

3/17/04  
 3/30/04  
 Used to send  
 written exam  
 4/26/04  
 4/27/04  
 4/28/04  
 4/29/04  
 4/30/04

LIC # 016521  
 ISSUED: 05-12-04  
 EXPIRES: 06-30-06

**MAINE MEDICAL LICENSE APPLICATION FLOWSHEET**

For temp license only  
 Extend:  
 Expires:

Permanent  Temporary \_\_\_\_\_ Time Frame \_\_\_\_\_ Letter of need \_\_\_\_\_  
 Camp \_\_\_\_\_ Name/Location \_\_\_\_\_  
 Reinstatement \_\_\_\_\_ Lapsed/Withdrawn Date: \_\_\_\_\_ Lapsed Letter \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_  
 DATE APP REC'D: 3/12/04 APP FEE PD: \$ 352.00 Rec'd: 3/12/04  
 PRORATED LICENCE FEE PD: \$ 433.00 Rec'd: 4/26/04

NAME: Carr, Shannon L. SS#: [REDACTED]

PLACE OF BIRTH: Syracuse, NY DOB: [REDACTED]

MEDICAL SCHOOL: University of Vermont College of Medicine  
 Burlington, VT

SPECIALTY: OB/GYN DATE GRAD: 2000

LICENSE EXAM:	BASED ON	ON FILE	NUMBER/PLACE
FMGEMS/ECFMG	_____	_____	_____
FIFTH PATHWAY	_____	_____	_____
NDAM BD CERT	_____	_____	_____
USMLE	_____	_____	_____
NBME	_____	_____	_____
FLEX	_____	_____	_____
STATE	_____	_____	_____
LMCC	_____	_____	_____
BRITISH ISLES	_____	_____	_____

MALPRACTICE: None OTHER PERSONAL DATA: \*7  
 TRANSCRIPT/DIPLOMA: \_\_\_\_\_ INTERN: \_\_\_\_\_ Yr RES: \_\_\_\_\_ Yrs FELLOW: \_\_\_\_\_ Yrs  
 STATE VERIFICATIONS: \_\_\_\_\_ SBI: \_\_\_\_\_ FSMB: \_\_\_\_\_ NPD: \_\_\_\_\_ PGY LTRS: \_\_\_\_\_  
 REFERENCE LETTERS: \_\_\_\_\_ Reg'd: 4/22/04 W

STILL NEED: ~~trans~~, need 5/3/04 Waiting for response from FOCUS  
 COMMENTS: EC-03-048 exp 6/30/04

APPROVAL  
 D. SPRAGUE DATE 5/4/04 S. R. OLDHAM, MD DATE 5/11/04  
 LIC COM LIST A LIST B LIST C AGENDA DATE  
 COMMENTS: Maintenance presentation 1990 OK for  
 medical record suspension [initials]

BOARD APPROVED YES NO APPROVAL DATE  
 WRITTEN EXAM SENT 4/11/04 REC'D 4-26-04 SCORE 94

3/17/04

NPD 20

CARR, Shannon L., MD  
 016521



Maine Board of Licensure in Medicine  
Medical Practice License Registration

Expiration Date: June 30, 2006

- - - 016521

This is to certify that the physician named below is licensed for the practice of medicine and surgery in the State of Maine and that the license is validly registered for the period May 12, 2004 through June 30, 2006 pursuant to Title 32, Maine Revised Statutes of 1964, Chapter 48, as amended. If this registration certificate is marked "Inactive" the licensee may not lawfully provide professional services within the borders of the State of Maine without having first satisfied the Board of his/her Continuing Medical Education qualification in compliance with Board Rules, Chapter 1, Section 13.

LICENSEE NAME

Carr, Shannon L, MD  
Women's Center  
24 Miles Way  
Damariscotta ME 04543



MAINE LICENSE CERTIFICATE #


016521



Sheldon R. O'Neil, M.D., Secretary  
Maine Board of Licensure in Medicine

DISPLAY WITH LICENSE


VOID WITHOUT IMPRINTED BOARD SEAL

 Maine Board of Licensure in Medicine  
Medical Practice License Registration

**Verification**

Licensee Name: Shannon L. Carr, MD  
Maine License #: 016521  
Expiration Date: 06/30/2006

The physician named is licensed for the practice of medicine and surgery in the State of Maine. The registration of this license is valid through the expiration date. See reverse side for limitations.



Sheldon R. O'Neil, M.D., Secretary  
Maine Board of Licensure in Medicine



**Permanent MD License Application**

State of Maine  
Board of Licensure in Medicine  
137 State House Station  
Augusta, ME 04333-0137

**-010881**

**APPLICATION FOR LICENSE TO PRACTICE MEDICINE**

Application Fee  
Exam Fee

APPLICATION DATE March 9, 2004

I, I hereby apply for licensure to practice medicine and/or surgery in the State of Maine and in support of this, submit the following information

NAME CARR Sherwood Louise  
Last First Middle

ADDRESS [Redacted]  
Number and Street (Note: License Company addresses will not be accepted) City State Zip/Postal Code

Social Security Number [Redacted] Daytime Telephone [Redacted] Date of Birth [Redacted] WK DAY YR

Specialty OBSTETRIC AND GYNELGOGY Place of Birth SYRACUSE, NEW YORK

Medical School Attended UNIVERSITY OF VERMONT COLLEGE OF MEDICINE MAY 21, 2000  
NAME GRADUATION DATE  
FURLINGTON, VERMONT, UNITED STATES OF AMERICA  
CITY, STATE, COUNTRY

Will you practice in Maine within the next year?  Yes  No If yes, in what community? PARMISLOTTA

**2. AFFIDAVIT OF APPLICANT**

I, Sherwood CARR being duly sworn, depose and say that I am the person described and identified in this application

I have carefully read the questions in this application and have answered them completely without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and recent), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, and foreign) to release to this licensing Board any information, files or records required by the Board for it's evaluation of any professional and ethical qualifications for licensure in the state of Maine. I hereby release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine. I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

Signature of Applicant [Redacted]  
Date March 9, 2004  
Signature of Notary [Redacted]

Notary Public, Maine  
My Commission Expires September 11, 2005



1) APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC  
2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL, OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.

### 3. MEDICAL LICENSURE

-- -016521

List all states, provinces, or countries where you have held, now hold, or have applied for a medical license:

State	Cert #	Status	Date Expires	State	Cert #	Status	Date Expires
N/A							

### 4. PERSONAL DATA

Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be referenced by question number, signed, dated, and enclosed with your application.

