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**The New Mexico Statewide Application  
for Physician/Practitioner Appointment®  
Physician (MD) Application**

JUN 13 2011

Date of Application: 6/5/11

Application Fee: 400.00  
Background Check Fee: 36.00  
TOTAL COST: \$ 436.00

**Demographics**

<b>Name</b>	<i>Hooper</i> Last	<i>Joanna</i> First	<i>Jane</i> Middle
<b>Other Names Used</b>			

Will you be applying by endorsement Yes  No   
(See page 2 of the application instructions for requirements)

<b>Gender</b>	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	<b>Place of Birth</b>	<i>La Crosse, WI</i>		<b>Citizenship</b>	<i>USA</i>
<b>Immigration Status</b>			<b>INS Certification #</b>			
<b>*Social Security Number</b>	[REDACTED]		<b>Date of Birth</b>	<i>1974</i>		
<b>*NM Tax ID# (if applicable)</b>			Pending	<input type="checkbox"/>		
<b>*Fed. Tax ID# (if applicable)</b>			Pending	<input type="checkbox"/>		
<b>Current Practice Name</b>	<i>Providence Milwaukee Family Medicine Residency</i>					
<b>Practice Limited to: (Clinical Specialty)</b>	<i>Family Medicine</i>					
<b>Street</b>	<i>10150 SE 32nd Ave</i>					
<b>City</b>	<i>Milwaukee</i>	<b>State</b>	<i>OR</i>	<b>Zip Code</b>	<i>97222</i>	
<b>Telephone Number</b>	<i>503-513-8919</i>	<b>Facsimile</b>	<i>503-513-8953</i>			
<b>*Office Manager or Contact Person:</b>	<i>Mike Holt</i>					
<b>Foreign Languages (spoken fluently by practitioner)</b>	<i>Spanish</i>					
<b>Foreign Languages (spoken fluently at Practice)</b>	<i>Spanish</i>					
<b>*E-Mail Address (confidential)</b>	[REDACTED] .com					
<b>*Current Mailing Address (if different from above -confidential unless no practice address indicated)</b>						
<b>*Street</b>	[REDACTED]					
<b>*City</b>	[REDACTED]				<b>*Zip Code</b>	<i>97202</i>
<b>Telephone</b>	[REDACTED]					
<b>What are your immediate or future Practice Plans in New Mexico?</b>	<i>I have accepted a position with the University of New Mexico that should start 9/1/2011 (in Albuquerque)</i>					
<b>Home Address (Required)</b>	*Telephone Number [REDACTED]					
<b>Street</b>	[REDACTED]					
<b>*City</b>	[REDACTED]				<b>*Zip</b>	<i>97202</i>

*HOME* →

Practice Associates in NM (If Applicable)		Call Coverage in NM (If Applicable)	
Other Practice Locations (If Applicable)			
Practice Name			
Street			
City		State	Zip Code
Telephone Number		Facsimile	
Answering Service		Effective Date	

JUN 13 2011

**Education** (Please attach a separate sheet, if necessary.)

<b>Undergraduate Education</b>			
College or University			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Graduation Date
College or University			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Graduation Date
<b>Professional / Medical Education</b>			
College or University			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Graduation Date
College or University			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Graduation Date
<b>Graduate Education</b>			
College or University			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Graduation Date
College or University			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Graduation Date
<b>Internship/ Residency/ Fellowship</b>			
Institution Name			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Field
Institution Name			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Field
Institution Name			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Field
Institution Name			
City	State/Country	Zip Code:	
Dates Attended	From:	To:	Field

Applicant Name Joanna Hooper Date 6/7/11  
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**Work History** Please list all previous practice experience for the last 15 years, **including military or government service**, listing the most recent first. If military service, state type of discharge and rank achieved **and attach copy of discharge or separation documents**. Attach separate page, if necessary. Please provide written explanation for any gaps in work history of 6 months or more.

<b>Location</b>	From	To
Street	Phone Number	
City	State	Zip Code
Type of Practice	Contact Person	
Type of Discharge	Rank Achieved	
<b>Location</b>	From	To
Street	Phone Number	
City	State	Zip Code
Type of Practice	Contact Person	
Type of Discharge	Rank Achieved	
<b>Location</b>	From	To
Street	Phone Number	
City	State	Zip Code
Type of Practice	Contact Person	
Type of Discharge	Rank Achieved	
<b>Location</b>	From	To
Street	Phone Number	
City	State	Zip Code
Type of Practice	Contact Person	
Type of Discharge	Rank Achieved	
<b>Location</b>	From	To
Street	Phone Number	
City	State	Zip Code
Type of Practice	Contact Person	
Type of Discharge	Rank Achieved	

**Hospital and Health Facility Affiliation History** (other than postgraduate training)  N/A

Please list hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years. If an institution is no longer in existence, please provide an alternative source of verification. Use separate page, if necessary. **Providers who do NOT have admitting privileges, please explain your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included with this application.**

<b>(1) Current Primary Admitting Facility (Hospital Name)</b>			
Street			
City	State	Zip Code	
Telephone Number	Facsimile		
Appointment Dates	From:	To:	
Type of Appointment			
Privileges Assigned			
<b>(2) Facility Name</b>			
Street			
City	State	Zip Code	
Telephone Number	Facsimile		
Appointment Dates	From:	To:	
Type of Appointment			
Privileges Assigned			
<b>(3) Facility Name</b>			
Street			
City	State	Zip Code	
Telephone Number	Facsimile		
Appointment Dates	From:	To:	
Type of Appointment			
Privileges Assigned			

Applicant Name Joanna Horger Date 6/7/11  
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<b>(4) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From:		To:
Type of Appointment				
Privileges Assigned				
<b>(5) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From:		To:
Type of Appointment				
Privileges Assigned				
<b>(6) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From:		To:
Type of Appointment				
Privileges Assigned				
<b>(7) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From:		To:
Type of Appointment				
Privileges Assigned				
<b>(8) Facility Name</b>				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From:		To:
Type of Appointment				
Privileges Assigned				

**Professional References** Please list three professional peers familiar with your professional performance in the past 5 years, (not including current or impending partners or associates in practice).

