



The **New Mexico Statewide Application**
for **Physician/Practitioner Appointment**©

Physician (MD) Application

Adela Sze-wing Tam MD

Other Names Used: _____

Will you be applying by endorsement? Applying using: HSC

Are you requesting to be credentialed as a PCP if Family Practice, Internal Medicine, or Pediatrics? Yes

Gender: F Citizenship: USA Place of Birth: New York City

Immigration Status: Certification #:

Social Security Number: [REDACTED] Date of Birth: [REDACTED]/1976

State Tax ID#: Pending Fed. Tax ID#: Pending

Medicare #: Pending Medicaid #: Pending

Unique Physician Identification Number (UPIN): n/a Pending

National Provider Identifier Number (NPI): 1033393475 Applied

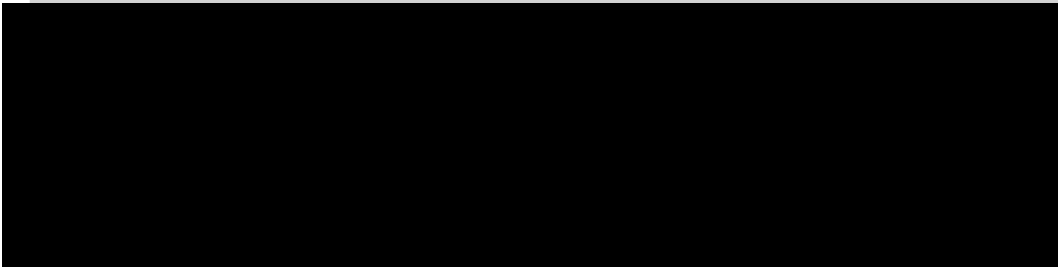
What are your immediate or future Practice Plans in New Mexico?

I plan to practice for a minimum of 4 years at First Choice Community Healthcare, Alamosa site, in Albuquerque as part of my commitment to the National Health Service Corps.

Current Mailing Address



Home address



ger:

Foreign Languages (spoken fluently by practitioner)

Cantonese

Spanish

Other Practice Locations

Practice Name: First Choice Community Healthcare

6900 Gonzales Road, SW

Albuquerque NM 87105

United States

Telephone Number: 5058737400

Facsimile: 5052248767

adelita888@yahoo.com

Answering Service:

Effective Date: 10/06/2010

Office Manager or Contact Person: Valerie Flores

Manager's Phone Number: 5058737462

Practice Limited to: (Clinical Specialty): Family Medicine

Billing Address:

2001 North Centro Familiar Blvd. SW

NM 87105

United States

Telephone Number: 5058737400

Facsimile: 5052248767

Contact Person: Valerie Flores

Practice Associates:

Dr. Benjamin Buxton

Call Coverage: _____

Dr. Matthew Caffrey

Call Coverage: _____

Dr. Lynn Dozeman

Call Coverage: _____

What are the office hours for your Practice or Group Practice? (Provide days/hours):

Monday-Friday 8am-5pm

What provisions have been made for after hours?:

Telephone service

EDUCATION**Undergraduate Education**

College or University: University of CA - Berkeley (Check web site)

Department: Office of the Registrar

Degree: Bachelor of Arts

Address: 120 Sproul Hall

City: Berkeley

State/Province: CA

Zip Code: 94720-5404

Telephone Number: 510 643-4555

Facsimile: 510 643-4222

Country: United States

Contact Person: Michael Wright

Title: Assistant Registrar

Email Address:

Specialty: Biology

Dates Attended From: 08/94

To: 12/98

Graduation Date: 1998

Graduate Education

College or University: George WA University School of Medicine

Department: GME

Degree: Doctor of Medicine

Address: 901 23rd St. NW

City: Washington

State/Province: DC

Zip Code: 20037

Telephone Number: 202 715-4000

Facsimile:

Country: United States

Contact Person:

Title:

Email Address:

Specialty:

Dates Attended From: 08/02

To: 05/06

Graduation Date: 2006

Post-Graduate Education

College or University: University of CA - San Francisco Residency

Department: 1001 Potrero Avenue, Bldg 80-83

Degree: Chief Resident

Address:

City: San Francisco

State/Province: CA

Zip Code: 94110

Telephone Number: 4152068611

Facsimile: 4152068387

Country: United States

Contact Person: Jill Thomas

Title: Residency Administrator

Email Address: jthomas@fcm.ucsf.edu

Specialty: Family Medicine

Dates Attended From: 07/09

To: Present

Graduation Date: 2010

Residency/Fellowship

College or University: University of CA - San Francisco Residency

Department: 1001 Potrero Avenue, Bldg 80-83

Degree: Family Medicine

Address:

City: San Francisco

State/Province: CA

Zip Code: 94110

Telephone Number: 4152068611

Facsimile: 4152068387

Country: United States

Contact Person: Jill Thomas

Title: Residency Administrator

Email Address: jthomas@fcm.ucsf.edu

Specialty: Family Medicine

Dates Attended From: 06/06

To: 06/09

Graduation Date: 2009

WORK HISTORY

Please list all previous practice experience for the previous 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. Please provide written explanation for any gaps in work history of 6 months or more.

Location: La Clinica de la Raza

From: 06/01/1999

To: 03/01/2001

Department: Post Office Box 22210

Street:

Phone Number:

City: Oakland

State/Province: CA

Zip Code: 94623

Contact Person:

Country: United States

Explanation of gap: I was in undergraduate school at UC Berkeley from 1994 to December 1998. From January 1999 to May 1999, I studied full-time for the MCAT, an entrance exam for medical school.

Location: Stanford University School of Medicine

From: 07/01/2001

To: 07/01/2002

Department: 1070 Arastradero Road, Suite 300

Street:

Phone Number:

City: Palo Alto

State/Province: CA

Zip Code: 94304

Contact Person: Joan Fair

Country: United States

Explanation of gap:

HOSPITAL AND HEALTHCARE AFFILIATIONS

Are you a PCP?