- YES  NO
1. Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES  NO
2. Have you EVER been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES  NO
3. Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- YES  NO
4. Have you EVER been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by:
- a) U.S. Drug Enforcement Administration (DEA)?
- b) Any state/territory of U.S. INCLUDING MAINE?
- YES  NO
5. Have you EVER received a sanction from Medicare or from any state Medicaid program?
- YES  NO
6. Have you EVER suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician, or that resulted in the inability to practice medicine for more than 30 days?
- YES  NO
7. Have you EVER been charged, summoned, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES  NO
8. Have you EVER applied for hospital, HMO, or other health care entity privileges which were denied?
- YES  NO
9. Have you EVER had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES  NO
10. Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES  NO
11. Have you EVER been deselected from a managed care organization physician panel?
- YES  NO
12. Have you EVER been disciplined by a professional society or resigned while accusation was pending?
- YES  NO
13. Have you EVER had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company representatives without your express consent?
- YES  NO
14. Do you have any open malpractice claims?
- YES  NO
15. Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

**5. PROFESSIONAL EXPERIENCE/HOSPITAL AFFILIATIONS -016581**

List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges. Include all periods of time (Month and Year) from the date of completion of residency to the present, whether or not engaged in activities related to medicine. Be certain to report **COMPLETE** addresses. You may photocopy this page, if necessary.

From Mo./Yr.	To Mo./Yr.	Name of Hospital, Institution, or Practice	Complete Address (Street, City, State, Zip)	Nature of Experience	Office Use Only	
		N/A				

-- -016521


7) Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?

April 19, 1990 Harris County Criminal Court at Law #7  
Cause No 9015388 Misdemeanor offense - possession of marijuana

November 21, 1990 Charges dismissed

During the month of April 1990 I traveled to Guatemala to visit a friend who was in the Peace Corps. Upon return to the United States my bags were searched and approximately one ounce of marijuana was found. I was unaware that the marijuana was in my possession. I was arrested and appeared in Harris County Criminal Court in Houston, Texas and was charged with the above misdemeanor. I served a six month probationary period after which the charges were dismissed.

Signature

  
Shannon L. Carr

Date March 9, 2004

-- -016521

The Federation of State Medical Boards of the United States, Inc.  
**Federation Credentials Verification Service**  
P.O. Box 619850  
Dallas, Texas 75261-9850  
Telephone (817) 868-4000  
Fax (817) 868-4099

### Physician Information Profile



This report is compiled exclusively for

**Name:** Shannon Louise Carr  
**SSN:** [REDACTED]  
**DOB:** [REDACTED]  
**Packet ID:** [REDACTED]  
**Recipient:** Maine Board of Licensure in Medicine

#### NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums of information is strictly prohibited.

FEDERATION CREDENTIALS VERIFICATION SERVICE

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- - - 016521

# Section I

FCVS Reports

-- -016521

FEDERATION CREDENTIALS VERIFICATION SERVICE

## Physician Information Report

### Identity:

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Name	Shannon Louise Carr	
Other Name Used	Shannon Carr	
Gender	Female	
Date of Birth	[REDACTED]	
Place of Birth	Syracuse, NY USA	
SSN	[REDACTED]	
Current Address	[REDACTED]	
Permanent Address	Same	
Telephone Numbers	Bus	207-871-2702
	Fax	N/A
	Home	[REDACTED]
	Other	N/A
Physical Description	Height	[REDACTED]
	Weight	[REDACTED]
	Eye Color	[REDACTED]
	Hair Color	[REDACTED]
Physical Marks	Description	N/A
	Location	N/A

### Premedical Education (Reported by physician. Not verified by FCVSC)

---

Institution	University of Illinois - Champaign/Urbana, Urbana, IL 61801
Dates of Attendance	09/1984 - 12/1986
Degree Awarded	none
Institution:	University of Maine - Farmington, Farmington, VT 04938
Dates of Attendance	06/1992 - 05/1994
Degree Awarded:	Bachelor of Arts

### Medical Education:

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Current, valid ECFMG	N/A
ECFMG Number	N/A
Date Issued	N/A
Medical School	University of Vermont College of Medicine Given E-215 89 Beaumont Avenue Burlington, VT 05405

- - - 016521

Dates of Attendance 08/16/1994 - 04/30/2000  
Graduation Date 05/21/2000  
Degree Awarded Doctor of Medicine  
Unusual Circumstance Leave  
See Form

---

**Post Graduate Medical Education:**

Institution **Maine Medical Center  
Department of Obstetrics and Gynecology  
22 Bramhall Street  
Portland, ME 04102**

Post Graduate Year **1**  
Program Type **Internship**  
Department **Obstetrics and Gynecology**  
Dates of Attendance **07/01/2000 - 06/30/2001**  
Completion **Yes**  
Accreditation **ACGME**

Post Graduate Year **2-4**  
Program Type **Residency**  
Department **Obstetrics and Gynecology**  
Dates of Attendance **07/01/2001 - 06/30/2004**  
Completion **To Be Completed On 06/30/2004**  
Accreditation **ACGME**

Unusual Circumstance **None**

---

**Fifth Pathway:**

**N/A**

---

**Examination History:**

Transcripts Enclosed For **USMLE Step 1  
USMLE Step 2  
USMLE Step 3**

---

**Board Action:**

A Report of the results from a search of the Board Action Data Bank is enclosed

-- -016521

## Omission / Discrepancy Report

### Physician Identification

Name Shannon Louise Carr  
DOB [REDACTED]  
SSN [REDACTED]  
Packet ID [REDACTED]  
Request ID [REDACTED]

### REPORT OF OMISSIONS

#### Omission 1:

Section of Profile **Medical Education**

Omission The applicant responded No to all of the questions in the Unusual Circumstances Section of the application for attendance at Univ Vermont Col Of Med. The institution responded Yes to the Leave question in the Unusual Circumstances Section of the Verification of Medical Education form.

Follow-Up See comments on Verification of Medical Education Form. A copy of the FCVS application page from the applicant reporting the Unusual Circumstances is included immediately following the Verification of Medical Education form.

*Fellowship & Elective* *Packet ID discrepancy verified & rectified*

### REPORT OF DISCREPANCIES

#### Discrepancy 1:

Section of Profile **Post-Graduate Education**

Discrepancy The applicant reports program type for PGY 4 is Chief Resident. Maine Medical Center reports program type for PGY 2--> Residency.

Follow-Up Left to Recipient's discretion.

### MISCELLANEOUS INFORMATION

#### Miscellaneous 1:

Section of Profile **Continuity of Education**

Issue There is a gap of approximately 6-12 years between premedical education at University of Illinois (ends 12/1986) and University of Maine Garmington (begins 06/1992).

Follow-Up Provided as information only. No follow up performed.

End of report for Shannon Louise Carr

Packet Id 39936

Request Id 13148216

Report Created By DMT

PK

25

-- -016521

## Board Action Databank Search


State Queried For	Maine Board of Licensure in Medicine
Physician's Name	Carr, Shannon Louise
Date of Birth	[REDACTED]
Medical School	046010 - Univ Vermont Col Of Med
Year of Graduation	2000
Social Security Number	[REDACTED]
ECFMG Number	N/A

---

**Results:**

WE HAVE NO UNFAVORABLE INFORMATION  
REGARDING THE ABOVE NAMED PHYSICIAN

APR 28 2004

  
DALE J. AUSTIN  
SENIOR VICE PRESIDENT  
AND CHIEF OPERATING OFFICER

-- -016521



# Section II

Identity

-- -016521

**AFFIDAVIT AND RELEASE**

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service 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 Federation Credentials Verification Service or any of its 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 Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

\_\_\_\_\_

Applicant's Signature (must be signed in the presence of a notary)

*LARR*

Applicant's Printed Last Name

*JHANNIN, L.*

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

*March 9, 2007*

Date of Signature (must correspond to date of notarization)



State of Illinois County of Franklin

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify the applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 9th day of March 2007.