<b>(1) Name and Title</b>				
William Gillanders MD, Program Director				
Address 10150 SE 32 <sup>nd</sup> Ave				
City		State		Zip Code
Milwaukie		OR		97222
Telephone Number			Facsimile	
503-513-8919			503-513-8953	
<b>(2) Name and Title</b>				
Thomas Schwartz MD, Medical Director of SE Clinic + Assoc Hospital Director				
Address 4104 SE 82 <sup>nd</sup> Avenue Ste 250				
City		State		Zip Code
Portland				97266
Telephone Number			Facsimile	
503-215-9850			503-215-9855	
<b>(3) Name and Title</b>				
Robert Gobbo MD, Director of Obstetrics for Residency				
Address 4104 SE 82 <sup>nd</sup> Avenue Ste 250				
City		State		Zip Code
Portland		OR		97266
Telephone Number			Facsimile	
503-215-9850			503-215-9855	

Applicant Name Joanna Hoyer Date 6/7/11  
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### Licensure-Registration-Certification Information

ECFMG Number (if applicable)				
State Professional License/Certification Number				
State	Issue Date	Expiration Date	Pending <input type="checkbox"/>	
All Other State License Numbers (regardless of status - attach separate list if necessary.)				
State	Number	Issue Year	Expiration Date	
OR	PG151693	7/1/2010	6/30/2011	
OR	LL18261	<del>6/30/2010</del> 7/1/2009	6/30/2010	
OR	LL17908	6/23/2008	6/30/2009	
*Federal Drug Enforcement Admin. (DEA) Registration				N/A <input type="checkbox"/>
Number	Exp. Date	Pending <input type="checkbox"/>		
*State Controlled Substance Registration (CSR)				N/A <input type="checkbox"/>
Number	State	Exp. Date	Pending <input type="checkbox"/>	
*Medicare Unique Physician Identification Number (UPIN)				
Pending <input type="checkbox"/>				
*State Medicaid Provider Number				
Pending <input type="checkbox"/>				JUN 13 2011
*National Provider Identification Number				
Pending <input type="checkbox"/>				1275780140

*Training*

### Specialty Board Certifications N/A

Are you Board Certified?  Yes  No **Note:** If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet. - *Please see explanation*

Certified/Recertified by the:			
1.	Date Certified	Date Last Recertified	Expiration Date
2.	Date Certified	Date Last Recertified	Expiration Date
3.	Date Certified	Date Last Recertified	Expiration Date
Accepted for Examination by the:			
Until (expiration date)	If not accepted, have you made application?		Yes No
Certified/Recertified by the Subspecialty Board of			
1.	Date Certified	Date Last Recertified	Expiration Date
2.	Date Certified	Date Last Recertified	Expiration Date
Accepted for Examination by the Subspecialty Board of			

### Professional Liability Insurance (confidential information)

Do you have current liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Current Carrier	Providence Health and Services		Current <input checked="" type="checkbox"/> Pending <input type="checkbox"/>
Address	1801 Lind Avenue SW #9016, Renton WA 98057-9016		
Dates Insured	From 6/23/2008	To 6/30/2011	Policy # Self insured
Coverage Limits		[REDACTED]	
Phone # 425-525-3395		Fax # 425-525-3811	

Applicant Name Joanna Hooper Date 6/7/11

6/7/2011

I am not currently board certified because I am just graduating from a Family Medicine Residency Program and will sit for the boards 12/2011.

James F. Hayes

CEM

JUN 13 2011

COLL BC



<p>15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? <b>If yes, please provide the following information on the attached Malpractice History form for each case:</b></p> <ul style="list-style-type: none"> <li>• Name, age, sex of patient/claimant.</li> <li>• Date(s) and type of treatment and/or surgery, which led to the allegations against you.</li> <li>• Nature of allegations in claims/suits. Specify whether a suit was ever filed.</li> <li>• Names of other practitioners and hospital, if any, involved in claims or suit.</li> <li>• Disposition or current status of claim or suit (be specific).</li> <li>• Name of insurance carrier defending you.</li> <li>• Name of defense attorney.</li> </ul>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
16. Have you ever been reported to the National Practitioner Data Bank?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? <b>If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment.</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>19. Have you ever, for any reason:</p> <p>a) Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b) Withdrawn from a medical school or postgraduate training program?</p> <p>c) Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e) Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>

**If you answer YES to any question, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.**

RECEIVED

JUN 13 2011

NEW MEXICO MEDICAL BOARD

Applicant Name           *Johanna Hoyer*           Date           *6/5/11*            
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**APPLICANT'S OATH**

I, Joanna Jane Hooper, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



Joanna J. Hooper  
Applicant Signature

6/5/11  
Date

RECEIVED  
JUN 13 2011  
MEDICAL

\*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name Joanna Hooper  
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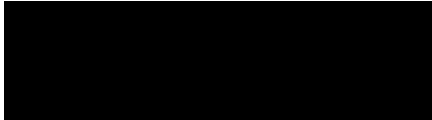
Date 6/5/11



**AMA Physician Profile**

**Name and Mailing Address:**

JOANNA JANE HOOPER MD



**Primary Office Address:**

STE 250  
4104 SE 82ND AVE  
PORTLAND OR 97266-2954

Phone: 1-503-215-9850

Birthdate: [REDACTED]/1974

Birthplace: LA CROSSE, WI UNITED STATES OF AMERICA

**Physician's Major Professional Activity:** HOSPITAL BASED RESIDENTS - ALL YEARS

**Practice Specialties Self Designated by the Physician\*:**

**Primary Specialty:** FAMILY MEDICINE

**Secondary Specialty:**

*\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership:** NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

**Current and/or Historical Medical School:**

UNIV OF NM SCH OF MED, ALBUQUERQUE NM 87131

**Degree Awarded:** Yes

**Degree Year:** 2008



**AMA Physician Profile**

**Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):**

*Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".*

**Institution:** PROVIDENCE HLTH SYS - PORTLAND SERV AREA  
**Specialty :** FAMILY MEDICINE

**State:** OREGON  
 06/2008 - 06/2011  
 (VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

**Current and/or Historical Medical Licensure:**

<u>Jurisdiction</u>	<u>MD/DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
OREGON	MD	07/01/2010	06/30/2011	ACTIVE	LIMITED	04/18/2011
OREGON	MD	07/01/2009	06/30/2010	INACTIVE	LIMITED	07/20/2010
OREGON	MD	06/23/2008	06/30/2009	INACTIVE	RESIDENT	07/16/2009

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

**Current and/or Historical NPI Information:**

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1275780140	08/22/2008	NOT RPTD	NOT RPTD	NOT RPTD	06/03/2011

**ECFMG Certification:**

**Applicant Number:**

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



**AMA Physician Profile**

**Federal Drug Enforcement Administration:**

*\* Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		
Address:			

**Note:** Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

**Specialty Board Certification(s)\*:**

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

**Certifying Board:** TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

**Certificate:**

**Certificate Type:**

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
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**Note:** For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

**\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.**

**Medicare/Medicaid Sanction(s):**

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.