Do you deliver babies?

Are you an MD, DO, or DPM?

If you answered yes to any question above, you must:

(a) Have admitting privileges at a hospital (list the affiliation in this section) OR

(b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients along with a signed letter from that physician confirming the arrangements, and the name of the facility which your patients will be admitted.

Please list all hospital staff membership and/or healthcare organization affiliations in the past (5) years, and the status (active, courtesy, consulting, etc.). If an institution is no longer in existence, please provide an alternative source of verification. Use a separate page if necessary.

Current Primary Admitting Facility

Name: San Francisco General Hospital

Department: GME

Street: 1001 Portrero Ave

City: San Francisco

State: CA

Zip Code: 94110

Province:

Country: United States

Phone Number: 415 206-8000

Facsimile:

Appointment Dates From: 07/09

To: Present

Type of Appointment: Active/Courtesy

Check here if you have restrictions at this facility, and provide a written explanation below:

Privileges Assigned:

Outpatient Clinic Inpatient Care Perinatal Surgical Termination of First Trimester Intrauterine Pregnancy

Check all that apply:

If you have courtesy or consulting privileges at this facility.

If these courtesy or consulting privileges allow you to admit patients.

If your courtesy or consulting privileges do not allow you to admit patients, please provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted. The signed letter should be forwarded to HSC along with your signature pages and other accompanying documents.

Facility Name

Name: San Francisco General Hospital

Department: GME

Street: 1001 Portrero Ave

City: San Francisco

State: CA

Zip Code: 94110

Province:

Country: United States

Phone Number: 415 206-8000

Facsimile:

Appointment Dates From: 06/06

To: 06/09

Type of Appointment: Resident Physician

Check here if you have restrictions at this facility, and provide a written explanation below:

Privileges Assigned:

Check all that apply:

If you have courtesy or consulting privileges at this facility.

If these courtesy or consulting privileges allow you to admit patients.

If your courtesy or consulting privileges do not allow you to admit patients, please provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted. The signed letter should be forwarded to HSC along with your signature pages and other accompanying documents.

PROFESSIONAL REFERENCES

Please list three (3) professional peers familiar with your professional performance in the past five (5) years, (not including current or impending partners or associates in practice).

Name: Teresa Villela MD

Specialty: Family Medicine

Address1:

Address2: 1001 Potrero Avenue, Bldg 80-83

City: San Francisco

State/Province: CA

Zip Code: 94110

Email: tvillela@fcm.ucsf.edu

Country: United States

Phone Number: 4152066881

Facsimile: 4152068387

Name: Katie Murphy MD

Specialty: Family Medicine

Address1:

Address2: 1001 Potrero Avenue, Bldg 80-83

City: San Francisco

State/Province: CA

Zip Code: 94112

Email: kmurphy@fcm.ucsf.edu

Country: United States

Phone Number: 4152064479

Facsimile: 4152068387

Name: Diana Coffa MD

Specialty: Family Medicine

Address1:

Address2: 1001 Potrero Avenue, Bldg 80-83

City: San Francisco

State/Province: CA

Zip Code: 94110

Email: dcoffa@fcm.ucsf.edu

Country: United States

Phone Number: 4152250688

Facsimile: 4152068387

Military Service

Branch:

Current

Dates: From: To:
Rank: Type of Discharge:

Immigration

Status: Certification Number:

CLIA

Number (if applicable): Approval Level: Expiration Date:

Certifications

ACLS Certified? Yes Expires: 01/31/2011
ATLS Certified? No Expires:
PALS Certified? No Expires:

ECFMG (Educational Commission for Foreign Medical Graduates)

Number (if applicable): Date Issued:

STATE PROFESSIONAL LICENSE/CERTIFICATION NUMBERS

State: CA Number: A102105 Issue Date: 11/16/2007 Expiration Date: 10/31/2011 Pending

FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION

Number: ██████████ Expiration: 11/30/2010 Pending

STATE CONTROLLED SUBSTANCE REGISTRATION (CSR)

Number: State: Expiration: Pending

BOARD/SUBSPECIALTY BOARD CERTIFICATIONS

Are you Board Certified? Yes No N/A

Certified/Recertified by the Board/Subspecialty Board of: Family Medicine

Date Certified: Date Last Recertified: Expiration Date:

Certification Number:

- Accepted for Examination?
- If not accepted, have you made application?

If no, provide an explanation:

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. Explain any gaps or delays in achieving Board certification by the recognized Board in your specialty area.
I am scheduled to take the American Board of Family Medicine examination on 7/17/2010.

PROFESSIONAL MEDICAL MALPRACTICE INSURANCE

Do you have current medical malpractice insurance?
(Please list medical malpractice insurance carriers for the past 5 years.)

Current Carrier

Name: The UC Self-Insurance Program

Department: UC Office of the President, Office of Risk Service

Street: 1111 Franklin Street, 10th floor

City: Oakland State: CA Zip Code: 94607-5200

Province: Country: United States

Policy #: Limits Per-claim: \$ 0 Aggregate: \$ 0

Dates Insured From: To:

LICENSING EXAM: Please check all that apply:

| | | |
|---|--|---|
| <input type="checkbox"/> State Board Exam | Which State? _____ | Date(s) passed? _____ |
| <input type="checkbox"/> FLEX | <input type="checkbox"/> National Board (NMBE) | <input checked="" type="checkbox"/> USMLE |
| Date Passed: / | Part/Step 1 Date Passed _____ | Part/Step 1 Date Passed 06/04 |
| | Part/Step 2 Date Passed _____ | Part/Step 2 Date Passed 07/05 |
| <input type="checkbox"/> LMCC | Part/Step 3 Date Passed _____ | Part/Step 3 Date Passed 08/07 |
| Date Passed: _____ | | |

PROFESSIONAL PRACTICE QUESTIONS

Please answer the following Yes or No questions. If you answer Yes to any question, you must give details including name, address, and telephone number of significant parties. You must respond to each question.

1. Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians? No
2. Have you ever been denied professional liability insurance coverage? If yes, explain below. No
3. Has your professional liability carrier ever excluded any specific procedures from your coverage? If yes, explain below. No
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization? If yes, explain below. No
5. Have you ever had any sanctions imposed by Medicare and/or Medicaid? No
6. Have you ever been arrested? If so, explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated). No
7. Have you ever been named as a defendant in any criminal proceedings? No
8. Have you ever 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? No
9. Have you ever 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)? If yes, explain below. No
10. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency? No
 - b.) Have you ever agreed not to exercise your clinical privileges while under investigation? No
11. Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation? No
12. a.) Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied? No

- b.) Are any currently held licenses pending investigation or being challenged? No
13. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature? If yes, explain below. No
14. Has your federal or state narcotics registration certificate in any jurisdiction ever been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items? No
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? If yes, please provide the following information for each claim or suit. No
- Name, age, sex of patient/claimant.
 - Date(s) and type of treatment and/or surgery that led to the allegations against you.
 - Nature of allegations in claims/suits. Specify whether a suit was ever filed.
 - Names of other practitioners and hospital, if any, involved in claims or suit.
 - Disposition or current status of claim or suit (be specific).
 - Name of insurance carrier defending you.
 - Name of defense attorney.
16. Have you ever been reported to the National Practitioner Data Bank? No
17. Are you now, or were you in the past, addicted to, abusive of, or in treatments for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol? No
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which either has affected or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment. No
19. Have you ever, for any reason:
- a) Resigned from a medical school or postgraduate training (PGT) program? No
 - b) Withdrawn from a medical school or postgraduate training program? No
 - c) Been suspended, dismissed, or expelled from a medical school or PGT program? No
 - d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program? No
 - e) Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any reason, personal or professional (include illness, pregnancy, academic, etc)? No

Explanations:

Adela Sze-wing Tam, MD

Licensed Physician #MD2010-0527

| | |
|--------------------------|-------------------------------|
| Issue Date 07/14/2010 | Expiration Date 07/01/2011 |
| 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

Adela Sze-wing Tam, MD

License Number: MD2010-0527

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: 07/14/2010 Date Expires: 07/01/2011*

**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



MEDICAL BOARD OF CALIFORNIA LICENSE LOOKUP SYSTEM

Please note: For additional information, click the "Physician Information", "Public Record Action(s)", and "Public Record Documents" tabs below:

License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

| | |
|----------------------------------|---|
| License: | A 102105 |
| License Type: | Physician and Surgeon Licensee may be a U.S. or Canadian medical school graduate whose pathway to licensure was based on the FLEX (Federation Licensing Exam), USMLE (United States Medical Licensing Exam) or LMCC (Licentiate of Medical Council of Canada) written examination and has been licensed less than four years in another state OR may be an International medical school graduate whose pathway to licensure was based on the above exams or approved combinations of the NBME (National Board Medical Exam), FLEX or USMLE. |
| Name: | ADELA SZE-WING TAM, M.D. |
| Address of Record: | 995 POTRERO AVE BLDG 80-83 SAN FRANCISCO, CA 94110 |
| Address of Record County: | SAN FRANCISCO |
| License Status: | License Renewed & Current Licensee meets requirements for the practice of medicine in California. |
| Public Record Action(s): | No Public Record Actions available |
| Original Issue Date: | November 16, 2007 |
| Expiration Date: | October 31, 2011 |
| School Name: | GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE |
| Year Graduated: | 2006 |

Physician Information:

The following information is self-reported by the licensee and has not been verified by the Board.

| | |
|--|--|
| Activities In Medicine: | PATIENT CARE - 20 TO 29 HOURS RESEARCH - 1 TO 9 HOURS TEACHING - 10 TO 19 HOURS ADMINISTRATION - 10 TO 19 HOURS |
| Primary Practice Location Zip Code: | 94110 |
| Board Certification(s): | No board certifications identified |
| Primary Practice Area(s): | FAMILY PRACTICE GENERAL PRACTICE- PRIMARY |
| Secondary Practice Area(s): | No secondary practice areas identified |
| Post Graduate Training Years: | 3 YEARS |
| Ethnic Background: | ASIAN - CHINESE |
| Foreign Language(s): | CANTONESE SPANISH |
| Gender: | Female |

Public Record Action(s):

Please select the Public Record Documents tab to view the public document database. If information is posted in the Administrative/Disciplinary Actions or Administrative Citation Issued categories below, documents may be available for review. To find out what information is and is not available, please click [here](#).

Administrative/Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

No information available.

Court Order:

The licensee's practice has been temporarily restricted or suspended pursuant to a court order. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of the public documents.

No information available.

Administrative Action Taken by Other State or Federal Government:

This information is provided by another state/federal government agency. The Medical Board of California may take administrative action based on the action imposed by another state/federal government agency. For more information or verification, contact the agency listed below that imposed the action.

No information available from this agency.

Felony Conviction:

The information provided only includes felony convictions that are known to the Board. All felony convictions known to the Board are reviewed and

administrative action is taken only if it is determined that a violation of the Medical Practice Act occurred. For more information regarding felony convictions, contact the court of jurisdiction listed below.

No information available from this agency.

Misdemeanor Conviction:

California Business and Professions Code section 2027 (A)(7) states effective 1/1/07, any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed shall be posted on the Internet.

No information available from this agency.