Notary Public signature \_\_\_\_\_  
*Cynthia A. Grote*

My commission expires \_\_\_\_\_  
CYNTHIA A. GROTE  
Notary Public, State of Illinois  
My Commission Expires September 11, 2008 *9-11-2008*

**Notary:**  
The Physician has been instructed to sign the front of the photograph.  
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

-- -016521

# Section III

Medical Education



- - -016521

The Federation of State Medical Boards of the United States, Inc

Federation Credentials Verification Service

P O Box 619850  
Dallas, TX 75261-9850  
Telephone (817) 868-5000  
FAX (817) 868-5099

May 4, 2004

Maine Board of Licensure in Medicine  
117 State House Station  
Augusta, ME 04333-0137

Attn: Vickie Plummer

RE: Name: Shannon Louise Carr  
Packet ID: [REDACTED]  
Request ID: [REDACTED]

Per request of your Board I have reviewed the Verification of Medical Education Form included in the Physician Information Profile mailed to you on April 30, 2004. The information reported on both page 1 and 2 address the medical education of Dr. Shannon Louise Carr. The Verification of Medical Education form is a two page document. The institution has copied page two onto the back of page 1 and then completed the information.

If you have any other questions, please contact me.

Sincerely,



Deborah Reed  
Manager  
Federation Credentials Verification Service  
Federation of State Medical Boards



The Federation of State Medical  
Federation Credentials

Boards of the U. S. Inc.  
Verification Service

016521

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### Fax Cover Sheet

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**TO:** Vickie Plummer, Licensing Specialist

**FAX:** 207-287-6590

**RE:** Dr. Shannon Louise Carr

**FROM:** Meridee Silva

**FAX:** 817-868-5099

**PHONE:** 817-868-5020

**DATE:** May 4, 2004

**COMMENTS:** Vickie:

To follow will be a cover letter regarding the medical education  
for Dr. Carr.

Thank you,  
Merider Silva  
Customer Relations Specialist  
Federation Credentials Verification Service

---

**Total Pages (including cover):** 2pgs  
Information contained in this document may be CONFIDENTIAL and may also be UNLAWFUL. PRIVACY NOTICE provided only for the addressee. If you are not the addressee, you are notified that any use or dissemination is strictly prohibited. Please notify FSMB by telephone as soon as possible if you received this document in error.

- 016521

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)  
**VERIFICATION OF MEDICAL EDUCATION**

(This form must be completed by the medical school)

**INSTRUCTIONS TO THE DEAN**

The individual identified on the attached Authorization For Release of Information, Documents and Reports form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

**VERIFICATION OF MEDICAL EDUCATION**

Name of Institution: University of Vermont College of Medicine  
Complete Address: Student Affairs, Given E-215  
Street Address: 89 Beaumont Ave  
City: Burlington State: VT ZIP Code (Postal Code): 05405

If name of institution was different when this individual attended, please note this name below:

**Premedical Education:**

Years of education required for admission to your medical school: three years college level  
Credential/Degree presented by the applicant for admission to your medical school: BA

Enrollment and Participation: Our records indicate that Carr, Shannon Louise  
(Specify individual's name: Last, First, Middle, Initial)  
attended our medical school for total of 164 weeks of medical education on the following dates (mm/dd/yy):  
From 8 / 16 / 1994 To 4 / 30 / 2000  
Month Date Year Month Date Year

**This individual (check one):**

- was awarded the degree of Doctor of Medicine on 5 / 21 / 2000  
Month Date Year
- was NOT awarded a degree (please attach an explanation)

Certification: By my signature, I, Marge Susan Sproul, M.D., certify that the above information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: Marge Susan Sproul  
Title: Associate Dean for Student Affairs  
Date of Signature: 4/15/2004  
Phone: (802) 656-2150 Fax: (802) 656-9377  
Email: \_\_\_\_\_

**SEAL VERIFIED**

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

VERIFICATION OF MEDICAL EDUCATION

(continued)

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary)

- 01652 -

1. Do the individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

Response YES  NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved

	From Mo/Yr:	To Mo/Yr:	Approved	Unapproved
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)	Pathology Fellowship 1/97-12/97		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	International elective 4/99-1/00		<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>
Please Specify	_____			

2. Do the individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

Response YES  NO

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to the report

From Mo/Yr: To Mo/Yr:

Academic Probation \_\_\_\_\_  
 Probation for unprofessional conduct/behavioral \_\_\_\_\_  
 Probation for other reason \_\_\_\_\_  
 Please specify reason: \_\_\_\_\_

3. Do the individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

Response YES  NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s)

\_\_\_\_\_

4. Do the individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university?

Response YES  NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s)

\_\_\_\_\_

5. Do the individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

Response YES  NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

\_\_\_\_\_

APR 20 2004

Applicant: Print your complete last name

CARR

17 U.S./Canadian Medical Education

Complete this page only if you have attended a medical school located in the U.S. or Canada.

List all the medical schools you attended in chronological order.

You may photocopy this page to report more than two (2) institutions if necessary.

If your medical school is outside of the United States and/or you participated in a Fifth Pathway program proceed to the next page.

If necessary, you may continue your explanation of Unusual Circumstances on a separate 8 1/2" x 11" sheet of paper. Your response may not exceed 100 words per question.

DOCUMENTATION: You must include a complete, legible photocopy of your medical school diploma.

If a break of six (6) months or more occurred between medical schools attended or between graduation from medical school and your first year PGY, please provide a written explanation outlining your activities during this "gap" period on the enclosed Gap Explanation Form.

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

Complete name of institution #1 (Do not abbreviate)

BURLINGTON

VT State

From 08 1994 to 05 2000 Degree

None MD DO MD/PhD combined Did not graduate

Exact date of graduation 05 21 2000

Unusual Circumstances (circle yes or no)

- Did you ever take a leave(s) of absence or break(s) from your medical education? No
Were you ever placed on probation? No
Were you ever disciplined or placed under investigation? No
Were any negative reports ever filed against you? No
Were any limitations or special requirements imposed on you because of academic, incompetence, disciplinary problems or for any other reason? No

Please explain any "Yes" responses from above

Empty grid for institution #2

Complete name of institution #2 (Do not abbreviate)

Empty fields for institution #2 name and state

From to Degree

None MD DO MD/PhD combined Did not graduate

Exact date of graduation

Unusual Circumstances (circle yes or no)

