

197182

Interview File Supplemental Report

5/7/02

HEDWIGE SAINT-LOUIS

Board Date	05/15/2002	License# MD.	00024672
Intended Location	BIRMINGHAM		
POB	NEW YORK CITY, NY USA		
Original License	USMLE	Date	12/01/1998

PreMed	U CENTRAL FL		
Medical	UNIV OF MIAMI SCHOOL OF MED		8/93-5/97
Residency	SAINT VINCENT'S HOSP & MED CTR		7/98-PRESENT

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 - Montgomery, Alabama 36101

RECEIVED
MAR 29 2002

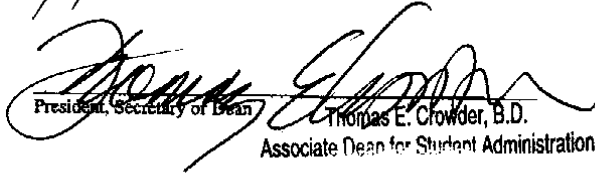
APPENDIX A
MEDICAL SCHOOL CERTIFICATION

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that HEDWIGE SAINT-LOUIS of FLORIDA
matriculated in MEDICINE at University of Miami from 8/93
to 5/97 and received a diploma from School of Medicine
conferring the degree of Doctor of Medicine on 5/9/97

MAR 29 2002

Date _____


President, Secretary of Dean Thomas E. Crowder, B.D.
Associate Dean for Student Administration

(SEAL)

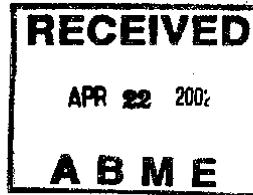
U miami Sch Med
8/68

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address, Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue - 36104



APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, Dr. John P. Kovlos, Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of Saint Vincents Hospital at New York certify that the records of this Hospital show that Dr. Hedwige Saint Louis has successfully completed *(1 year / 3 years) post graduate education training in this hospital extending from July 1 19 98 to June 30, ~~19~~ 2002
(circle one)

I further certify that in so far as the records reveal the said Dr. Hedwige Saint-Louis is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date 3/26/02

John P. Kovlos MD
Administrator of Hospital
Medical Education Director
Director of Residency Training

(SEAL OF HOSPITAL)

St. Vincent Catholic Med Ctr
JTB

* Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address, Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.



Saint Vincent
Catholic Medical Centers

www.svcmmc.org

The Academic
Medical Center of
New York Medical College
in New York City



March 26, 2002

State of Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, AL 36101-0946

MANHATTAN REGION
St. Vincent's Hospital
Manhattan
153 West 11 Street
New York, NY 10011
(212) 604-7000

To Whom It May Concern:

Dr. Hedwige Saint-Louis is currently a PGY-IV resident, in good standing, in the Department of Obstetrics and Gynecology at Saint Vincents Hospital and Medical Center of New York, New York Medical College. Her training will be completed June 2002.

Dr. Saint-Louis has been practicing without a state license under the auspices of Article 131, section #6526, which I am enclosing.

Sincerely,

John P. Koulos, M.D.
Ob/Gyn Residency Program Director
Saint Vincents Hospital of
New York Medical College

4. Fees. The fee for each limited permit and for each renewal shall be sixty dollars.

(Added L.1971, c. 987, § 2; amended L.1976, c. 77, § 6; L.1982, c. 133, § 9; L.1983, c. 15, § 159.)

Historical Note

1983 Amendment. Subd. 4. L.1983, c. 15, § 159, eff. Mar. 28, 1983, substituted "sixty dollars" for "thirty dollars".

1982 Amendment. Subd. 1, par. (1). L.1982, c. 133, § 9, eff. June 1, 1982, substituted "requirements for a license as a physician except those relating to the examination and citizenship or permanent residence in the United States" for "except the examination and citizenship requirements for a license as a physician".