Administrative Citation Issued:

A citation and/or fine has been issued for a minor violation of the law. This is not considered disciplinary action under California law but is an administrative action. Payment of the fine amount represents satisfactory resolution of this matter.

No information available.

Hospital Disciplinary Action:

The action taken by this healthcare facility against this physician's staff privileges to provide health care services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

No information available from this agency.

Malpractice Judgment:

A malpractice judgment is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported judgments and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the judgment report or any other information concerning the judgment. For more information contact the court of jurisdiction listed below.

No information available from this agency.

Arbitration Award:

An arbitration award is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported arbitration awards and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the arbitration award report or any other information concerning the award.

No information available from this agency.

Malpractice Settlements:

A settlement entered into by the licensee is a resolution of a claim for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The Medical Board is required by law to disclose certain information related to the existence of multiple settlements made on or after January 1, 2003 in an amount of \$30,000 or more.

No information available from this agency.

Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.

Disclaimer

All information provided by the Medical Board of California on this Web page, and on its other Web pages and Internet sites, is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Board, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other Web pages maintained by the Board. All access to and use of this Web page and any other Web page or Internet site of the Board is governed by the Disclaimers and Conditions for Access and Use as set forth at [California Department of Consumer Affairs' Disclaimer Information and Use Information](#).



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 343-0070
 Toll free: (866) 908-0070
 www.nmhsc.com

WORK HISTORY VERIFICATION

Re: Adela Sze-wing Tam MD (38287) SSN: [REDACTED] DOB: [REDACTED]/1976
 From: San Francisco General Hospital
 1001 Portrero Ave
 San Francisco, CA 94110

- Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
- Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Chief Resident /
- Specialty or Department: Family? Community Med. Clinical Instructor
- Status: (Temporary, Permanent, Provisional) Active fellow
- Dates of Membership/Employment as Reported by Practitioner: From: 07/09 *To: Present
 (*In the event the "To" date is blank, it is assumed this date to be "current").
 If these dates are not correct, please provide the correct dates: From: _____ To: _____
- Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet.
- Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason?
 No Yes _____ Please provide details on a separate attached sheet.
- Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished?
 No Yes _____ Please provide details on a separate attached sheet.
- Has your Executive Committee for any reason ever disciplined this practitioner?
 No Yes _____ Please provide details on a separate attached sheet.
- Has this practitioner been a member in good standing on your staff?
 No _____ Yes Please provide details on a separate attached sheet.

Would Recommend Would Not Recommend Current Staff: Yes No

Comments: Dr Tam is an outstanding family physician.

[Signature]
 Signature
Teresa J. Villela, MD
 Print Name

6/8/10
 Date
Residency Director, Associate Prof.
 Title

Please return this information to the attention of:

Hospital Services Corporation
 Credentials Verification Services
 P. O. Box 92200 Albuquerque, NM 87199-2200

HSC
 JUN 14 2010
 CVS



PO Box 92200
Albuquerque, NM 87199-2200
7471 Pan American Freeway NE 87109
Phone: (505) 343-0070
Toll free: (866) 908-0070
www.nmhsc.com

MEDICAL EDUCATION VERIFICATION

George WA University SOM-Transcripts
Office of the Registrar
2300 I St NW
Washington, DC 20037

Re: Adela Sze-wing Tam (38287)
SSN: [REDACTED]
Doctor of Medicine, Medicine, 2006

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

Please include the 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:

Enrollment and Participation: Our records indicate that Adela Sze-wing Tam attended our medical school on the following dates (indicate the month, day and year in the section below):

| Attendance Dates: | From | To | From | To |
|-------------------|---------|---------|---------|---------|
| | 8/12/02 | 5/16/03 | 7/15/05 | 5/17/06 |
| | 8/25/03 | 5/17/04 | 1/1 | 1/1 |
| | 7/16/04 | 6/24/05 | 1/1 | 1/1 |

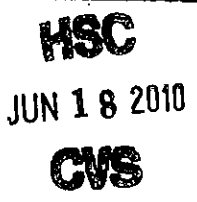
The applicant attended ___ total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check One: Was awarded a degree in MD on 5/17/06
 Was NOT awarded degree. Please explain reason(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.*

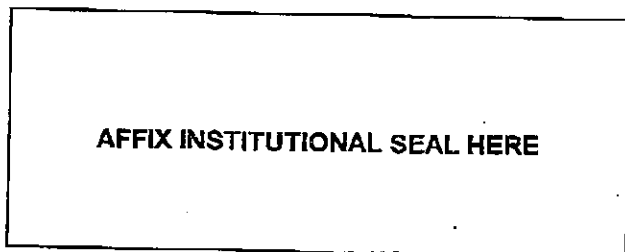
- Did the applicant take any leaves of absence or breaks from his/her medical education? Yes ___ No
- Was the applicant ever placed on probation? Yes ___ No
- Was the applicant ever disciplined or under investigation? Yes ___ No
- Were any negative reports ever filed by instructors regarding the applicant?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

Comments: _____



George WA University SOM-Transcripts

Re: Adela Sze-wing Tam (38287)



Signature: *Kyle Dilkes*
 Print Name: Kyle Dilkes
 Title: Exec. Coordinator for Student Services & Registrar
The George Washington University
School of Medicine and Health Sciences
 Date: JUN 15 2010

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

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

Please complete this form and forward it to:

Hospital Services Corporation
 Credentials Verification Services
 P. O. Box 92200
 Albuquerque, NM 87199-2200

HSC
JUN 18 2010
CVS



MEDICAL STUDENT PERFORMANCE EVALUATION

For

Adela Sze-Wing Tam

Class of 2006

IDENTIFYING INFORMATION

Adela Tam is a fourth-year student at the George Washington University School of Medicine and Health Sciences in Washington, D.C.

