

**Interview File Report****11/28/2005****YASHICA LYNNETTE ROBINSON**

<b>Board Date</b>	12/14/2005	<b>License#</b>	MD.
<b>Intended Location</b>	BIRMINGHAM		
<b>POB</b>	TUSKEGEE, AL. USA		
<b>Original License</b>	USMLE/AL	<b>Date</b>	12/14/2005

<b>PreMed</b>	TALLADEGA COLLEGE		
<b>Medical</b>	MOREHOUSE SCHOOL OF MEDICINE		7/00-5/04
<b>Residency</b>	UASOM		7/04-6/05

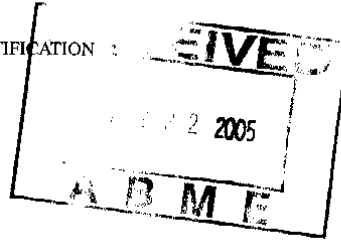
USMLE STEP 3 SCORE REPORT

NAME SS# DOB P 3 & 2 Repeat Test Report  
F Digit Score " DATE DATE

Robinson, Yashica Lynnette	256-33- 2809	03/29/1976	P	200	82			10/26/2005	11/16/2005
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ALABAMA BOARD OF MEDICAL EXAMINERS  
P.O. Box 946 — Montgomery, Alabama 36101

APPENDIX A  
MEDICAL SCHOOL CERTIFICATION :



CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Yashica L. Robinson of Atlanta, GA  
matriculated in the MD Program at Morehouse Sch of Med from July 10, 2000  
to May 14, 2004 and received a diploma from Morehouse School of Medicine  
conferring the degree of Doctor of Medicine on May 15, 2004

Date August 18, 2005

Karen J. Lewis, Registrar  
President, Secretary or Dean

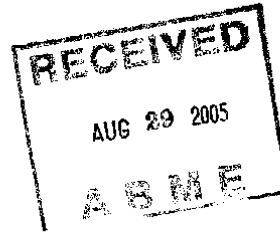
Morehouse Sch Med  
JLL

(SEAL)

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



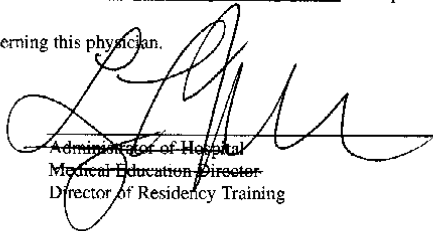
APPENDIX B  
POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, Larry C. Kilgore, MD, ~~Administrator, Medical Education Director or Director of Residency Training Program~~ (indicate which one) of University of Alabama Med. Hospital at Birmingham certify that the records of this Hospital show that Yashica L. Robinson has successfully completed 1 year / 3 years) post graduate education training in this hospital extending from 7/1 20 04 to 6/30 20 05.

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

Date 8/1/05

  
~~Administrator of Hospital  
Medical Education Director  
Director of Residency Training~~

(SEAL OF HOSPITAL)



WASHINGTON  
8/26/05

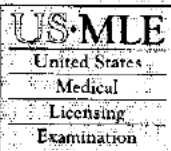
\*Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

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

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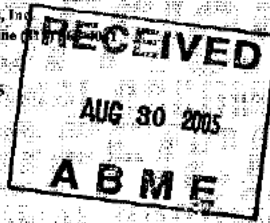
Rev. 9/02



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, PO Box 519850, Dallas, TX 75261-9850 -- Telephone 972-355-2400

Date: 08/29/2005



**Recipient:**

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

Examinee ID#: S-104-578-9

Examinee: Robinson, Yashica  
Alt Name(s): Robinson, Yashica Lynette

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

### USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/27/2002	Pass	233	182	94	75	

### USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
10/02/2003	Pass	227	182	92	75	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



CDS

vs. 01.02

18074378

Page 1 of 1

Patent 5656874

ToughSafe®

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

### Authenticity of USMLE Transcripts

An original, certified transcript of United States Medical Licensing Examination results 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 Tamper-Safe 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 RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 260. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

### STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic CS updates, available at the USMLE website ([www.usmle.org](http://www.usmle.org)).

