK, NEW JERSEY 07103-2714

City, State and ZIP Code

NEWARK, NEW JERSEY 07103-2714

I certify that JUSTINE WU (Applicant's Name) attended the medical school named above from AUGUST 19, 19 96, to PRESENT, 19 ____ (IS EXPECTED TO BE), and was granted the degree of DOCTOR OF MEDICINE on MAY 24, ~~19~~ 2000.

Adrian R. Cornelius

Signature of Dean or Registrar

MAR 22 2000

Date of Signature

ADRIAN R. CORNELIUS
REGISTRAR
UMDNJ-NJMS

Print or Type Name of Dean or Registrar

SEAL

If school has no seal, please indicate.

OHS.LMD-040 (8/99)

BOARD USE ONLY
License Number: 4301076163
Date of Licensure: 2-28-01

Michigan Department of Consumer & Industry Services
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918
TTY (517) 373-7489

CONSUMER & INDUSTRY SERVICES
AMT. REC'D
OCT 26 2001
140.00

APPLICATION FOR LICENSURE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

I AM APPLYING FOR THE FOLLOWING:
☒ License by Examination Fee: $140.00
☐ License by Endorsement (Must Currently be Licensed in Another State) Fee: $140.00
☐ ~~Controlled Substance License Fee: $85.00~~

4301 076 163

Daytime Phone Number	Previous License Number
[redacted]	NA

(Last Name)	(First Name)	(Middle Name)
WU	JUSTINE	PEEN

All Previous Names and/or Birth Name Used (if applicable)

Date of Birth	U.S. Social Security Number
[redacted]	[redacted]

Street Address: [redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony? ☐ YES ☒ NO
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? ☐ YES ☒ NO
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? ☐ YES ☒ NO
4. Have you been treated for substance abuse in the past 2 years? ☐ YES ☒ NO
5. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ YES ☒ NO
6. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? ☐ YES ☒ NO
7. Have you had one or more settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period? ☐ YES ☒ NO
8. Have you ever been denied the privilege of taking an examination by any state medical board? ☐ YES ☒ NO
9. Have you ever had a federal or state medical or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ YES ☒ NO
10. Do you hold or have you ever held a medical license in Michigan or any other state? If yes, list each state, the license number, the date issued, and the basis for licensure. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ YES ☒ NO

State	*License Number*	*Date of Issue*	*Basis for Licensure*

(OVER) - Do Not Detach

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance From	To	Degree
The College of New Jersey	Aug 1993	May 1996	BS
UMDNJ - New Jersey Medical School	July 1996	May 2000	MD

Ama-Verified

Provide a description of your professional medical experience. Attach additional sheets if necessary.

Name and address of Employer	Dates of Practice From	To	Duties

CERTIFICATION

I understand that it is the policy of this agency to secure conviction criminal history as part of their pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant [signature] [signature]

Date 10-17-01

OHS/LMD-091 (6/99)

NOV -5 01

Michigan Department of Consumer & Industry Services
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918
TTY (517) 373-7489

OCT 26

CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR THE DOMINION OF CANADA

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Instructions: Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed directly to the board by the dean of the medical school you attended for completion of Section II. This certification must be submitted directly to the Michigan Board of Medicine by the medical school.

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle) WU, JUSTINE PEEN	
Street Address [redacted]	
City	
State	ZIP Code [redacted]
Social Security Number [redacted]	Date of Birth [redacted]
Date of Admission 7/1996	Date of Graduation 5/2000

Signature of Applicant Justine Wu	Date 10-17-01

Applicant: Upon completion of Section I, send this form to the dean of your medical school for completion of Section II on the reverse side of this form.

THIS SIDE TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE MEDICAL SCHOOL

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on the reverse side of this form.

SECTION II - CERTIFICATION OF MEDICAL EDUCATION

Name of Medical School
UMDNJ-NEW JERSEY MEDICAL SCHOOL
Street Address of Medical School
City, State and ZIP Code

I certify that JUSTINE PEEN WV (Applicant's Name) attended the medical school named above from 8/19/96 (Month/Day/Year) to 5/24/00 (Month/Day/Year), and was granted the degree of DOCTOR OF MEDICINE on 5/24/00 (Month/Day/Year).

Julie E. Ferguson

JULIE E. FERGUSON
REGISTRAR

Signature of Dean or Registrar

OCT 30 2001

Date of Signature

Print or Type Name of Dean or Registrar

SEAL

If school has no seal, please indicate.

UNITED STATES MEDICAL LICENSING EXAMINATION

STEP 3 SCORE REPORT
1/9/02

FILE COPY

NAME: Wu, Justine Peen

USMLE ID: 50343748

SSN: [redacted]

TEST DATE: 12/5/0[illegible]

REPEAT (Y/N) N

The **USMLE Step 3** is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions.

Examinee scores on the three-digit scale score are based upon the number of questions answered correctly on the entire examination. For recent administrations, the mean and standard deviation for first-time takers from U.S. and Canadian medical schools were 207 and 18, respectively, with most of the scores falling between 140 and 260.