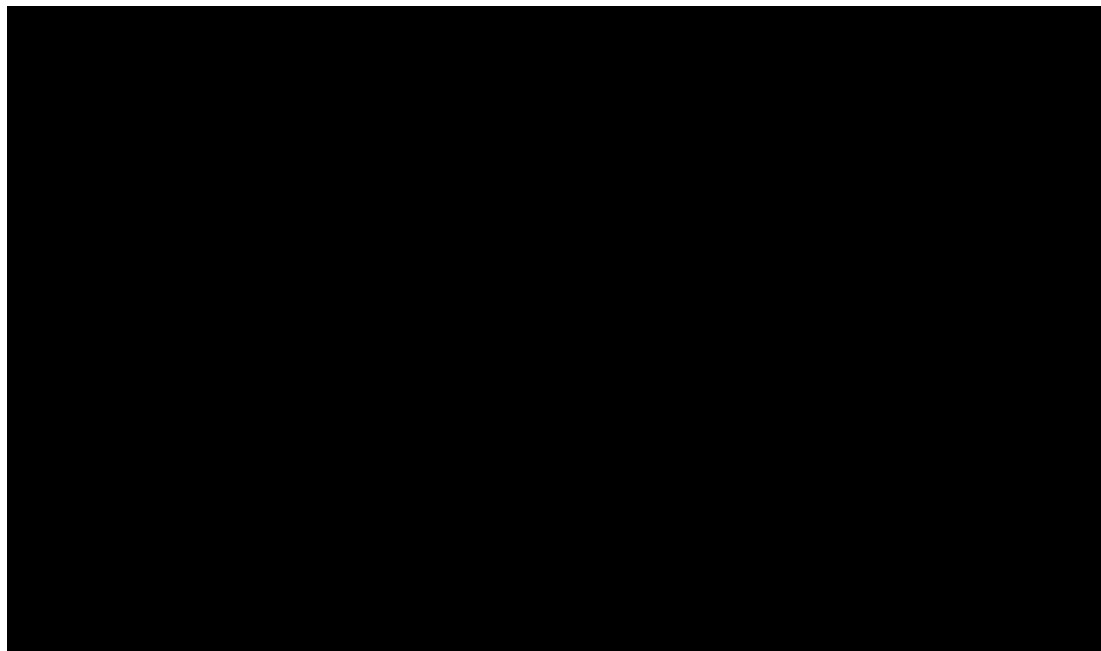
- Did you ever take a leave(s) of absence or break(s) from your medical education? No
Were you ever placed on probation? No
Were you ever disciplined or placed under investigation? No
Were any negative reports ever filed against you? No
Were any limitations or special requirements imposed on you because of academic, incompetence, disciplinary problems or for any other reason? No

Please explain any "Yes" responses from above

SHAPING Our Third Century

Dean's Letter of Evaluation for Shannon Louise Carr, '00

INTRODUCTION



BASIC SCIENCE CORE

Ms. Carr enrolled at the University of Vermont College of Medicine in August 1994. She completed the Basic Science Core and earned a grade of "honors" in General Pathology and Medical Microbiology. She earned a grade of "pass" in all her remaining courses.

Only twenty-three students in this class earned honors grades in two or more courses. This was a strong performance by Ms. Carr.

Ms. Carr's tutor in the first year of the Basic Clerkship said:

Ms. Carr completed a thorough physical examination within an appropriate amount of time. She briefly and comfortably explained each step. She appears competent with the diagnostic instruments.

During the summer following her first year she took a clinical elective in family practice and pediatrics in Middlebury, Vermont. Her preceptor said:

Dean's Letter of Evaluation for Shannon Louise Carr, '00: 2

Shannon was very pleasant and enthusiastic student who got along well with the health care team.

Ms. Carr's tutor for the second year of the Basic Clerkship observed:

Shannon showed excellent progress. Her interactions with patients are professional. Her physical examination skills are good, and her written work is very strong.

#### CLINICAL SCIENCE CORE

The following are comments taken from evaluations submitted by attending and resident physicians who supervised Ms. Carr during the Clinical Science Core. The evaluations are presented in the order in which the rotations were completed.

Family Practice: Shannon was very eager to learn. She is an exceptional student. **PASS**

Internal Medicine: Shannon was reliable and thorough. She is already developing that sixth sense about differentiating between who is sick and who is not that any good physician needs. She adjusted quickly to clinical demands and became actively involved with the patients. She established good rapport and easily integrated herself into the team. She demonstrated independent learning through literature searches and use of a computer database. She functioned well above her training level. She is extremely hard working, highly compassionate, and mature. She is very much a team player. She has an amazing fund of knowledge. She is an eager and energetic student who has good rapport with her patients. She often made useful suggestions. Shannon is very conscientious and provided optimal care for her patients. Her enthusiastic spirit and positive attitude were refreshing. In the outpatient setting she was very motivated and did a good job. **HONORS**

Psychiatry: Shannon turned in a very good performance. She was particularly impressive in regard to her motivation. She was very available and worked very long hours. She asked many excellent questions. She was very sensitive and empathic with patients. She was well informed about her patients. She worked very well independently. Shannon is bright, thorough, and conscientious. She has an excellent grasp of medical concepts and expresses herself orally and in writing with impressive skill. She is both caring and curious. **PASS**

Dean's Letter of Evaluation for Shannon Louise Carr, '00:

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Surgery: Shannon Carr did four weeks of general surgery, two weeks of trauma surgery, and two weeks of pediatric surgery. She worked independently and showed initiative in researching topics. She was eager to learn and easy to work with. She was very industrious and asked pertinent questions. She was very reliable. She established good relationships with her patients. She was enthusiastic, interested, and inquisitive. She has good problem solving skills. She is a very caring person who worked well with all the health care personnel. **PASS**

Pediatrics: Shannon is a very hard working student who combined an inquisitive mind with a great attitude. Her strengths include her enthusiasm to learn and her thorough commitment to her patients. Her written work was excellent. She was eager, competent, well organized, and bright. She would merit a grade of "high pass" if this were an option. **PASS**

Obstetrics and Gynecology: Shannon has an appropriate and professional demeanor with patients. She is reliable, eager, and energetic. She has excellent rapport with patients and is very kind. Her outgoing personality and well-developed intuition allowed her to develop strong, trusting relationships with staff and patients. She is a hard worker. She was very enthusiastic about obstetrics and gynecology. She asked great questions and showed great attention to detail. She has a witty sense of humor. She is curious and motivated. She read extensively and applied her new knowledge to her patients' problems. She was capable of translating classroom knowledge into the clinical setting skillfully. Her histories and physical examination were always clear, thorough, organized, well thought out, and of high quality. She was obviously doing considerable external reading. Her knowledge base surpasses that of most of her peers. She showed exceptional interest, insight, and surgical expertise. She will be an excellent house officer. She was a truly wonderful student to work with. **HONORS**

Only forty-one students in this class earned honors grades in two or more rotations in the Clinical Science Core. This was a strong performance by Ms. Carr.

**PATHOLOGY FELLOWSHIP**

Following completion of the Clinical Science Core Ms. Carr elected to delay her advanced clinical studies in order to pursue a Pathology Fellowship with our Department of Pathology. She completed this fellowship from January through December 1997. Her work during the fellowship is described as follows:



Dean's Letter of Evaluation for Shannon Louise Carr, '00:

Shannon's overall performance as a student fellow was excellent. She rotated through the autopsy service, surgical pathology, microbiology, cytopathology, chemistry, and immunopathology. She spent one month in Boston working in gynecological pathology at Brigham and Women's Hospital. Her evaluations were excellent. Shannon worked diligently and showed excellent medical knowledge. She was invariably upbeat and enthusiastic.

Shannon became actively engaged in our teaching program for first and second year medical students. She was very effective in this role, and her work was unusually well received by the students.