### 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.

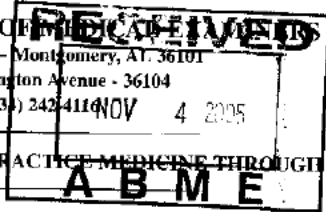
### ANNOTATIONS APPEARING AS "NOTE"

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 Data Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".

ALABAMA BOARD OF MEDICAL EXAMINERS  
 P.O. Box 946 — Montgomery, AL 36101  
 848 Washington Avenue - 36104  
 (334) 242-4116



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 RECEIVED  
 AUG 22 2005  
 ABME

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH EXAMINATION

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 YASHICA LYRIANETTE ROBINSON  
 2. Address \_\_\_\_\_  
 3. Place of Birth Tuskegee City \_\_\_\_\_ Date of Birth \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Sex F

	YES	NO
4. Have you ever been convicted of a felony?	_____	<u>X</u>
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?	_____	<u>X</u>
6. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?	_____	<u>X</u>
7. Have you ever been denied a state or federal controlled substance certificate?	_____	<u>X</u>
8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	<u>X</u>
9. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	<u>X</u>
10. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	<u>X</u>
11. To your knowledge, have you ever been or are you now, the subject of an investigation?	_____	<u>X</u>
12. Have you previously taken any written licensing examination in this or any other state? If yes, please list the examination(s) and the date(s) taken on a separate sheet of paper.	_____	<u>X</u>
13. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	<u>X</u>
14. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	_____	<u>X</u>
15. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	<u>X</u>
16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	<u>X</u>
17. Are you currently engaged in the illegal use of controlled dangerous substances?	_____	<u>X</u>
18. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	_____	<u>X</u>
19. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	_____	<u>X</u>
20. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____	<u>X</u>

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 DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

21. Military Service, Branch N/A Dates N/A  
 22. Place of Intended Residence in Alabama BIRMINGHAM, AL

Specialty(s) Obstetrics and Gynecology

8. From \_\_\_\_\_ to \_\_\_\_\_

7. From \_\_\_\_\_ to \_\_\_\_\_

6. From \_\_\_\_\_ to \_\_\_\_\_

5. From \_\_\_\_\_ to \_\_\_\_\_

4. From \_\_\_\_\_ to \_\_\_\_\_

3. From \_\_\_\_\_ to \_\_\_\_\_

2. From \_\_\_\_\_ to \_\_\_\_\_

1. From 6/2004 to Present University of Alabama Hosp - Birmingham  
619 19th Street S DRG 340  
Birmingham AL 35244

Address Hospital/Institution

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 7/2000 to 5/2004 720 Westview Drive  
Atlanta, GA 30038  
Morehouse School of Medicine

Address Name of School

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

II. MEDICAL EDUCATION

7. \_\_\_\_\_

6. Talladega College  
1994-1998  
Bachelor of Art

5. Southside High School  
1992-1994  
high school diploma

4. Notasuga High School  
1991-1992  
none

3. Columbia High School  
1989-1991  
none

2. Snappinger Elementary  
1985-1989  
N/A

1. Wadswoth Elementary  
1981-1985  
N/A

Name of School Dates Attended Degree Conferred

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

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

011040



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

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

	Place	Address
1. From <u>None</u>	_____	_____
2. From _____ to _____	_____	_____
3. From _____ to _____	_____	_____
4. From _____ to _____	_____	_____
5. From _____ to _____	_____	_____
6. From _____ to _____	_____	_____
7. From _____ to _____	_____	_____
8. From _____ to _____	_____	_____
9. From _____ to _____	_____	_____
10. From _____ to _____	_____	_____

**V. HOSPITAL PRIVILEGES**

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

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

VI. 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.

N/A

VII. AFFIDAVIT AND RELEASE

I, Yashica L. Robinson, 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 Aug. 19, 2005

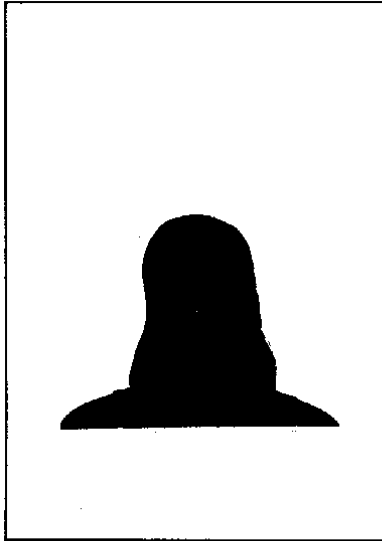
Yashica L. Robinson  
Applicant's Signature

County of Jefferson

State of Alabama

SWORN to and subscribed before me this 19 day of August, 19 2005

Jacqueline M. James  
Notary Public  
My Commission Expires: 2/19/06



November 16, 2005

Yashica Lynnette Robinson, M.D.