## AMA Physician Profile

### **Other Federal Sanction(s):**

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

### **Additional Information:**

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60654  
800- 665-2882  
312 464-5900 (fax)

**If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.**

**The Federation of State Medical Boards  
of the United States, Inc**  
PO Box 619850  
Dallas, Texas 75261-9850  
Telephone: (817)868-4000  
FAX (817)868-4099

**BOARD ACTION CLEARANCE REPORT**

June 15, 2011

Attn: Lynn S. Hart  
New Mexico Medical Board  
Lynn S. Hart  
2055 S. Pacheco St, Ste 400  
Santa Fe, NM 87505-0503

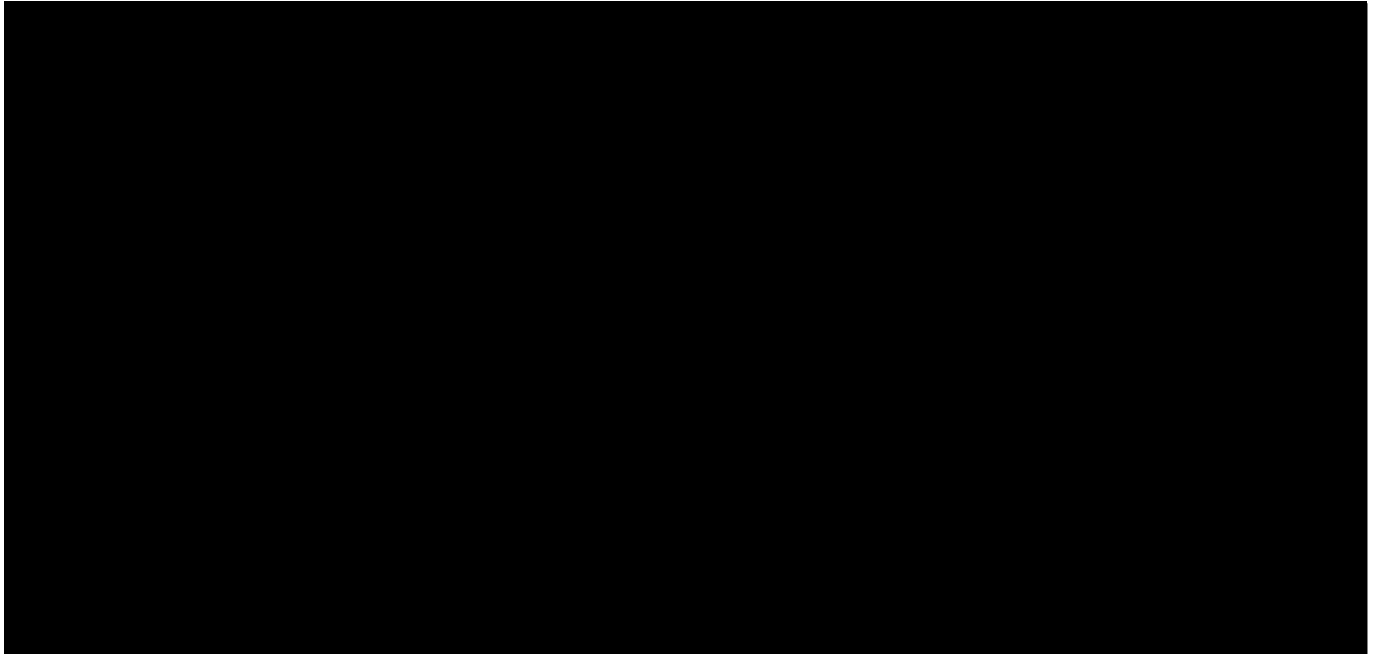
Re: Board Action Query Dated: June 15, 2011  
Your Reference Number:  
FSMB Batch Number: BQ1923949

The following is a report of the search results from the Board Action Data Bank as of June 15, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of June 15, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
1	Hooper, Joanna Jane	[REDACTED] 1974	032010	2008	23860295

**LICENSE HISTORY**  
State Board  
OREGON



PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Joanna Jane Hooper, MD

Licensed Physician #MD2011-0528

Issue Date  
06/28/2011

Expiration Date  
07/01/2014

Signature of Holder

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board**  
Triennial Renewal Certificate

This is to certify that

**Joanna Jane Hooper, MD**

License Number: MD2011-0528

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 06/28/2011    Date Expires: 07/01/2014\*

*\*A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

~~This License Must Be Conspicuously Posted In Each Practice Location~~



**AIM**

Association of State Medical Board Executive Directors

**Oregon Medical Board Search Results**

License Number	PG151693
License Type	MD Postgraduate Lice
Dispensing	No
License Status	Active
Status Limitations	Temporary Limited Practice
License Expiration Date	06/30/2011
License Reciprocity	NM
Name	Dr. Joanna Jane Hooper MD
Gender	Female
Address	Providence Milwaukie Hospital
Address	10150 SE 32nd Ave
City	Portland
State	OR 97222
Country	United States
Issue Date	07/01/2010
Reported Specialty	Family Medicine
Year of Birth	1974
School	U/NM
School Location	Albuquerque, NM, United States
School Graduation Date	05/12/2008
Basis of Licensure	USMLE
License Status2	Unrestricted
Additional Information	<a href="#">Click for more information on this licensee</a>

**Please read the [OMB Disclaimer](#)  
[Oregon Medical Board Homepage](#)**

**Direct questions and comments about these results via  
[E-Mail](#) or you may call us at 971-673-2700 from 1:00 p.m. to 4:30p.m. Pacific Time**

This Board's data has been searched 10480466 times since 02/04/1999

**Please read the [AIM Disclaimer](#)**

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**AIM**

Association of State Medical Board Executive Directors

**Oregon Medical Board Search Results**

License Number	LL18261
License Type	MD Postgraduate Lice
Dispensing	No
<u>License Status</u>	Expired
<u>Status Limitations</u>	Temporary Limited Practice
License Expiration Date	06/30/2010
License Reciprocity	NM
<u>Name</u>	Dr. Joanna Jane Hooper MD
Gender	Female
Address	Providence Milwaukie Hospital
Address	10150 SE 32nd Ave
City	Portland
State	OR 97222
Country	United States
Issue Date	07/01/2009
<u>Reported Specialty</u>	Family Medicine
Year of Birth	1974
School	U/NM
School Location	Albuquerque, NM, United States
School Graduation Date	05/12/2008
Basis of Licensure	USMLE
License Status2	Unrestricted
Additional Information	<a href="#">Click for more information on this licensee</a>

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[Oregon Medical Board Homepage](#)**