UNIQUE CHARACTERISTICS

Adela was born in New York City but raised in the San Francisco bay area, which she still considers to be home. She attended the University of California Berkeley, graduating in 1998 with a Bachelor of Arts degree in Molecular and Cell Biology and Psychology. During college, Adela played intramural volleyball and sang in the University Chorus. She spent a summer in rural El Salvador as part of the Salvadoran Association for Rural Health where she volunteered as a health promoter. Following graduation, she worked as a full-time medical assistant in a Spanish speaking clinic while volunteering as a health care worker and phlebotomist in the Berkeley Free Clinic. In 2001 she joined the staff of the Stanford Center for Research in Disease Prevention as a research assistant. She worked on a clinical study of cardiovascular risk factor stratification. Adela matriculated to The George Washington University School of Medicine and Health Sciences in the fall of 2002.

During medical school, Adela has been an active member of the medical center community. She was co-president of the American Medical Student Association and for the GW chapter of Physicians for Social Responsibility. She worked with Physicians for Social Responsibility to organize a Gun Violence Prevention Workshop and Vigil for the metropolitan area. She participated in the longitudinal Interdisciplinary Student Community Patient Education Service (ISCOPES) project. This is a remarkable program dedicated to improving community healthcare through service learning. This voluntary program involves Doctor of Medicine (MD), Nurse Practitioner (NP), Physician Assistant (PA), Physical Therapy (PT), Health Services Management and Policy (HSMP), and Master of Public Health (MPH) students who, in interdisciplinary teams, design and participate in service learning activities in the community. Specifically, these teams identify health needs and design health education and health promotion activities in partnership with community sites throughout the Washington, DC metropolitan area. Adela contributed to a project addressing language access issues that was eventually presented in conferences and nominated for the Department of Health and Human Services Secretary's Award. During her first summer of medical school she worked with the Community Voices Project in Oakland, California where she helped to assess hospitals' language access services. In the

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spring of her sophomore year, she traveled to Honduras as part of a student-initiated medical mission.

ACADEMIC HISTORY

| | |
|---|--------------|
| Elected to Alpha Omega Alpha | October 2005 |
| Date of Expected Graduation from Medical School: | May 2006 |
| Date of Initial Matriculation in Medical School: | August 2002 |

| | |
|---|--|
| For Transfer Students: | |
| Date of Initial Matriculation in Prior Medical School: | |
| Date of Transfer from Prior Medical School: | |

| | |
|---|--|
| For Dual/Joint/Combined Degree Students: | |
| Date of Initial Matriculation in Other Degree Program: | |
| Date of Expected Graduation from Other Degree Program: | |
| Type of Other Degree Program: | |

Was this student required to repeat or otherwise remediate any coursework during his/her medical education? No

Did this student's educational program contain any leave(s) of absence, extension(s), or other gap(s) or break(s), either required or voluntary? No

Was this student the recipient of any adverse action(s) by the medical school or its parent institution? No

ACADEMIC PROGRESS

Pre-Clinical / Basic Science Curriculum:

Adela's performance during the first two pre-clinical years was outstanding. She easily passed all courses and earned grades of honors in Microscopic Anatomy, Neurobiology, Biochemistry, Immunology, Physiology, Microbiology, Psychopathology, Pharmacology and Introduction to Clinical Medicine.

The Practice of Medicine course extends for one and one-half days per week throughout the first two years. This course contains three main components; a "Doctor-Patient-Society" small group format for learning and practicing interviewing and physical diagnosis skills; the Primary Care Apprenticeship wherein students spend one half day every other week in the office of a faculty or community physician in pediatrics, family medicine, or internal medicine; and Problem-Based Learning tutorials during which they work on clinical cases in small groups with a faculty facilitator. Adela performed very well in this important core course earning grades of

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honors in two of the four semesters. In her "Doctor-Patient-Society" mentor group, she was always prepared and participated in a thoughtful manner. She was a leader in the group and was enthusiastic about learning. Her Clinical Preceptor described her as performing far above the level expected for a first year student. In her Problem-Based Learning tutorial group she was one of the most active members of the group, a prime mover in discussions. She distinguished herself by her probing questions and her stimulating comments and insights.

Core Clinical Clerkships and Elective Rotations:

Adela continued her outstanding performance during the required clerkships of the third year. She began the year with a grade of honors in Psychiatry. She then earned grades of honors in Surgery, Pediatrics and Obstetrics and Gynecology. She ended the year with grades of "high-pass" in Primary Care and honors in Medicine. During the clerkships, Adela was able to distinguish herself with her sophisticated clinical acumen. Her analytical skills were well developed and she was able to put cases together nicely. Her fund of knowledge was excellent and she was enthusiastic about learning. She was able to do a thorough and accurate history and physical exam with attention to detail and subtle findings. Her written and oral presentations were clear, concise and well organized. She developed very good clinical judgment and problem solving skills and she was able to develop initial management plans. She showed incredible initiative and never required prodding to begin or complete tasks. Her interpersonal skills were also excellent and she worked well with patients and all members of the health care team.

Individual Clerkship Evaluations Year III:

Surgery: "She is a very bright, independent worker who is motivated to learn new skills. She had an extremely fine fund of knowledge especially for early in the third year. It was clear that she read regularly and in depth. She did very well in establishing a problem list and suggesting appropriate and orderly methods of further evaluation and suggested therapy. Her oral presentations were uniformly well organized and accurate. Her history and physical exams were complete and accurate and became more detailed during the rotation. She showed more than the usual interest in being involved in doing technical procedures. She was very helpful and interested in the operating room. She was on time, available and professional. She would seek out things to do. She was respected and liked by the surgical residents and related very well to fellow students and hospital staff. She related to her patients in a professional manner and demonstrated compassion and concern for their welfare."