Shannon's fellowship experience has provided her with an exceptionally strong background in gynecologic pathology. She was an excellent student fellow.

**ADVANCED BASIC SCIENCE CORE**

Ms. Carr completed the Advanced Basic Science Core in January of 1998. She earned a grade of "pass" in all her courses. The Advanced Basic Science Core is graded on a pass/fail basis only. No honors grades are awarded.

**SENIOR SELECTIVE PROGRAM**

During the final Senior Selective phase of the curriculum, currently in progress, Ms. Carr has received the following evaluations. The evaluations are presented in the order in which the rotations were completed.

Nurse Midwifery Service, Fletcher Allen Health Care, Burlington, Vermont: Shannon is a quiet, concerned care provider. She has excellent patient rapport and is sensitive to psychosocial concerns. **PASS**

Acting Internship in General Obstetrics: Shannon assisted in seventeen vaginal deliveries and several cesarean sections. She did numerous evaluations of patients for possible labor or ruptured membranes. She was certified in the skills of cervical examinations, sterile speculum examinations, spontaneous vaginal deliveries, and newborn care. She is an excellent team player who was very willing to help in all functions. She has excellent technical skills and very good patient interaction skills. She is eager to learn, diligent, and resourceful. She has good interpersonal skills. She was able to be flexible with her approach to her patients. She has a great sense of humor. She is hard working, and she takes criticism well. She was always eager to learn. **HONORS**

Dean's Letter of Evaluation for Shannon, Louise Carr, '00:

5

Anesthesiology, Fletcher Allen Health Care, Burlington, Vermont: Shannon is a very strong student. She displayed solid clinical skills and a willingness to learn and improve. She clearly met the objectives of the rotation. **PASS**

Infectious Diseases, Fletcher Allen Health Care, Burlington, Vermont: Shannon did an outstanding job. Her notes were organized, well written, and legible. She was serious and enthusiastic about her work. **HONORS**

Acting Internship in Critical Care Medicine, Fletcher Allen Health Care, Burlington, Vermont: Shannon did an excellent job caring for several very sick patients in our intensive care unit. She was reliable and timely with her notes. She always followed up on loose ends. She worked well with many consultants. Her verbal presentation of complex information improved a lot during the month. **PASS**

Urogynecology, Fletcher Allen Health Care, Williston, Vermont: Shannon was outstanding with respect to diligence and reliability. She had very good technical skills and related well to patients and staff. **HONORS**

Internal Medicine, Houlton, Maine: Ms. Carr has a good clinical fund of knowledge. Her physical examination is thorough and systematic. Her history taking skills were excellent. She is an independent thinker. Her patient presentations were organized and logical. She was extremely conscientious and had excellent relationships with patients and staff. **NO GRADE ASSIGNED**

Dermatology, Fletcher Allen Health Care, Burlington, Vermont: Shannon was exceptionally helpful in clinic. She has a good clinical knowledge base, diligence, good rapport with patients, and excellent technical skills. **HONORS**

Gross Anatomy, University of Vermont College of Medicine, Burlington, Vermont: Shannon was a teaching assistant while we were teaching abdomen, pelvis, and perineum. She was very conscientious and worked hard. Students really appreciated her knowledge and the extra time she spent with them outside the lab. She was very helpful and knowledgeable. She has a fabulous teaching style. She was patient, enthusiastic, and helpful. She had a deep grasp of the material and was very excited about it. She provided useful clinical correlations and explained herself clearly. **PASS**

Dean's Letter of Evaluation for Shannon Louise Carr, '00:

6

Clinical Infertility, University of Arizona College of Medicine, Tucson, Arizona: Shannon Carr has an excellent fund of general medical knowledge. She is well read in obstetrics and gynecology. She was knowledgeable regarding her patients. She showed excellent problem solving and judgement. She was able to prioritize patients' problems with multiple and complex conflicting variables. She is a true self-starter. She took responsibility for her educational experience. She was always present for weekend patients and procedures. She took extra overnight call to gain experience in labor and delivery. Shannon has excellent rapport with patients, staff, and colleagues. She has good skills in history taking and physical examination and has solid basic obstetrical and gynecological examination skills. She developed competence with specialized procedures including transvaginal ultrasound. **HONORS (unofficial)**

Acupuncture, Burlington, Vermont: Ms. Carr is astute, focused, and eager to learn. Her diligence to the patients' needs and her reliability to the office's needs were outstanding. Her presence puts patients at ease. She read extensively on her own and posed relevant questions. She was very attentive. She was open minded and willing to learn outside her usual paradigm. **HONORS (unofficial)**

Independent Study on Ethical Issues in Obstetrics and Gynecology around the Globe: Shannon's work in this independent study was outstanding. She worked to achieve a solid understanding of foundational ethical principles and concepts through her careful reading of both core bioethics texts and classic articles in obstetrics and gynecology ethics. Through increasingly self-directed readings on ethics and global population policy, she focused on readings that tied in with her plans to work in clinics in Nepal in the upcoming year. Most impressive was her decision to culminate her independent study with a project that would not merely advance her own knowledge and skills, but also those of her peers and professors as well. She organized an expert panel discussion on "Global Population Policy as it Affects Reproductive Choice: An Ethical Dilemma." She structured the panel in advance and served as a skillful facilitator of the session, responding effectively and creatively to moderate the presentation, and structure an informative and provocative teaching session. **HONORS**

(Extramural rotations at non-affiliated sites are officially graded as pass or fail only. Official honors grades may only be awarded by faculty of the

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Dean's Letter of Evaluation for Shannon Louise Carr, '00:

University of Vermont College of Medicine. The College of Medicine does not use a "high pass" grade.

#### INTERNATIONAL ELECTIVE

Ms. Carr traveled to Nepal in April 1999; she plans to remain there through November 1999. She is working in the field of women's health and perinatal health at the Tribhuvan University Teaching Hospital in Kathmandu. She elected to delay her graduation for a year in order to experience this elective opportunity.

#### RESEARCH

Ms. Carr received a research fellowship for a project which she completed during the summer following her first year. Under the direction of Paula Tracy, Ph.D., a faculty member in the Department of Biochemistry, she studied the potential role of platelets in the hypercoagulable state associated with diabetes mellitus.

#### EXTRACURRICULAR ACTIVITIES

During her time in medical school Ms. Carr assisted the Committee on Admissions as a discussion leader and tour guide for medical school applicants. With other members of the local chapter of the American Medical Student Association (AMSA) she participated in a blood pressure screening clinic at a local farmer's market. She is a member of the American Medical Women's Association (AMWA). She was student participant in the reaccreditation process when the University of Vermont was reviewed by the Liaison Committee on Medical Education in 1997.

#### UNITED STATES MEDICAL LICENSING EXAMINATION

Ms. Carr passed Step 1 of the United States Medical Licensing Examination (USMLE) in October 1997 with a score of 225. She passed Step 2 in March 1999 with a score of 223.

#### SUMMARY

The small size of the University of Vermont College of Medicine allows me to develop a personal relationship with each student. I meet individually with students at least four times during the course of their enrollment.