Pass — This result is based on the minimum passing score recommended by USMLE for Step3.

[redacted]

This score is determined by your overall performance on Step 3. A score of 182 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) for this scale is approximately five points.

This score is also determined by overall performance on the examination. A score of 75 on this scale is equivalent to a score of 182 on the scale described above; this is the score set by USMLE to pass Step 3. Based upon recent administrations, the SEM for the two-digit score scale is approximately one and a half points.

USMLE
United States Medical Licensing Examination™

United States Medical Licensing Examination™ (USMLE™)
Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 10/15/2001

Michigan Board of Medicine
ATTN: Carole Hakala Engle, Licensing Director
P.O. Box 30670
Lansing, MI 48909

Examinee: Wu, Justine Peen
USMLE ID#: 5-034-374-8
DOB: [redacted]
Alt Name(s):

Results for all 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. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/ Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	6/9/1998	PASS	[redacted]				

STEP2	Test Date	Pass/ Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	2/25/2000	PASS	[redacted]				

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

Authenticity of USMLE Transcripts

An original, certified transcript of United States Medical Licensing Examination scores is printed using black ink on blue safety paper and is produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

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 that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity 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) 590-9600.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

Irregular Behavior - The Committee on Irregular Behavior 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) 590-9600.

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.

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 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".

OHS/LMD-050 (12/99)

Michigan Department of Consumer & Industry Services
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918
TTY (517) 373-7489

CONSUMER & INDUSTRY SERVICES
OCT 26 2001
50.00

APPLICATION FOR USMLE STEP 3 EXAMINATION

Authority: Public Act 368 of 1978, as amended

[redacted]	Previous MI License Number
(Last Name) WU	(First Name) JUSTINE (Middle Name) PEEN
All Previous Names and/or Birth Name Used (if applicable)	
Date of Birth [redacted]	U.S. Social Security Numb[redacted]
Street Address [redacted]	
City [redacted]	State [redacted] ZI[redacted]

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you previously taken USMLE Step 3 in Michigan? ☐ YES ☒ NO
2. Have you previously taken USMLE Step 3 in another state? If yes, please list state(s) and date of exam. ☐ YES ☒ NO
3. Do you now or have you ever held an educational limited license in the State of Michigan? If yes, please give license number below. ☒ YES ☐ NO

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ELIGIBILITY

To be eligible to take USMLE Step 3, you must establish BOTH of the following:

a) That you have passed USMLE Step 1 and USMLE Step 2 and

b) That you have completed not less than six months of postgraduate clinical training in a program approved by the board.

INSTRUCTIONS TO APPLICANT

It is your responsibility to assure that the following two documents are provided to this office directly from their sources:

1) USMLE Step 1 and USMLE Step 2 examination scores from the Federation of State Medical Boards and

2) Certification of completion of at least six months postgraduate clinical training on the enclosed form from your Program Director.

CHS/LMD-200 (8/99)

Michigan Department of Consumer & Industry Services
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918
TTY (517) 373-7489

RECEIVED
OCT 19 2001
DEPT. OF C'S

CERTIFICATION OF POSTGRADUATE TRAINING

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Instructions: Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed directly to the board by the director of medical education where you completed your postgraduate training.

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle)	WU, JUSTINE PEEN
Street Address	[redacted]
City	
State	ZIP Code [redacted]
Social Security Number [redacted]	Date of Birth [redacted]

Signature of Applicant: Justine Wu	Date 10-17-01

Applicant: Upon completion of Section I, send this form to the director of your medical education for completion of Section II on the reverse side of this form.

THIS SIDE TO BE COMPLETED BY THE DIRECTOR OF MEDICAL EDUCATION

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on the reverse side of this form.

SECTION II - CERTIFICATION OF POSTGRADUATE TRAINING

Name of Hospital: UNIVERSITY OF MICHIGAN / Department of Family Medicine

Street Address of Hospital: 1500 E. Medical Center Dr., L2039, Ann Arbor, MI 48109-0239

City, State and ZIP Code: ANN ARBOR, MI

I certify that JUSTINE WU (Applicant's Name) a graduate of the NEW JERSEY medical school, has successfully completed 12 months postgraduate clinical training offered by the hospital named above from 7/01/2000 (Month/Day/Year) to 10/30/2001 (Month/Day/Year)

in the clinical area of FAMILY MEDICINE

Is this training program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, or by the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association? ☒ Yes ☐ No

John M. O'Brien
Signature of Director of Medical Education

10/18/01
Date of Signature

John M. O'BRIEN MD
Print or Type Name of Director of Medical Education

SEAL none

John M. O'Brien, M.D.
Program Director
Family Practice Residency
University of Michigan

If hospital has no seal, please indicate.

NOTE: Certification of 2 years postgraduate training will not be accepted if signed and submitted more than 15 days prior to actual completion.