1976 Amendment. Subd. 4. L.1976, c. 77, § 6, eff. Apr. 1, 1976, increased the fee from \$10 to \$30.

Effective Date. Section effective Sept. 1, 1971, pursuant to L.1971, c. 987, § 10; formerly § 9; renumbered 10, L.1971, c. 994, § 36.

Separability of Provisions of 1983 Amendment. See section 183 of L.1983, c. 15, set out as a note under Tax Law § 210.

New York Codes, Rules and Regulations

Limited permits, see 8 NYCRR 60.7.

Library References

Physicians and Surgeons § 5(4).
C.J.S. Physicians and Surgeons §§ 15, 23.

Notes of Decisions

1. Equivalent permits

For purposes of determining attending physician's negligence, physician's Education Council for Foreign Medical Graduates certificate was not equivalent of

limited permit enabling holder to practice medicine under supervision of licensed physician in lieu of license. *Ellenberger v. Pena*, 1982, 88 A.D.2d 373, 453 N.Y.S.2d 436.

§ 6526. Exempt persons

The following persons under the following limitations may practice medicine within the state without a license:

1. Any physician who is employed as a resident in a public hospital, provided such practice is limited to such hospital and is under the supervision of a licensed physician;
2. Any physician who is licensed in a bordering state and who resides near a border of this state, provided such practice is limited in this state to the vicinity of such border and provided such physician does not maintain an office or place to meet patients or receive calls within this state;
3. Any physician who is licensed in another state or country and who is meeting a physician licensed in this state, for purposes of

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1981 c. 49, § 9.

1979 c. 445. "receiv not to

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MEDICINE

Art. 131

4. Any physician who is licensed in another state or country, who is visiting a medical school or teaching hospital in this state to receive medical instruction for a period not to exceed six months or to conduct medical instruction, provided such practice is limited to such instruction and is under the supervision of a licensed physician;

5. Any physician who is authorized by a foreign government to practice in relation to its diplomatic, consular or maritime staffs, provided such practice is limited to such staffs;

6. Any commissioned medical officer who is serving in the United States armed forces or public health service or any physician who is employed in the United States Veterans Administration, provided such practice is limited to such service or employment;

7. Any intern who is employed by a hospital and who is a graduate of a medical school in the United States or Canada, provided such practice is limited to such hospital and is under the supervision of a licensed physician; or

8. Any medical student who is performing a clinical clerkship or similar function in a hospital and who is matriculated in a medical school which meets standards satisfactory to the department, provided such practice is limited to such clerkship or similar function in such hospital.

9. Any dentist or dental school graduate eligible for licensure in the state who administers anesthesia as part of a hospital residency program established for the purpose of training dentists in anesthesiology.

(Added L.1971, c. 987, § 2, amended L.1979, c. 445, § 1; L.1981, c. 49, § 1.)

Historical Note

1981 Amendment. Subd 9 L.1981, c. 49, § 1, eff. Apr. 6, 1981; added subd 9

1979 Amendment. Subd 4 L.1979, c. 445, § 1, eff. July 5, 1979; inserted "receive medical instruction for a period not to exceed six months or to"

Effective Date. Section effective Sept. 1, 1971, pursuant to L.1971, c. 987, § 10; formerly § 9; renumbered 10, L.1971, c. 994, § 36.

Derivation. Former section 6512 of the Education Law, L.1947, c. 820; amended L.1948, c. 438, § 1; L.1949, c. 637, §§ 69, 70; L.1950, c. 563, § 3; L.1951, c. 590, § 1; L.1952, c. 557, § 1; L.1953, c. 802, § 1; L.1954, c. 94, § 1; L.1954, c. 391, § 1; L.1956, c. 301, § 1; L.1956, c. 352, § 1; L.1960, c. 855, § 1; L.1961, c. 665, § 2; L.1961, c. 751, § 1; L.1964, c. 654, § 1; L.1966, c. 223, § 1; and repealed by L.1971, c. 987, § 1.