Shannon Carr is an eager, hard working, reliable, and enthusiastic student who is recognized for her excellent relationships with patients, her strong fund of knowledge, and her initiative in learning independently. She is distinguished by her year of

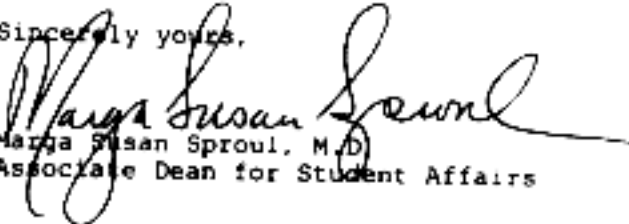
Dean's Letter of Evaluation for Shannon Louise Carr, '00: 8

additional training in pathology and by her interest and experience in international health.

Ms. Carr has chosen to pursue further training in the field of obstetrics and gynecology. Her conscientious, thorough, and compassionate approach to patient care will make her a welcome and effective contributor to the residency program that is fortunate to match with her.

The University of Vermont College of Medicine does not calculate or otherwise identify a class rank. Using the rating scale below I am pleased to endorse Ms. Carr as an excellent house officer candidate. This endorsement is based on my assessment of her overall performance in our curriculum.

Sincerely yours,



Marga Susan Sproul, M.D.  
Associate Dean for Student Affairs

Scale:  
SUPERIOR  
EXCELLENT  
VERY GOOD  
GOOD  
SATISFACTORY

November 1, 1999

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# The University of Vermont

COLLEGE OF MEDICINE, OFFICE OF STUDENT AFFAIRS  
1215 GREEN BUILDING, 89 BEAUMONT AVENUE  
BURLINGTON, VERMONT 05405  
TEL: (802) 656-2150  
FAX: (802) 656-0377



## OFFICIAL TRANSCRIPT OF GRADES

RECORD OF CARR, Shannon Louise CLASS 1998-1999 <sup>2000</sup> University of Vermont  
PERMANENT ADDRESS [REDACTED] COLLEGE OF MEDICINE  
BIRTH DATE [REDACTED] SOCIAL SECURITY NO. [REDACTED] Burlington, Vermont  
COLLEGES ATTENDED U Maine Farmington, Biology BA 5/94  
Magna Cum Laude

### BASIC SCIENCE CORE

8/16/94-6/16/95  
8/21/95-12/7/95

Anatomy, Gross	PASS
Anatomy, Microscopic	PASS
Basic Clerkship	PASS
Biochemistry	PASS
Medical Microbiology	HONORS
Intro. to Psychopathology	PASS
Neurosciences	PASS
Physician in Society	PASS
Pathology, General	HONORS
Pathology, Systemic	PASS
Pharmacology	PASS
Physiology	PASS
Optional Clinical Elective	

### CLINICAL SCIENCE CORE

1/2/96-12/20/96

Medicine	HONORS
Obstetrics and Gynecology	HONORS
Pediatrics	PASS
Psychiatry	PASS
Surgery	PASS
Family Practice	PASS
ADVANCED BASIC SCIENCE CORE	
1/5/98-1/30/98	
Epidemiology	PASS
Medical Genetics	PASS
Adv Cardiac Life Supp	PASS
Clinical Pharmacology	PASS
Immunology/Medical	PASS

### SENIOR SELECTIVE PROGRAM

2/1/98-3/1/99, 12/1/99-4/30/00

Nurse Midwifery Service	PASS
General Obstetrics A1	HONORS
Anesthesiology	PASS
Infectious Diseases	HONORS
CCU/AM/ICU	PASS
Urology	HONORS
Internal Medicine/Houston, ME	PASS
Dermatology	HONORS
Gross Anatomy TA	PASS
Clinical Infectious/Antibiotics	PASS
Acute Care/Burlington, VT	PASS
Independent Study OB/GYN	HONORS
OB/GYN Internship/Nepal	PASS
EM/IM/ICU	PASS
Outp/Gyn/Planned Parenthood VT	PASS

International elective 4/99 - 11/99 Pathology Fellowship 1/97-12/97

M.D. DEGREE GRANTED 5/21/2000

APR 15 2000

For an explanation of this transcript, see reverse side.

AUTHORIZED SIGNATURE

An Equal Opportunity Affirmative Action Employer

SEAL VERIFIED



KEY TO TRANSCRIPT

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Prior to September 1967, the work of students was evaluated on the basis of 100 percent. The lowest passing grade was 75 percent except in the case of minor subjects. In the first and second years, the passing grade for each minor subject was 75 percent. In the third year, a grade of 60 percent was accepted for individual minor subjects, but the average for a group of minor subjects must have been 75 percent.

September 1967-August 1969, the work of students was evaluated on the basis of A, B, C, and F. The lowest passing grade was C.

In September of 1969, the College adopted a pass/fail method of student evaluation:

- P or Pass = satisfactory completion of all course work
- F or Fail = less than satisfactory performance
- Fail/Pass = less than satisfactory performance in initial endeavor; course repeated and makeup work evaluated as satisfactory.

Beginning with the class entering in September 1981 (Class of 1985 and those following) student performance has been graded in courses and clinical rotations taught or supervised by the faculty of the University of Vermont College of Medicine on the basis of honors, pass, or fail. However, the following courses are/were graded on a pass/fail basis without any honors grade option:

- |  |                       |
|--|-----------------------|
| Basic Clerkship                                  | Doctoring in Vermont  |
| Case Studies in Health and Illness               | Human Behavior        |
| Clinical Electives during the Basic Science Core | Medical Sexuality     |
| Doctoring Skills                                 | Physician and Society |
|  | Physician in Society  |

Courses in the Advanced Basic Science Core have been graded on a pass/fail basis beginning with the Class of 1994.

Courses and clinical rotations not supervised by the University of Vermont College of Medicine faculty are recorded as pass or fail on our transcript, though the faculty evaluator at another institution may have awarded a different grade based on the grading system in effect at the other institution.

Course work is completed only when grades appear. All courses without grades have not yet been completed.

RELEASE OF INFORMATION

The information provided on the reverse side of this document is being forwarded to you at the request of the student with the understanding that it will not be released to other parties. The Family Educational Rights and Privacy Act of 1974 prohibits release of this information without the student's written consent. Please return this material to us if you are unable to comply with this condition of release.

AUTHENTICATION OF THE RECORD

This transcript is not official without the original impression of the University of Vermont seal and signature of authorized person in the Office of Student Affairs, College of Medicine.