**Direct questions and comments about these results via  
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**AIM**

Association of State Medical Board Executive Directors

**Oregon Medical Board Search Results**

License Number	LL17908
License Type	MD Postgraduate Lice
Dispensing	No
License Status	Expired
Status Limitations	Temporary Limited Practice
License Expiration Date	06/30/2009
License Reciprocity	NM
Name	Dr. Joanna Jane Hooper MD
Gender	Female
Address	Providence Milwaukie Hospital
Address	10150 SE 32nd Ave
City	Portland
State	OR 97222
Country	United States
Issue Date	06/23/2008
Reported Specialty	Family Medicine
Year of Birth	1974
School	U/NM
School Location	Albuquerque, NM, United States
School Graduation Date	05/12/2008
Basis of Licensure	USMLE
License Status2	Unrestricted
Additional Information	<a href="#">Click for more information on this licensee</a>

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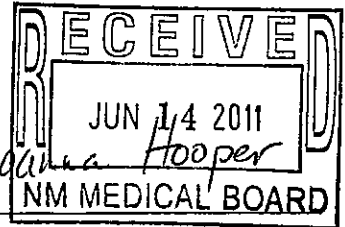
**[E-Mail](#) or you may call us at 971-673-2700 from 1:00 p.m. to 4:30p.m. Pacific Time**

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New Mexico Medical Board  
2055 S. Pacheco St.  
Building 400  
Santa Fe, NM 87505  
(505) 476-7220



**MEDICAL EDUCATION VERIFICATION**

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

**Waiver for Release of Information**

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

Applicant's Signature: Joanna J Hooper Date of Birth 11/19/74  
Print or Type Name: Joanna Jane Hooper Soc Sec # [REDACTED]  
Other Name(s) \_\_\_\_\_  
Name of Medical School: University of New Mexico School of Medicine  
Address: 915 CAMINO DE SALUD NE City Albuquerque State NM Country 87131  
MSC 08 H700 FMSB ROOM 107

**DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:**

Please complete this form and forward it DIRECTLY to NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Please include dean's letter (if available) and a COPY OF THE OFFICIAL TRANSCRIPT (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations).

**APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY**

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

**Enrollment and Participation:** Our records indicate that

(type or print the applicant's name): HOOPER (Last Name) JOANNA (First Name) J. (MI)

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

ATTENDANCE DATES:	FROM	TO	FROM	TO
	<u>8/2/2004</u>	<u>6/30/2005</u>	<u>7/1/2007</u>	<u>5/17/2008</u>
	<u>7/1/2005</u>	<u>6/30/2006</u>	<u>   /   /   </u>	<u>   /   /   </u>
	<u>7/1/2006</u>	<u>6/30/2007</u>	<u>   /   /   </u>	<u>   /   /   </u>

The applicant attended 192 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check One  Was awarded a degree in DOCTOR OF MEDICINE on 5/17/2008  
mm dd yr  
 Was NOT awarded degree. Please explain reasons(s): \_\_\_\_\_

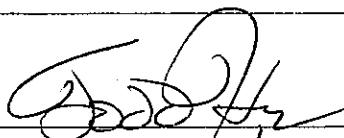
**Unusual Circumstances:** The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. *All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.*

- 1. Did the applicant take any leaves of absence or breaks from his/her medical education?     \_\_\_ Yes     No
- 2. Was the applicant ever placed on probation?   \_\_\_ Yes     No
- 3. Was the applicant ever disciplined or under investigation?                                 \_\_\_ Yes     No
- 4. Were any negative reports ever filed by instructors regarding the applicant ?             \_\_\_ Yes     No

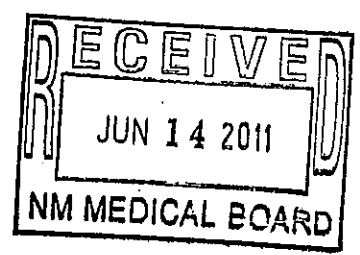
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIX INSTITUTIONAL SEAL HERE**

International medical schools **must** attach a copy of the medical school diploma and a transcript or provide and explanation.

Signature:   
Print Name: TODD LYNSON  
Title: STUDENT ENROLLMENT DIRECTOR  
Date: 6/10/11

**This form *will not be accepted* unless it is stamped with the institutional seal.  
Thank you for helping us process this application for licensure.**





THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

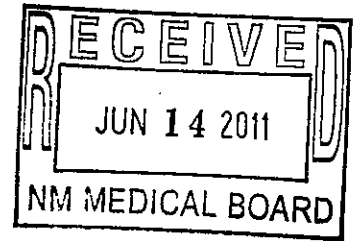
Office of Student Services

**Medical Student Performance Evaluation**

for

Joanna Hooper

November 1, 2007



**Identifying information**

Joanna Hooper is a fourth-year student at The University of New Mexico School of Medicine in Albuquerque, New Mexico.

**Academic History**

Date of expected graduation ..... May 12, 2008  
Date of initial matriculation ..... August 2, 2004

- Was this student required to repeat/remediate coursework.....No
- Was the student the recipient of any adverse action(s) .....No
- Explain extensions, leaves, gaps, breaks.....N/A

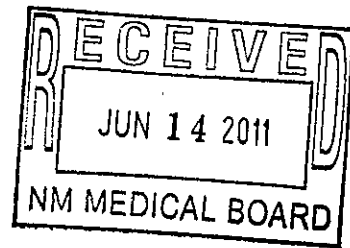
**Academic progress**

Preclinical/basic science curriculum: At the completion of the preclinical (Phase I) of the curriculum, this student was ranked #60 in the class of 77 students.

USMLE Step 1: 204

Core clinical clerkships and elective rotations (Phases II and III): At the completion of Phase II of the curriculum, this student was ranked #54 in a cohort of 76 students.

The following narratives are edited for length, not content. Students are graded on a 4 point scale: Outstanding, good, satisfactory, unsatisfactory.