Cross References

Autopsies, right of medical students or interns to perform, see Public Health Law

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

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 05/06/2002

RECEIVED

MAY 7 2002

ABME

Alabama State Board of Medical Examiners
ATTN: Larry D. Dixon, Executive Director
P O Box 946
Montgomery, AL 36101-0946

Examinee: Saint-Louis, Hedwige
USMLE ID#: 4-059-577-9

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
	6/14/1995	PASS	212 (176)	85 (75)	
STEP2	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
	8/27/1996	PASS	189 (170)	79 (75)	
STEP3 State Board	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
CONNECTICUT	12/1/1998	PASS	194 (177)	80 (75)	

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.

Patent 5638874



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) 590-9700.

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) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

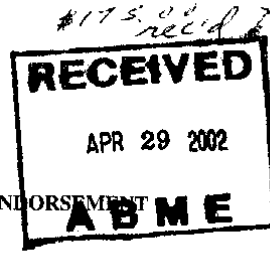
The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the 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".

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, AL 36101

848 Washington Avenue - 36104

(334) 242-4116



APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

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

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

1. Name in Full HEDWIGE SAINT-LOUIS

3. Place of Birth NEW YORK CITY NY USA

Sex F

Table with 20 rows of questions and two columns: YES and NO. Each row has a line for 'YES' and a line for 'NO' with a checkmark or 'X' indicating the answer.

"The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

21. Military Service, Branch N/A Dates

22. Place of Intended Residence in Alabama BIRMINGHAM

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

IV. ORIGINAL LICENSE (If Applicable)

Specialty(s) ~~GENERAL SURGERY 7/97-6/98~~ ~~Gynecology 7/98-6/08~~

- 8. From _____ to _____
- 7. From _____ to _____
- 6. From _____ to _____
- 5. From _____ to _____
- 4. From _____ to _____
- 3. From _____ to _____

1. From 7/1/97 to 6/30/98 ~~LEF MASTON-LITTLEBATH HOSPITAL CLINIC, ONE HOSPITAL BLVD, LAWRENCE, MA 01818~~
 2. From 7/1/98 to 6/30/02 ~~ST VINCENTS HOSPITAL MEDICAL CENTER / NEW YORK MEDICAL CENTER~~
 170 WILSON ST, NEW YORK, NY 10011

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

III. POST GRADUATE MEDICAL EDUCATION TRAINING

- 3. From _____ to _____
- 2. From _____ to _____
- 1. From 7/93 to 5/97 ~~LEF MIAMI~~
 P.O. Box 016960, Miami, FL 33101

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

II. MEDICAL EDUCATION

- 7. _____
- 6. _____
- 5. _____
- 4. _____
- 3. _____

2. ~~U. OF CENTRAL FLORIDA~~
 7/90 - 5/93 ~~BACHELOR OF SCIENCE IN PSYCHOLOGY~~
 1. ~~BOSTON UNIVERSITY~~
 7/1989 - 6/1990 N/A

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

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

016020

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

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

Place

Address

	From	to	Place	Address
1.			N/A	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

VI. HOSPITAL PRIVILEGES

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

Hospital

Address

	From	to	Hospital	Address
1.			N/A	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

VII. STATE LICENSURE
(If Applicable)

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

VIII. SPEX

- 1. Have you successfully completed a written licensing examination within the last ten years? YES NO _____
- 2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years? YES _____ NO