APR 20 2004  
By \_\_\_\_\_

The College of Medicine  
of

# The University of Maryland

*To all to whom these presents may come, sendeth greetings*  
*Whereas the Faculty of the College and the University Senate*  
*have recommended*

**Shannon Louise Carr, B.A.**

*as having completed the studies assigned and passed the Examinations*  
*required. We, the Trustees of the University by virtue of the authority vested*  
*in us do hereby confer upon her the Degree of*

## **Doctor of Medicine**

*and admit her to all the rights, privileges and honors appertaining thereto*  
*In Witness Whereof the seal of the University and the signature*  
*of the President the Dean and the Secretary are herewith affixed*

*Given at Washington, Maryland on the twenty-first day of May in the year of our Lord*

*Two Thousand and of the University the Two Hundred and Ninth*

John M. Crane



Martha P. Weath

*Secretary of the Board of Trustees*

J. L. A. Kennedy

*President of the University*

SEAL  
VERIFIED

Certified as a true and exact copy of the original document

Marga Susan Sproul, M.D.  
Associate Dean for Student Affairs

*Marga Susan Sproul*

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# Section IV

Postgraduate Training

Verification of Postgraduate Medical Education			
<b>Institution:</b> <u>Maine Medical Center</u>  <b>Address:</b> <u>Department of Obstetrics and Gynecology</u> <u>Portland, ME 04102</u>	<b>Attention:</b> <u>Program Director</u>  <b>Alleged University:</b> _____		
<b>Verification For:</b>	<b>Name:</b> <u>Carr, Shannon Louise</u> <b>SSN:</b> [REDACTED] <b>DOB:</b> [REDACTED] individual's Name on Record (if different from above)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     RECEIVED                      APR 20 2004                      By _____                 </div>	
<b>Program Participation:</b> Report incomplete postgraduate years (PGY) separate from those that were successfully completed.  If the postgraduate year is currently in progress report the expected completion date in the "To" field.  Report Internships, Residencies and Fellowships separately.  Use one section per Department/ Specialty if the Department/ Specialty is rotating or transitional. Please provide a schedule of rotations.	<b>PGY:</b> <u>1</u> <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	<b>Specialty/Subspecialty:</b> <u>OB/GYN</u> <b>From:</b> <u>07.01.2000</u> <b>To:</b> <u>06.30.2001</u> <b>Successfully Completed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <b>Accredited by:</b> <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	
	<b>PGY:</b> <u>2-4</u> <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	<b>Specialty/Subspecialty:</b> <u>OB/GYN</u> <b>From:</b> <u>07.01.2001</u> <b>To:</b> <u>06.30.2004</u> <b>Successfully Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In Progress <b>Accredited by:</b> <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	<b>PGY:</b> _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research
	<b>Specialty/Subspecialty:</b> _____ <b>From:</b> _____ <b>To:</b> _____ <b>Successfully Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <b>Accredited by:</b> <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these		
<b>Unusual Circumstances:</b> Circle the correct response. Omitted responses require written explanation.  If necessary, you may continue your explanation on a separate sheet of paper.	Did this individual ever take a leave of absence or break from his/her training? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was this individual ever placed on probation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was this individual ever disciplined or placed under investigation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Were any negative reports ever filed by instructors? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Please explain any "Yes" response from above: _____		
<b>Certification:</b> Your institutional seal in this space. If no seal is available you must have this form notarized.	Completion of the following is certification that the information above is an accurate account of the individual's records and is true and correct. This section MUST be signed by the Program Director (M.D./D.O. only). <b>Name:</b> <u>Donald Wiper MD</u> <b>Signature:</b> [Signature] <b>Title:</b> <u>Residency Program Dir</u> <b>Date of Signature:</b> <u>4-15-04</u> <u>207 871 2749</u> <u>207 871 10252</u> <b>E-Mail:</b> <u>Wiper.D@mmc.org</u>		

**SEAL VERIFIED**

CYNTHIA A. CROTTIER  
 Notary Public, Maine

-016521

Applicant: Print your complete last name

CARR

20 Postgraduate Medical Education

List all of the postgraduate medical education programs you attended in chronological order. Use one page per institution.

You are provided two pages (5, 6) in this application to report this information. You must make a photocopy(ies) of this page to report more than two (2) institutions.

IMPORTANT

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If your postgraduate year is currently in progress, indicate the expected completion date in the "To" field.

Report internships, residencies, fellowships and research programs separately.

Use one section per department.

(PGY) Postgraduate years is also known as postgraduate training level.

If a break of six (6) months or more occurred between any of your postgraduate training activities, please provide a written explanation outlining your activities during this "gap" period on the enclosed Gap Explanation Form.

If necessary, you may continue your explanation of Unusual Circumstances on a separate 8 1/2" x 11" sheet of paper. Your response may not exceed 100 words per question.

Use one (1) page per institution. This page represents \_\_\_\_\_ of \_\_\_\_\_ institution(s).

MAINE MEDICAL CENTER

Complete name of hospital where training was conducted (Do not abbreviate)

UNIVERSITY OF VERMONT

COLLEGE OF MEDICINE

Complete name of affiliated university or college (Do not abbreviate)

22 BRAMHALL STREET

Address line 1

POATLAND ME

Address line 2

USA 04102 -

City ZIP/Postal Code

PGY 1 OBSTETRICS AND GYNECOLOGY
Specialty/subspecialty
From 07 2000 to 06 2001
Successfully Completed? Yes No In progress

PGY 2 OBSTETRICS AND GYNECOLOGY
Specialty/subspecialty
From 07 2001 to 06 2002
Successfully Completed? Yes No In progress

PGY 3 OBSTETRICS AND GYNECOLOGY
Specialty/subspecialty
From 07 2002 to 06 2003
Successfully Completed? Yes No In progress

PGY 4 OBSTETRICS AND GYNECOLOGY
Specialty/subspecialty
From 07 2003 to 06 2004
Successfully Completed? Yes No In progress

Unusual Circumstances (circle yes or no)
Did you ever take a leave(s) of absence or break(s) from your medical education? Yes No
Were you ever placed on probation? Yes No
Were you ever disciplined or placed under investigation? Yes No
Were any negative reports ever filed against you? Yes No
Were any limitations or special requirements imposed on you because of academic incompetence, disciplinary problems or for any other reason? Yes No

Please explain any "Yes" responses from above.

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441

# Section V

Examination History/Score Transcripts



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

## - - - 016521

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: **05/23/2004**



Federation Credentials Verification Service  
ATTN: Maine

Packet ID: [REDACTED]

Examinee: Carr, Shannon Louise  
USMLE ID: [REDACTED]  
DOB: [REDACTED]  
Alt Name(s): [REDACTED]

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

STEP1	Test Date	Pass/Fail	Three-Digit Score (Passing)		Two-Digit Score (Passing)		Comments
			Score	(Passing)	Score	(Passing)	
	10/14/1997	PASS	225	(176)	89	(75)	
STEP2	Test Date	Pass/Fail	Three-Digit Score (Passing)		Two-Digit Score (Passing)		Comments
			Score	(Passing)	Score	(Passing)	
	3/2/1999	PASS	223	(170)	87	(75)	
STEP3 State Board	Test Date	Pass/Fail	Three-Digit Score (Passing)		Two-Digit Score (Passing)		Comments
			Score	(Passing)	Score	(Passing)	
MAINE	7/28/2003	PASS	196	(182)	80	(75)	

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



Patent 5638674

SHS

4.00.10 13242111

END

Page: 1 of 1

TouchGate®

97-016521

**MAINE BOARD OF LICENSURE IN MEDICINE**  
**STATE LICENSURE EXAMINATION**

APR 26 2004

2X

Applicant: SPRINGFIELD BRUCE CARA (please PRINT full name)

Select the best answer to each question by circling either True or False.