Clinical Grade: Honors/"High-Pass" Exam Grade: Pass Overall Grade: Honors

Medicine: "She conducted an excellent physical exam, clinical analysis of patient chief complaint and symptoms, and was able to suggest therapeutic interventions at a level beyond that of a third year medical student. Her knowledge of pharmacologic interventions was quite good as well. She is a motivated learner who was thoughtful, inquisitive and very responsible for her patients. Her cognitive skills were extraordinary. She was insightful and knowledgeable. She was concise and thorough in all presentations. She displayed genuine concern for her patients and was very sensitive to their needs. She was independent and functioned at the level of an intern. Her knowledge was at the top 10% of her class. Adela was organized, thoughtful and remarkable efficient. She was always excited about learning new concepts. She is a pleasant, dedicated, hard working, fun loving, passionate student who will make an outstanding physician."

Clinical Grade: Honors Exam Grade: Honors Overall Grade: Honors

Primary Care: "This is the third year that I have had an opportunity to work with Adela. She favorably impressed us all. She is an outstanding student. She functioned as an intern in our clinical setting. She has a good fund of knowledge and good ability to formulate appropriate treatment plans. She is very good at making patients comfortable, good history taking and brings out underlying problems and agenda. She is very professional and enthusiastic. She is great at putting patients at ease and she established good rapport with staff."

Clinical Grade: "High-Pass" Exam Grade: Pass Overall Grade: "High-Pass"

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Psychiatry: "She is the best student in the past two years in every area. She is very bright and eager to learn with excellent conceptual skills. Her clinical skills are on par with a second year psychiatry resident. Her presentations were excellent and done with confidence and clarity. She is very energetic, dependable and thorough."

Clinical Grade: "High-Pass"/Honors Exam Grade: Honors Overall Grade: Honors

Pediatrics: "Adela is the finest student I have worked with in a long time. She has an outstanding clear mind. She showed a superior ability to take data from her history and physical exam with her knowledge of pediatrics to develop an assessment and plan. Her intellectual curiosity, ability to organize and apply newly learned information is superior. She was very conscientious and responsible. She was able to assess how she could contribute to a situation. She was outstanding and each resident made particular mention of how proactive this student was. Adela was professional yet warm and compassionate at the same time. She was not intimidated by work or by new situations. She dealt with everyone in a mature, professional manner, blending in a sense of humor, empathy and caring."

Clinical Grade: Honors Exam Grade: Pass Overall Grade: Honors

Obstetrics and Gynecology: "She is very mature for her level. Her treatment plans were excellent. She was enthusiastic and a pleasure to work with. Her H&P's were clear and concise. She took a thorough history and was very interested. When she presented a patient, I would forget that she was a medical student but rather another resident. She performed at the level of an intern. You could sense that Adela had a deep concern for her patients. She was outstanding all around."

Clinical Grade: Honors Exam Grade: Honors Overall Grade: Honors

Individual Clerkship Evaluations Year IV:

Medicine Acting Internship: "She is strong in all areas. She functions at the mid PGY 1 level already. In my 27 years as a ward medicine attending, Adela is in the top 20% of sub-interns I have supervised.

Final Grade: Honors

Extramural Obstetrics and Gynecology: "Adela is a gem. She has a wonderful personality, is a hard worker and has an outstanding quality of work. She will make an excellent resident."

Final Grade: Honors

***Electrocardiography:** "She has an excellent fund of knowledge and excellent EKG reading skills. She did good presentations and had good work habits."

Final Grade: Honors

Emergency Medicine: Completed all course requirements

Final Grade: Pass


SUMMARY

Adela has put together an outstanding academic record. Her achievement in both the basic science and clinical area is remarkable. She is obviously headed for a very successful career as a physician and she will be a fabulous addition to any residency training program.

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Yolanda C. Haywood, M.D.
Associate Professor of Emergency Medicine
Assistant Dean of Student and Curricular

Affairs

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SSN :
 Gwid : G11783299
 Date of Birth: 11-OCT

Date Issued: 14-JUN-2010

Record of: Adela Sze-wing Tam M.D.

Page: 1

Student Level: Medicine
 Admit Term: Fall 2002

Issued To: Hospital Services Corporation
 Credentials Verification Services
 PO Box 92200
 Albuquerque, NM 87199

Current College(s): School of Med & Health Sc
 Current Major(s): Medicine

Degree Awarded: M.D. 21-MAY-2006
 With Distinction

Major: Medicine

SUBJ NO COURSE TITLE CRDT GRD PTS

SUBJ NO COURSE TITLE CRDT GRD PTS

GEORGE WASHINGTON UNIVERSITY CREDIT:

Fall 2002

| SUBJ NO | COURSE TITLE | CRDT | GRD | PTS |
|---------------------------------------|--------------------------|---------|------|----------|
| School of Med & Health Sc Medicine | | | | |
| ANAT 210 | Gross Anatomy | 5.00 | P | 0.00 |
| ANAT 213 | Microscopic Anatomy | 4.00 | H | 0.00 |
| IDIS 210 | The Practice Of Medicine | 3.00 | H | 0.00 |
| IDIS 212 | Neurobiology | 3.00 | H | 0.00 |
| Ehrs | 15.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 15.00 | GPA-Hrs | 0.00 | Pts 0.00 |

Fall 2004

| | | | | |
|---------------|--------------------------------|---------|------|----------|
| IDIS 230 | The Practice Of Medicine | 2.00 | P | 0.00 |
| PCHI 302 | Clinical Clerkship | 10.00 | H | 0.00 |
| PED 303 | Required Pediatric Clerkship (| 10.00 | H | 0.00 |
| SURG 303 | Clinical Clerkship | 10.00 | H | 0.00 |
| Ehrs | 32.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 108.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| Good Standing | | | | |