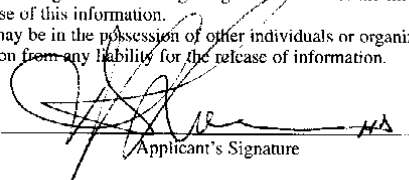
IX. AFFIDAVIT AND RELEASE

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

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

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

Date April 15th, 2002


Applicant's Signature

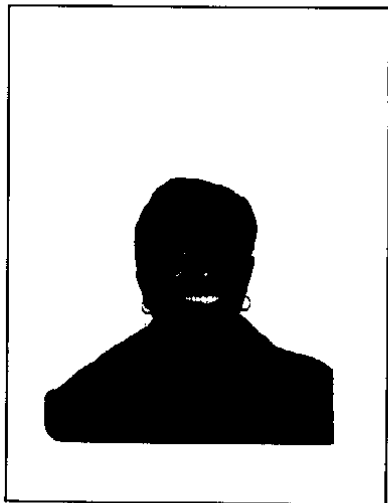
County of New York

State of New York

SWORN to and subscribed before me this 15th day of April, 2002

ALLA BORSEN
Notary Public, State of New York
No. 0180837708
Qualified in New York County
Commission Expires Feb. 22, 2006

Alla Borsen
Notary Public
My Commission Expires: 02-22-06





ALABAMA STATE BOARD OF MEDICAL EXAMINERS
JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
FAX: (334) 242-4155
E MAIL: jbaskin@albme.org

May 7, 2002

Hedwige Saint-Louis, M.D.

Dear Dr. Saint-Louis:

This will acknowledge receipt of your completed application for endorsement. Your application will be considered by the Board of Medical Examiners at its meeting on **May 15, 2002**.

If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this state. Enclosed please find an application for licensing by the Commission. **In order to expedite your application, please complete the enclosed form and return to this office with the required fee of \$75.** The Commission will meet on **May 22, 2002**.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Once you receive your Alabama license please complete the application, **to include your full name and correct address**, and return it with the required fee of \$100. In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. Also enclosed is information relative to the requirement of continuing medical education. If you have any questions or if this office can be of further assistance to you please contact us.

Sincerely,

Jackie Baskin
Director of Licensure

/jb

Encs.



Saint-Louis
✓

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
FAX: (334) 242-4155
E MAIL: jbaskin@albme.org

April 29, 2002

Hedwige Saint-Louis, M.D.

Dear Dr. Saint-Louis:

Your endorsement application was received in this office today. Before it can be considered by the Board, at its meeting 5/15/2002 the following items must be submitted by 4/25/2002. You will be notified once your application is complete.

- | | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Check for \$175 | <input type="checkbox"/> FLEX Scores (from Federation) |
| <input type="checkbox"/> Completion of Section I | <input type="checkbox"/> NBME Endorsement of Certification |
| <input type="checkbox"/> Completion of Section II | <input type="checkbox"/> NBOME Endorsement of Certification |
| <input type="checkbox"/> Completion of Section III | <input checked="" type="checkbox"/> ^{5/1} USMLE Scores |
| <input type="checkbox"/> Completion of Section IV | <input type="checkbox"/> SPEX Scores (from Federation) |
| <input type="checkbox"/> Completion of Section V | <input type="checkbox"/> LMCC Certification |
| <input type="checkbox"/> Completion of Section VI | <input type="checkbox"/> ECFMG Certification (from ECFMG) |
| <input type="checkbox"/> Completion of Section VII
We have not yet received
verification from the state(s)
of _____ | <input type="checkbox"/> Board Certification (from AMA/AOA
approved Specialty Board) |
| <input type="checkbox"/> Completion of Section VIII | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Appendix A (medical school) | <input type="checkbox"/> Report from Malpractice Carrier |
| <input type="checkbox"/> Appendix B (post graduate training) | <input type="checkbox"/> APHP Recommendation (see enclosed) |
| <input type="checkbox"/> Appendix C (original state board) | <input type="checkbox"/> Period Unaccounted For |

Sincerely,

Jackie Baskin



**ALABAMA BOARD OF MEDICAL EXAMINERS/MEDICAL LICENSURE COMMISSION
RECEIPT**

Receipt Number: 30073
Reference: 488
Staff: JBaskin

Date of Receipt: 04/29/2002
Total Amount: \$175.00

Received From(Individual)	GL Code GL Description	Amount
HEDWIGE SAINT-LOUIS	100-4101 License Application Fee	\$175.00