*Internal Medicine: Grade: Satisfactory*

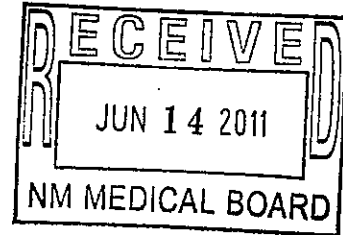
Joanna is very professional. She is punctual, honest and mature. She impressed the team by having appropriate discussions with families and patients regarding their medical problems. Reporting: Joanna collected accurate data and made a good effort daily. The team felt she presented more effectively when she used note cards of her own making versus reading from her printed progress notes. She progressed very quickly since the beginning of the rotation, especially with oral presentations. Very efficient in data gathering. Very "pro-active" about double-checking results (e.g. lab test and consultant reports), and ensures that orders for nursing, PT, etc. have been carried out as intended. She should focus on organizing her data collection skills by making a list of tests results that need to be followed up on the evening prior to rounds. Joanna is able to recognize normal and abnormal results and interpret her patients' clinical and laboratory data. She prioritizes her differential diagnoses well. She is also good at recognizing the primary medical issues affecting her patients. The team feels that she should focus on also addressing the secondary medical issues. Joanna is beginning to develop management plans although she does not do this consistently. Joanna independently researched clinical issues relevant to her patients and was always enthusiastic about learning. She develops differential diagnoses easily and rationally, uses sophisticated methods to synthesize patient data. Her questions about patients indicate she is thinking at a very sophisticated level about clinical issues. Enthusiastic reader and self educator. Performs literature searches independently. Effectively applies published data to clinical scenarios.

*Obstetrics and Gynecology Clerkship: Grade: Good*

Joanna was described as an excellent reporter with a great start on interpreting. She records observations succinctly and focuses well on relevant patient information. She is improving in time management and getting quicker writing her notes. Joanna's skill in obtaining a directed history helped her to develop a start on differential diagnosis. She is doing a good job with interpreting and can manage simple problems. Joanna's notes were well organized and clear. She has a good knowledge base and reads about her patients. Joanna interacted well with patients. She puts patients at ease and did a good job with pelvic exams. Both patients and residents were very comfortable with her. Joanna was described as a go getter, professional in all aspects of her work. She did the best and most gentle pelvic exams of all the medical students! She was mature and motivated and was empathic with patients. Joanna was a great team player who did an excellent job on the rotation.

*Pediatrics Clerkship: Grade: Good*

Throughout the Pediatric Clerkship, Joanna was noted to be mature and hard working. She was described as having a good bedside manner and often stayed late to help her team. She has successfully accomplished reporting accurately and her differential diagnosis list is above and beyond her level of training. She is functioning at the level of a sub-intern, which is evidence of her efforts towards self education. Major student strengths: Highly professional, organized, analytical and eager to learn.



*Neurology Clerkship: Grade: Satisfactory*

Joanna helped obtain patients' histories and did an examination. She did this well. Joanna does a good exam. Joanna has shown interest in her integral approach to patient care. She'll become a terrific doctor. Participated in patient discussion & took excellent care of patients."

*Psychiatry Clerkship: Grade: Good*

Always arrived on time, ready to work with patients. Was well prepared for all clinical encounters and team meetings. Professional demeanor on ward at all times. Good rapport and relationships with the patients. Reliable, trustworthy and responsible. Completed obligations and assignments in a timely manner. Ms. Hooper collects relevant and reliable patient data. Always up-to-date and established good family contact. Ms. Hooper was adept at recognizing information gaps and was able to retrieve it from alternate sources. Excellent diagnostic skills. Excellent presentation skills with succinct data. Very good on management of her patients. She is able to come up with her own plan. Strengths: Excellent medical student. She worked very hard, was motivated to learn and functioned at the level of an intern. She was organized, presented information very well and related to difficult patients very effectively. We enjoyed working with her.

*Surgery Clerkship: Grade: Good*

Joanna demonstrated commitment to excellence, self improvement, and adaptability throughout the rotation. She is a reliable, trustworthy, and responsible medical student. She demonstrated sensitivity and responsiveness that superceded self-interest. She always portrayed compassion and integrity towards patients and hospital staff. She collected relevant and reliable patient data, and communicated this information orally and in writing in a complete, organized, and logical manner. Joanna recognized normal and abnormal, and was able to interpret abnormal findings and tests. She was able to create, rank, and justify a differential diagnosis. She was also able to choose and justify appropriate diagnostic tests and treatment plans. She consistently accepted responsibility for education of self and the team.

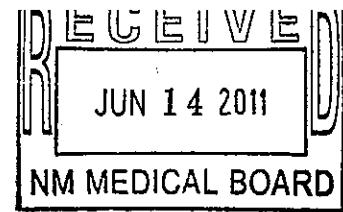
*Family Practice Clerkship: Grade: Outstanding*

Joanna was really great to work with. She fit into our team well and really connected with patients. She saw what needed to be done - and she did it. She was authentically interested in family medicine and I hope she pursues it.

*Family Medicine – Maternal Child Health: Grade: Outstanding*

Joanna was a pleasure to have on MCH. She functioned at a high intern level. Was functioning in labor and delivery, triage and post partum as an integral member of the





team. We hope she stays with us for her residency training! Joanna was an outstanding Sub-I. Enthusiastic with a good fund of knowledge and inquisitive nature. She worked well with laboring women, prenatales and outpatient infants and women's health. She will be a fine resident next year.

**Medicine Intensive Care at UNM: Grade: Outstanding**

Outstanding job on this rotation. Joanna truly acted as an intern and took responsibility for her patients. She displayed evidence of outside reading and had important contributions to make in rounds in general regarding other patients as well. Delightful to work with and she developed rapport with her patients.

**Unique Characteristics**

Joanna has been interested in international work for many years, learning Spanish in college, spending two years in the Peace Corps, and working on several projects in Latin America. During medical school, Joanna found that she really enjoys working with immigrants. She enjoys learning about other cultures as well as the social challenges of accommodating cultural diversity. Joanna has a strong interest in public health, and believes that physicians can help improve not only the lives of individual patients but also improve the health environment in which we all live. She has an impressive record of service during medical school, most notably her community project in gun control at Carlsbad, New Mexico. She was nominated for "best community project" and awards will be announced in May, 2008. Additionally, she was a tireless president of our International Health Interest group and has done other community volunteer work with immigrants. Joanna speaks Spanish and worked on community health projects in Guatemala during medical school. In her free time she likes to hike and run with her dogs, bike, lift weights, do yoga, and make jewelry. She also enjoys spending time with friends and family.

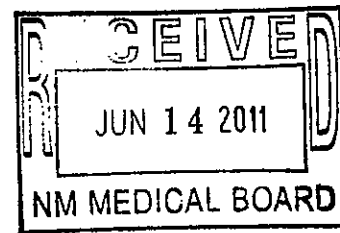
**Summary**

Ms. Hooper's overall academic performance at the University of New Mexico School of Medicine has placed her in the third quartile of her class. Joanna has worked hard to accomplish the curricular requirements and has achieved a good academic record, particularly in her clinical work in which she excels. Along with her delightful personality, she has an impressive record of service and commitment to public and international health. She will be an excellent resident, physician and patient advocate. It is a pleasure to submit this letter to you for the consideration of Joanna Hooper as a candidate for your residency program.