Spring 2005

| | | | | |
|---------------|--------------------------------|---------|------|----------|
| HCS 301 | Clerkship In Primary Care | 8.00 | P | 0.00 |
| IDIS 231 | The Practice Of Medicine | 2.00 | P | 0.00 |
| MED 305 | Inpatient Clerkship | 10.00 | H | 0.00 |
| OB&G 303 | Clincl Obstetrics & Gynecology | 10.00 | H | 0.00 |
| Ehrs | 30.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 138.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| Good Standing | | | | |

Spring 2003

| | | | | |
|---------------------------------------|--------------------------|---------|------|----------|
| School of Med & Health Sc Medicine | | | | |
| BIOC 201 | Medical Biochemistry | 7.00 | H | 0.00 |
| IDIS 211 | The Practice Of Medicine | 5.00 | H | 0.00 |
| MICR 202 | Immunology | 2.00 | H | 0.00 |
| PHYL 201 | R-Physiology | 6.00 | H | 0.00 |
| Ehrs | 20.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 35.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| Good Standing | | | | |

Fall 2005

| | | | | |
|---------------|--------------------------|---------|------|----------|
| EMED 302 | Emergency Medicine | 5.00 | P | 0.00 |
| HCS 390 | Extramural Hcs Elective | 5.00 | H | 0.00 |
| NEUR 380 | Neurology | 5.00 | H | 0.00 |
| OB&G 390 | Extramural Ob&G Elective | 5.00 | H | 0.00 |
| Ehrs | 20.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 158.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| Good Standing | | | | |

Fall 2003

| | | | | |
|---------------|--------------------------------|---------|------|----------|
| IDIS 220 | The Practice Of Medicine | 4.00 | P | 0.00 |
| MICR 201 | Medical Microbiology | 5.00 | H | 0.00 |
| PATH 201 | Pathology | 3.00 | P | 0.00 |
| PCHI 301 | Psychopatholgy/Conceptl Models | 2.00 | H | 0.00 |
| PHAR 201 | Pharmacology | 5.00 | H | 0.00 |
| Ehrs | 19.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 54.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| Good Standing | | | | |

Spring 2006

| | | | | |
|---------------|-----------------------------------|---------|------|----------|
| ANES 302 | Required Anesthesiology Course | 3.00 | H | 0.00 |
| DERM 380 | Dermatology Clinic | 3.00 | P | 0.00 |
| HCS 400 | Medical Decision Making | 2.00 | P | 0.00 |
| IDIS 241 | Practice Of Medicine | 2.00 | P | 0.00 |
| MED 340 | Preceptorshp-Electrocardio graphy | 3.00 | H | 0.00 |
| MED 392 | Extramural Internl Med Elective | 5.00 | H | 0.00 |
| PHAR 501 | Readings In Pharmacology | 3.00 | H | 0.00 |
| Ehrs | 21.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 179.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| Good Standing | | | | |

Spring 2004

| | | | | |
|----------|------------------------------|---------|------|----------|
| IDIS 221 | The Practice Of Medicine | 4.00 | P | 0.00 |
| IDIS 301 | R-Intro To Clinical Medicine | 12.00 | H | 0.00 |
| PATH 202 | Pathology | 5.00 | P | 0.00 |
| PHAR 202 | R-Pharmacology | 1.00 | H | 0.00 |
| Ehrs | 22.00 | GPA-Hrs | 0.00 | Pts 0.00 |
| CUM | 76.00 | GPA-Hrs | 0.00 | Pts 0.00 |

Spring 2006

| | | | | |
|----------------------|------------------|------|-------------|--|
| EMED 350 | Wound Management | 5.00 | In Progress | |
| Credits In Progress: | | 5.00 | | |

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

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

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Edmundson
 UNIVERSITY REGISTRAR

SSN : [REDACTED]
Gwid : G11783299
Date of Birth: 11-OCT
Record of: Adela Sze-wing Tam M.D.

Date Issued: 14-JUN-2010
Page: 2

SUBJ NO COURSE TITLE CRDT GRD PTS

***** TRANSCRIPT TOTALS *****

| | Earned Hrs | GPA | Hrs | Points | GPA |
|-------------------|------------|------|------|--------|------|
| TOTAL INSTITUTION | 179.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| OVERALL | 179.00 | 0.00 | 0.00 | 0.00 | 0.00 |

END OF DOCUMENT



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Edmundson
UNIVERSITY REGISTRAR



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 343-0070
 Toll free: (866) 908-0070
 www.nmhsc.com

POSTGRADUATE TRAINING VERIFICATION

University of CA - San Francisco - GME chg
 1001 Potrero Ave Building 80-83
 San Francisco, CA 94110-0244

Re: Adela Sze-wing Tam (38287)

Residency, Family Medicine, 2009

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

This is to certify that: Adela Sze-wing Tam, undertook and satisfactorily completed a full term approved program of 36 (number) months at University of CA - San Francisco - GME chg, 1001 Potrero Ave Building 80-83, San Francisco, CA 94110-0244 in the field of Family Medicine from 6/17/06 (Mo/Day/Yr) to 6/30/09 (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:

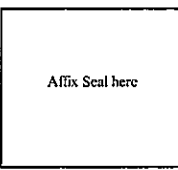
- The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
- The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids 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 addiction 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.

Teresa J. Vitella, MD Print name of person completing this form
[Signature] Signature
6/8/10 Date

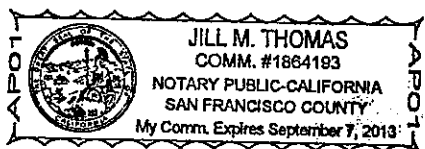
Jill M. Thomas Signature of Notary
6/8/10 Date
 My commission expires: 9/7/13



If there is no hospital or notary seal, this form is unacceptable. Thank you for your cooperation.