Dear Dr. Robinson:

Congratulations! You have passed the Step 3 USMLE Examination. Your scores are being sent directly to you by USMLE.

Your application for licensure will be considered by the Board of Medical Examiners at its meeting on December 14, 2005. Your application will then be processed for consideration by the Medical Licensure Commission on December 15, 2005. In order to expedite your licensure by the Medical Licensure Commission, please complete the enclosed form as soon as possible and return it to the Medical Licensure Commission, PO Box 887, Montgomery, AL 36101-0887, with the \$75.00 fee.

Also, we have enclosed your application for an Alabama Controlled Substances Certificate. If you wish to dispense or prescribe controlled substances in Alabama, complete this application and return it to us with a check for \$110.00. In Alabama you are required to possess and ACSC (State) and a DEA (Federal) 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,  
AL BOARD OF MEDICAL EXAMINERS

Larry D. Dixon

LDD/as  
Enclosures

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August 30, 2005

Yashica Lvnnette Robinson, M.D.

Dear Dr. Robinson:

This will acknowledge receipt of your completed application for examination in our office. Your USMLE Step 3 application has been forwarded to the Federation of State Medical Boards and they will be in contact with you for further instructions on scheduling the Step 3 exam.

If this office can be of any further assistance, please do not hesitate to contact us.

Sincerely,  
ALABAMA BOARD OF MEDICAL EXAMINERS

Anne Shiver

/as

---



*Robinson*  
*Step 3*

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

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

TELEPHONE  
(334) 242-4116  
E Mail: [jbaskin@albme.org](mailto:jbaskin@albme.org)

August 22, 2005

Yachina Lunnette Robinson M.D.

Dear Dr. Robinson:

Your examination application was received in this office today. Before being eligible to take the USMLE Step 3 Examination, the following items must be submitted. Upon completion of your application you will be sent further information relative to the USMLE Exam.

- |  |  |
|--|--|
| <input type="checkbox"/> Check for \$625 (made payable to FSMB)  | <input type="checkbox"/> FLEX Scores (from Federation)             |
| <input checked="" type="checkbox"/> Completion of Section I  | <input type="checkbox"/> NBME Scores (from NBME)                   |
| <input type="checkbox"/> Completion of Section II  | <input checked="" type="checkbox"/> USMLE Scores (from Federation) |
| <input type="checkbox"/> Completion of Section III   | <input type="checkbox"/> ECFMG Certification (from ECFMG)          |
| <input type="checkbox"/> Completion of Section IV  | <input type="checkbox"/> USMLE Application                         |
| <input type="checkbox"/> Completion of Section V   | <input type="checkbox"/> Photograph                                |
| <input type="checkbox"/> Completion of Section VI  | <input type="checkbox"/> APHP Recommendation                       |
| <input type="checkbox"/> Completion of Section VII<br>We have not yet received<br>verification from the state(s)<br>of _____ | <input type="checkbox"/> Period unaccounted for                    |
| <input type="checkbox"/> Completion of Section VIII  |  |
| <input type="checkbox"/> Appendix A (medical school)   |  |
| <input checked="" type="checkbox"/> Appendix B (post graduate training)  |  |

Sincerely,

Jackie Baskin

*8/29*



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

**Receipt Number:** 109683  
**Reference:** THE KIRKLIN CLINIC: 287842  
**Staff:** JBaskin

**Date of Receipt:** 08/22/2005  
**Total Amount:** \$175.00

<b>Received From(Individual)</b>	<b>GL Code GL Description</b>	<b>Amount</b>
YASHICA LYNNETTE ROBINSON	100-4101 License Application Fee	\$175.00