Sincerely,

A handwritten signature in black ink that reads "Eve Espey". The signature is written in a cursive, somewhat stylized font.

Eve Espey, MD MPH  
Associate Dean of Students



**Appendix A: Comparative performance in preclinical (Phase I) courses**

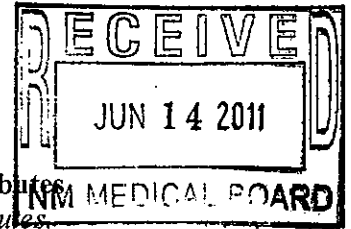
*Percentage of different grades awarded for each course. The student's grades are highlighted.*

	Outstanding	Good	Satisfactory	Marginal
<b>Human Structure, Function and Development</b>	18%	49%	31%	2%
<b>Mechanisms of Disease</b>	18%	57%	26%	0%
<b>Neurosciences</b>	23%	46%	31%	0%
<b>CV/Pulmonary</b>	14%	43%	43%	0%
<b>GI/Nutrition/Metabolism</b>	7%	45%	46%	3%
<b>Renal/Endocrinology/Human Sexuality &amp; Reproduction</b>	21%	68%	11%	0%

**Appendix B: Comparative performance in core clinical clerkships**

*Percentage of different grades awarded for each clerkship. The student's grades are highlighted.*

	Outstanding	Good	Satisfactory	Marginal
<b>Family Practice</b>	55%	41%	4%	0%
<b>Medicine</b>	23%	61%	17%	0%
<b>Neurology</b>	19%	53%	27%	0%
<b>Obstetrics and Gynecology</b>	24%	53%	22%	1%
<b>Pediatrics</b>	29%	47%	24%	0%
<b>General Surgery</b>	48%	45%	7%	0%
<b>Psychiatry</b>	42%	58%	0%	0%

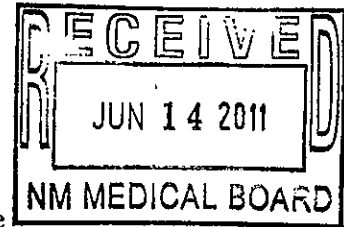


**Appendix C: Comparative Performance in Professional Attributes**  
*Percentage of different grades awarded for professional attributes.*  
*The student's grades are highlighted.*

First Year						
	Outstanding	Good	Satisfactory	Unsatisfactory		
<b>Ethics &amp; Professionalism: Essays</b>	49%	46%	5%	0%		
<b>Communication Skills: OSCE</b>	11%	65%	24%	0%		
<b>Clinical Skills: OSCE</b>	27%	66%	7%	0%		
Second Year						
	Outstanding	Good	Satisfactory	Unsatisfactory		
<b>Ethics &amp; Professionalism: Essays</b>	36%	42%	22%	0%		
<b>Communication Skills: OSCE</b>	13%	58%	29%	0%		
<b>Clinical Skills: OSCE</b>	4%	44%	51%	0%		
Third Year						
	OSCE Exam I		OSCE Exam II		OSCE Exam III	
	Credit	No Credit	Credit	No Credit	Credit	No Credit
<b>Clinical Skills/Professionalism</b>	100%	0%	100%	0%	100%	0%

**Appendix D: Overall Comparative Performance in Medical School**  
*Student's quartile rank is highlighted.*

Performance	1 <sup>st</sup> Quartile (Top)	2 <sup>nd</sup> Quartile	3 <sup>rd</sup> Quartile	4 <sup>th</sup> Quartile (Bottom)
Student Ranking	25%	25%	25%	25%



**Appendix E: Medical School Information Page**

University of New Mexico School of Medicine: Albuquerque, New Mexico

**Special emphases, strengths, mission/goal(s):**

The primary goal of the School of Medicine is to produce competent, humanistic physicians capable of pursuing a complete spectrum of medical careers. Unique aspects of the UNM School of Medicine:

- Problem based learning throughout the pre-clinical curriculum
- Longitudinal ethics curriculum throughout 3 years
- Introduction to clinical skills in the first year
- Rural clinical experiences
- Continuity clinics in years 2 and 3
- Required medical student research project
- Only four required 4<sup>th</sup> year courses, allowing flexibility in electives

**Average length of enrollment** (initial matriculation to graduation): 3 years, 9 months

**Description of the evaluation system used at the medical school:** All graded courses use a four point scale: Outstanding, Good, Satisfactory, and Unsatisfactory. Students must achieve a grade of Satisfactory or better in all course/clerkships to proceed to the next phase of education. Formative feedback and summative grades including descriptive narratives are used throughout the curriculum. Students take a shelf board exam in the field of each core clerkship during the 3<sup>rd</sup> year, and 3 OSCE performance evaluations occur during the third year as preparation for USMLE CS. During the core clerkships, students take a shelf board exam in each specialty and students participate in a number of OSCE performance evaluations.

USMLE Step 1: Required for graduation

USMLE Step 2: Required for graduation

**Course narrative comments:** The narrative comments contained in the attached MSPE have been edited for length or grammar but not for content.

**Process for composing MSPE:** The Associate Dean of Students prepares and composes the MSPE. Students are permitted to review the MSPE for accuracy prior to its transmission but the Associate Dean determines the content of the MSPE.

Joanna J. Hooper  
 UNM ID: [REDACTED]  
 DATE OF BIRTH: [REDACTED]-1974

THE UNIVERSITY OF NEW MEXICO  
 OFFICE OF THE REGISTRAR  
 ALBUQUERQUE, NEW MEXICO 87131-0001

PAGE: 1  
 DATE ISSUED: 09-JUN-2011

Course Level: Doctor of Medicine

Current Program

Doctor of Medicine

Program : Doctor of Medicine  
 College : School of Medicine  
 Campus : Albuquerque/Main  
 Major : Medicine

Degree Awarded Doctor of Medicine 17-MAY-2008

Primary Degree

Program : Doctor of Medicine  
 College : School of Medicine  
 Campus : Albuquerque/Main  
 Major : Medicine

SUBJ NO.	COURSE TITLE	CRED	GRD	R
			PTS	

INSTITUTION CREDIT:

Term:	Ehrs:	QPts:	GPA-Hrs:	GPA:
Fall 2004				
School of Medicine				
CLNS 511	HUM STRUC FUNC DVLP	6.000	G	18.00
CLNS 511	MECHANISM OF DISEASE	6.000	S	12.00
CLNS 511	PERSPECTIVE MED I	2.000	CR	.00
CLNS 511	CLIN SKILLS COURSE	0.000	CR	.00
PH 522	EPI SEMINAR	0.000	CR	.00
Term:	Ehrs:	14.000	QPts:	30.00
	GPA-Hrs:	12.000	GPA:	2.50
Spring 2005				
School of Medicine				
CLNS 511	NEUROSCIENCES	6.000	S	12.00
CLNS 511	CV/PULMONARY	6.000	S	12.00
CLNS 511	CLINICAL SKILLS I	1.000	G	3.00
CLNS 511	COMMUNCATN SKILL I	1.000	G	3.00

\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

SUBJ NO.	COURSE TITLE	CRED	GRD	R
			PTS	

Institution Information continued:

CLNS 511	ETHICS/PROFSNLISM I	1.000	O	4.00
CLNS 511	Continuity Clinic	2.000	CR	.00
PH 522	EPI SEMINAR	1.000	CR	.00
Term:	Ehrs:	18.000	QPts:	34.00
	GPA-Hrs:	15.000	GPA:	2.26

Term: Fall 2005  
 School of Medicine

CLNS 511	PRAC IMMERSION EXP I	4.000	CR	.00
CLNS 511	RENAL/ENDO/REPRO	6.000	G	18.00
CLNS 511	GI/NUTRITION	6.000	S	12.00
CLNS 511	CLINICAL SKILLS II	1.000	G	3.00
CLNS 511	COMMUNCATN SKILLS II	1.000	G	3.00
CLNS 511	ETHICS/PROFSNLISM II	1.000	G	3.00
CLNS 511	PERSPECTIVES MED II	2.000	CR	.00

Term:	Ehrs:	QPts:	GPA-Hrs:	GPA:
	21.000	39.00	15.000	2.60

Term: Spring 2006  
 School of Medicine

CLNS 511	CONTINUITY CLINIC	2.000	CR	.00
CLNS 511	TRANSITION COURSE	8.000	CR	.00
CLNS 511	RESEARCH COURSE	0.000	CR	.00
CLNS 544	GENERAL SURGERY	8.000	G	24.00
Term:	Ehrs:	18.000	QPts:	24.00
	GPA-Hrs:	8.000	GPA:	3.00

\*\*\*\*\* CONTINUED ON PAGE 2 \*\*\*\*\*

JUN 13 2011

ISSUED TO:

NEW MEXICO MEDICAL BOARD  
 2055 S. PACHECO STREET  
 BUILDING 400  
 SANTA FE, NM 875050503

Alex Gonzalez, Registrar

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OFFICIAL TRANSCRIPT

Joanna J Hooper  
 UNM ID: [REDACTED]  
 DATE OF BIRTH: [REDACTED] 1974

THE UNIVERSITY OF NEW MEXICO  
 OFFICE OF THE REGISTRAR  
 ALBUQUERQUE, NEW MEXICO 87131-0001

PAGE: 2  
 DATE ISSUED: 09-JUN-2011

SUBJ NO.	COURSE TITLE	CRED	GRD	R
		PTS		
Institution Information continued:				
Term: MD Program Fall 2006 School of Medicine				
CLNS 541	Continuity Clinic	2.000	CR	.00
CLNS 542	PA Exam: FP & Internal Med	0.000	CR	.00
CLNS 544	PA Exam: OB-GYN & Surgery	0.000	CR	.00
CLNS 600	Medicine	8.000	S	16.00
CLNS 650	OB-GYN	8.000	G	24.00
CLNS 775	Family Practice	8.000	O	32.00
Term:	Ehrs: 26.000	QPts: 72.00		
	GPA-Hrs: 24.000	GPA: 3.00		
Term: MD Program Spring 2007 School of Medicine				
CLNS 543	PA Exam: Neuro-Psych & Peds	0.000	CR	.00
CLNS 545	Perspective in Medicine III	2.000	CR	.00
CLNS 675	Pediatrics	8.000	G	24.00
CLNS 700	Neurology	4.000	S	8.00
CLNS 725	Psychiatry	4.000	G	12.00
CLNS 781	FP Maternal Child Health	4.000	O	16.00
Term:	Ehrs: 22.000	QPts: 60.00		
	GPA-Hrs: 20.000	GPA: 3.00		
Term: MD Program Fall 2007 School of Medicine				
CLNS 605	Comprehensive Ambulatory Care	4.000	O	16.00
CLNS 622	Medicine Intensive Care UNM	4.000	O	16.00

\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

SUBJ NO.	COURSE TITLE	CRED	GRD	R
		PTS		
Institution Information continued:				
CLNS 652	Ambulatory Gynecology	4.000	O	16.00
CLNS 900	Required Research	4.000	O	16.00
Term:	Ehrs: 16.000	QPts: 64.00		
	GPA-Hrs: 16.000	GPA: 4.00		
Term: MD Program Spring 2008 School of Medicine				
CLNS 707	Neuroscience Teaching	4.000	O	16.00
CLNS 787	Writing & Healing	4.000	O	16.00
CLNS 910	Preceptorship	4.000	O	16.00
Term:	Ehrs: 12.000	QPts: 48.00		
	GPA-Hrs: 12.000	GPA: 4.00		
***** TRANSCRIPT TOTALS *****				
INSTITUTION	Ehrs: 147.000	QPts: 371.00		
	GPA-Hrs: 122.000	GPA: 3.04		
TRANSFER	Ehrs: 0.000	QPts: 0.00		
	GPA-Hrs: 0.000	GPA: 0.00		
OVERALL	Ehrs: 147.000	QPts: 371.00		
	GPA-Hrs: 122.000	GPA: 3.04		
***** END OF TRANSCRIPT *****				

JUN 13 2011

ISSUED TO:

Alex Gonzalez, Registrar

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OFFICIAL TRANSCRIPT

THE NAME OF THE UNIVERSITY APPEARS IN WHITE ACROSS THE FACE OF THIS FAX DOCUMENT

Joanna J. Hooper  
 UNM ID: [REDACTED]  
 DATE OF BIRTH: [REDACTED] 1974

THE UNIVERSITY OF NEW MEXICO  
 OFFICE OF THE REGISTRAR  
 ALBUQUERQUE, NEW MEXICO 87131-0001

PAGE: 1  
 DATE ISSUED: 09-JUN-2011

Course-Level: Non-Degree Undergraduate

SUBJ NO.	COURSE TITLE	CRED	GRD	R
		PTS		
INSTITUTION CREDIT:				
Term: Spring 2002				
Non-Degree Status				
BIOC 423	INTRODUCTORY BIOCHEM	3.000	B+	9.99
BIOL 237	HUMAN ANAT&PHYS I HS	3.000	A+	12.99
BIOL 247L	ANAT & PHYS LAB I	1.000	A+	4.33
Term:	Ehrs: 7.000	QPts: 27.31		
	GPA-Hrs: 7.000	GPA: 3.90		
Term: Fall 2002				
Non-Degree Status				
BIOL 238	HUMN ANAT&PHYS II HS	3.000	B	9.00
BIOL 248L	ANAT & PHYS LAB II	1.000	A	4.00
PH 502	EPIDEMIOLOGIC METH I	3.000	A	12.00
Term:	Ehrs: 7.000	QPts: 25.00		
	GPA-Hrs: 7.000	GPA: 3.57		
Term: Spring 2003				
Non-Degree Status				
BIOL 351	GENERAL MICRO/LAB	3.000	WP	.00
BIOL 352L	GEN MICROBIOL LAB	1.000	WP	.00
PH 520	EPIDEMIOLOG METH II	3.000	A-	11.01
Term:	Ehrs: 3.000	QPts: 11.01		
	GPA-Hrs: 3.000	GPA: 3.67		
Term: Fall 2003				
Non-Degree Status				
***** CONTINUED ON NEXT COLUMN *****				

SUBJ NO.	COURSE TITLE	CRED	GRD	R
		PTS		
Institution Information continued:				
PH 501	PRIN OF PUBLIC HLTH	3.000	A	12.00
PH 532	CANCER EPIDEMIOLOGY	2.000	A	8.00
STAT 527	ADV DATA ANALYSIS I	3.000	A-	11.01
Term:	Ehrs: 8.000	QPts: 31.01		
	GPA-Hrs: 8.000	GPA: 3.87		
Term: Spring 2004				
Non-Degree Status				
PH 507	HLTH CARE SYS	3.000	A	12.00
STAT 539	BIOSTAT II FOR MPH	3.000	A	12.00
Term:	Ehrs: 6.000	QPts: 24.00		
	GPA-Hrs: 6.000	GPA: 4.00		
***** TRANSCRIPT TOTALS *****				
INSTITUTION	Ehrs: 31.000	QPts: 118.33		
	GPA-Hrs: 31.000	GPA: 3.81		
TRANSFER	Ehrs: 0.000	QPts: 0.00		
	GPA-Hrs: 0.000	GPA: 0.00		
OVERALL	Ehrs: 31.000	QPts: 118.33		
	GPA-Hrs: 31.000	GPA: 3.81		
***** END OF TRANSCRIPT *****				

JUN 13 2011

ISSUED TO:

NEW MEXICO MEDICAL BOARD  
 2055 S. PACHECO STREET  
 BUILDING 400  
 SANTA FE, NM 875050503

Alex Gonzalez, Registrar

This officially sealed and signed transcript is printed on red SCRIP-SAFE® security paper with the name of the institution printed in white type across the face of the document. A raised seal is not required. When photocopied the name of the institution appears on one line and the word COPY appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED!

To be valid, this POSTALBOX™ field must display address and colored background

OFFICIAL TRANSCRIPT

New Mexico Medical Board  
2055 S. Pacheco St.  
Building 400  
Santa Fe, NM 87505  
(505) 476-7220

JUN 13 2011

POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: Joanna Jane Hooper M.D.

Signature: [Handwritten Signature] Date (Month/Day/Year): 6/6/11

(DO NOT DETACH)

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that JOANNA JANE HOOPER, M.D. undertook and satisfactorily completed a full term approved program of 36 months in the PROVIDENCE MILWAUKEE HOSP. 10150 SE 32<sup>ND</sup> AVENUE MILWAUKEE, OREGON 97222 in the field of FAMILY MEDICINE from 06/16/2008 to 06/30/2011.  
(number) (Full name and complete address of facility) Date: Mo/Day/Yr Date/Anticipated Date

1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada?  Yes  No
2. Was applicant ever placed on probation, restricted, or limited?  Yes  No If yes, please attach written explanation.
3. Was there any reason not to continue applicant in the training program?  Yes  No If yes, please attach written explanation.
4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine?  Yes  No If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all of the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

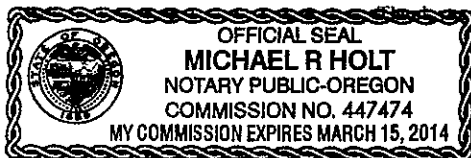
"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addition and alcoholism.

5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder?  Yes  No If yes, please attach written explanation.
6. Were applicant's final evaluations in every category rated satisfactory?  Yes  No If no, please attach written explanation.

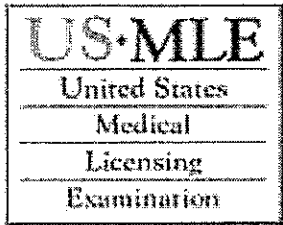
Please affix hospital or notary seal here

WILLIAM GILLANDERS MD  
Printed name of person completing this form  
[Signature]  
Signature  
6/8/2011  
Date  
[Signature]  
Signature of Notary (if applicable)  
6/8/2011  
Date  
My commission expires: 03/15/2014

If there is no hospital or notary seal, this form is unacceptable.  
Please return this form directly to the address above







# 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, 400 Fuller Wisser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4041

Date : 06/06/2011

**Recipient:**

New Mexico Medical Board  
ATTN: Amanda Quintana, Licensing Director  
2055 S Pacheco  
Building 400  
Santa Fe, NM 87505

Examinee: Hooper, Joanna  
Alt Name(s): Hooper, Joanna Jane

Examinee ID#: 5-169-756-3  
Date of Birth: [REDACTED] 1974

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	
02/22/2006	Pass	204	182	83	75	

### USMLE STEP 2

**Clinical Knowledge (CK)**

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/16/2007	Pass	215	184	88	75	

**Clinical Skills (CS)\***

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
08/18/2007	Pass					

### USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
04/27/2010	Pass	204	187	84	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.

**Hooper, Joanna Jane****Medical Doctor****MD2011-0528**

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians ?	N	06/25/2014
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/25/2014
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/25/2014
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/25/2014
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/25/2014
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	06/25/2014
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	06/25/2014
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	06/25/2014
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	06/25/2014
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	06/25/2014
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/25/2014
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	06/25/2014
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	06/25/2014
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/25/2014
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/25/2014
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	06/25/2014
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	06/25/2014
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/25/2014
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	06/25/2014
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	06/25/2014
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	N	06/25/2014
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	N	06/25/2014
21. If yes do you hold Lifetime Certification?	N	06/25/2014
22. If yes do you hold Time Limited Certification?	N	06/25/2014