Please return this form to the attention of:

Hospital Services Corporation
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 P. O. Box 92200
 Albuquerque, NM 87199-2200



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 7471 Pan American Freeway NE 87109
 Phone: (505) 343-0070
 Toll free: (866) 908-0070
 www.nmhscc.com

POSTGRADUATE TRAINING VERIFICATION

University of CA - San Francisco - GME chg
 1001 Potrero Ave Building 80-83
 San Francisco, CA 94110-0244

Re: Adela Sze-wing Tam (38287)
 [Redacted]
 Chief Resident, Family Medicine, 2010

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

This is to certify that: Adela Sze-wing Tam, undertook and satisfactorily completed a full term approved program of 12 (number) months at University of CA - San Francisco - GME chg, 1001 Potrero Ave Building 80-83, San Francisco, CA 94110-0244 in the field of Family Med from 7/15/09 (Mo/Day/Yr) to 7/14/10 (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 addiction 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.

Teresa J. Vilela MD Signature [Signature] Date 6/8/10
 Print name of person completing this form

Signature of Notary [Signature] Date 6/8/10

My commission expires: 9/7/13

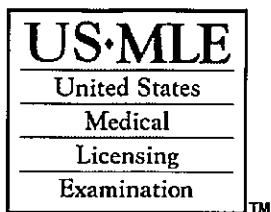
If there is no hospital or notary seal, this form is unacceptable. Thank you for your cooperation.

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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 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date : 04/28/2010

Recipient:

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

Examinee: Tam, Adela
Alt Name(s): Tam, Adela Sze-Wing

Examinee ID#: 5-135-019-7
Date of Birth: [REDACTED] 1976

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 | |
| 06/10/2004 | Pass | 243 | 182 | 98 | 75 | |

| |
|---------------------|
| USMLE STEP 2 |
|---------------------|

Clinical Knowledge (CK)

| Test Date | Pass/Fail | Three-Digit Score | | Two-Digit Score | | Comments |
|------------|-----------|-------------------|-----|-----------------|----|----------|
| | | Total | MP | Total | MP | |
| 07/14/2005 | Pass | 254 | 182 | 99 | 75 | |

Clinical Skills (CS)*

| Test Date | Pass/Fail | Three-Digit Score | | Two-Digit Score | | Comments |
|------------|-----------|-------------------|----|-----------------|----|----------|
| | | Total | MP | Total | MP | |
| 10/14/2005 | Pass | | | | | |

| |
|---------------------|
| USMLE STEP 3 |
|---------------------|

| | Test Date | Pass/Fail | Three-Digit Score | | Two-Digit Score | | Comments |
|------------|------------|-----------|-------------------|-----|-----------------|----|----------|
| | | | Total | MP | Total | MP | |
| CALIFORNIA | 08/01/2007 | Pass | 235 | 184 | 97 | 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.

Tam, Adela Sze-wing

Medical Doctor

MD2010-0527

| | | |
|---|---|------------|
| 5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid? | N | 04/14/2011 |
| 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 | 04/14/2011 |
| 10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation? | N | 04/14/2011 |
| 12. b. Are any currently held licenses pending investigation or being challenged? | N | 04/14/2011 |
| 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 | 04/14/2011 |
| 13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature? | N | 04/14/2011 |
| 16. Since your last renewal have you been reported to the National Practitioner Data Bank? | N | 04/14/2011 |
| 2. Since your last renewal have you been denied professional liability insurance coverage? | N | 04/14/2011 |
| 3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage? | N | 04/14/2011 |
| 4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization? | N | 04/14/2011 |
| 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 | 04/14/2011 |
| 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 | 04/14/2011 |
| 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 | 04/14/2011 |
| 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 | 04/14/2011 |
| 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 | 04/14/2011 |
| 7. Since your last renewal, have you been named as a defendant in any criminal proceedings? | N | 04/14/2011 |
| 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 | 04/14/2011 |
| 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 | 04/14/2011 |
| 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 | 04/14/2011 |
| 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 | 04/14/2011 |
| 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? | Y | 04/14/2011 |
| 20. Are you ABMS (American Board of Medical Specialties) Board Certified? | Y | 04/14/2011 |
| 21. If yes do you hold Lifetime Certification? | N | 04/14/2011 |
| 22. If yes do you hold Time Limited Certification? | N | 04/28/2011 |

10/20/2014

Tam, Adela Sze-wing

Medical Doctor

MD2010-0527

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|---|---|------------|
| 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 | 05/26/2014 |
| 2. Since your last renewal have you been denied professional liability insurance coverage? | N | 05/26/2014 |
| 3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage? | N | 05/26/2014 |
| 4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization? | N | 05/26/2014 |
| 5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid? | N | 05/26/2014 |
| 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 | 05/26/2014 |
| 7. Since your last renewal, have you been named as a defendant in any criminal proceedings? | N | 05/26/2014 |
| 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 | 05/26/2014 |
| 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 | 05/26/2014 |
| 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 | 05/26/2014 |
| 10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation? | N | 05/26/2014 |
| 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 | 05/26/2014 |
| 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 | 05/26/2014 |
| 12. b. Are any currently held licenses pending investigation or being challenged? | N | 05/26/2014 |
| 13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature? | N | 05/26/2014 |
| 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 | 05/26/2014 |
| 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 | Y | 05/26/2014 |
| 16. Since your last renewal have you been reported to the National Practitioner Data Bank? | N | 05/26/2014 |
| 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 | 05/26/2014 |
| 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 | 05/26/2014 |
| 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? | Y | 05/26/2014 |
| 20. Are you ABMS (American Board of Medical Specialties) Board Certified? | Y | 05/26/2014 |
| 21. If yes do you hold Lifetime Certification? | N | 05/26/2014 |
| 22. If yes do you hold Time Limited Certification? | Y | 05/26/2014 |