1. True or **False** - Sexual contact with a patient is not misconduct if the patient suggests it
2. True or **False** - A patient is never entitled to a copy of his or her own medical record
3. **True** or False - Habitual rudeness to patients and/or colleagues is potential grounds for Board investigation and/or disciplinary action
4. **True** or False - Even if the Licensee (physician or physician assistant) does not belong to the American Medical Association, the AMA code of ethics will be applied to that licensee's behavior
5. True or **False** - Medical Board membership consists only of physicians
6. True or **False** - Outbursts of anger from licensees caused by stress or lack of rest should be excused.
7. True or **False** - Sexual contact with a patient is not deemed misconduct if it occurred outside the office.
8. True or **False** - There is little a licensee can do to prevent the diversion of opioids to drug abusers
9. **True** or False - Any potential issue the Board reviews will be made worse by misrepresentation of facts/circumstances to the Board.
10. True or **False** - If a patient has not paid a bill, the licensee has no obligation to forward records upon request until the bill is paid.
11. **True** or False - If deemed pertinent to the investigation of a complaint, the Board of Medicine has the authority to insist that a licensee undergo a physical, mental, and/or substance abuse evaluation by an evaluator of the Board's choice.
12. True or **False** - Licensees do not need to be concerned about the behavior of their office staff such as the receptionist.
13. **True** or False - The Board reports all disciplines and practice restrictions to all national data banks such as the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank
14. **True** or False - Misrepresenting CME activity on an application for medical license renewal is grounds for discipline by the Board.
15. **True** or False - Licensees should not prescribe controlled substances for themselves or for family members except in emergency situations.
16. True or **False** - Disruptive licensee behavior will be excused as long as the licensee is medically competent.
17. **True** or False - The sale of goods from the licensee's office raises ethical questions
18. **True** or False - If a patient files a complaint and then withdraws it, the Board may still pursue the complaint

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Select the most appropriate answer to each of the following questions by circling the corresponding letter.

19. The most appropriate attitude about managing nonmalignant pain is
- A. the risk of opioid addiction in long-term pain management is not a concern.
  - B. use of opioids in long-term pain management requires monitoring for opioid abuse and diversion; opioid treatment should be reserved for terminal situations.
  - C. pain is not a life-threatening problem and therefore does not require urgent attention.
  - D. pain is not a life-threatening problem and therefore does not require urgent attention.
  - E. both B and C
  - F. both A and D.
  - G. all of the above.
20. If an addicted licensee seeks help by contacting the Maine Medical Association Physicians Health Program:
- A. the Board will view this as grounds for automatic discipline.
  - B. the Physicians Health Program immediately makes a report to the Board, whether or not there is potential for patient harm.
  - C. appropriate treatment will be offered and monitored confidentially by the Committee.
  - D. both A and B
  - E. both A and C
  - F. all of the above.
  - G. none of the above.
21. If a Maine licensee is reasonably concerned that a licensed practicing colleague is abusing opioids:
- A. the concerned licensee has a legal obligation to report the colleague either to this Board, or the Maine Medical Association Physicians Health Program.
  - B. the concerned licensee may report the addicted colleague to the Board of Medicine or the Maine Medical Association Physicians Health Program, but has no obligation to do so.
  - C. there is no obligation to report unless the concerned licensee observes or is aware of adverse patient outcomes as a result of the substance abuse.
  - D. both A and B
  - E. both A and C
  - F. all of the above.
  - G. none of the above.
22. Which of the following situations warrant Board disciplinary action?
- A. the licensee exhibits increased tolerance to a narcotic prescribed by his/her health care provider who is treating the licensee for a painful condition.
  - B. the licensee seeks treatment for depression.
  - C. the licensee uses a sedative hypnotic or an anxiolytic which is prescribed, documented, and monitored by the licensee's health care provider.
  - D. both A and C
  - E. both B and C
  - F. all of the above
  - G. none of the above.
23. If unsure how to answer a question on an application, a prudent course is to
- A. answer the question putting yourself in the most favorable light.
  - B. call the Board for advice.
  - C. attach an addendum to the application explaining the situation/circumstances.
  - D. both B and C
  - E. both A and C
  - F. all of the above
  - G. none of the above

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24. The Board of Medicine cannot investigate a complaint if:
- A. the complainant is unable to produce a written complaint due to illiteracy
  - B. the patient whose care is the focus of the complaint is deceased
  - C. the person who is filing the complaint is known to suffer from a psychotic disorder
  - D. there are no witnesses to the alleged unacceptable licensee behavior
  - E. both C and D
  - F. all of the above
  - G. none of the above
25. Which of the following is true:
- A. over eighty percent of chemically dependent physicians respond successfully to treatment and return to full practice
  - B. heavy alcohol use, if restricted to times when the licensee is not practicing medicine will have no impact on the licensee's fitness for practice
  - C. licensees are too intelligent and too informed about drugs and alcohol to get into trouble with them
  - D. the Physician Health Program in Maine is of no assistance in keeping recovering licensees in practice
  - E. both B and D
  - F. both C and D
  - G. all of the above
26. If you become aware that a patient who is addicted to or abuses or may be diverting opioids is seeking medication from other providers which of the following is true?
- A. opioid abuse /addiction is a potentially life threatening medical condition
  - B. Maine law supports communicating concern about the patient's opioid abuse to other providers without the patient's consent.
  - C. diversion of opioids is a threat to the health and safety of other Maine citizens
  - D. there is little you can do in this circumstance
  - E. all of the above.
  - F. A, B, and C
  - G. none of the above.
27. Common issues underlying complaints against licensees to the Board of Licensure in Medicine include:
- A. office staff communication style
  - B. lack of communication regarding test results
  - C. poor communication between/among professionals
  - D. licensee rudeness
  - E. both A and D
  - F. both B and C
  - G. all of the above.
28. In its actions the major focus of the Board of Licensure in Maine is
- A. to protect the public health and welfare
  - B. to provide education for licensees
  - C. to provide a readily verifiable source of information for various credentialing bodies
  - D. to provide rehabilitation for ill licensees
  - E. to promote the public image of medicine
  - F. to protect licensees from malpractice suits
  - G. none of the above.



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29. If the licensee has failed to obtain adequate CME for license renewal, acceptable courses of action include:
- A. delay sending in the application for license renewal until the CME is completed
  - B. claim CME that is planned even if not yet completed
  - C. send in the application on time, including an accurate CME log, explain the circumstances around not having completed CME requirements, and request an extension
  - D. send in your renewal leaving CME information blank
  - E. both A and C
  - F. all of the above
  - G. none of the above.
30. Some of the warning signs of substance abuse or addiction in colleagues include:
- A. change in attention level.
  - B. change in temper or temperament.
  - C. change in physical appearance.
  - D. change in performance.
  - E. both A and B
  - F. both A and D
  - G. all of the above.
31. What should you do if you become concerned that a patient you are treating is abusing the pain medication you are prescribing?
- A. ignore the potential problem if the pain is severe.
  - B. talk with the patient.
  - C. consider a "contract" regarding use of strong analgesics.
  - D. refer the patient to proper authorities who prosecute substance abuse.
  - E. both B and C.
  - F. both B and D.
  - G. all of the above.
32. Rude behavior by the licensee toward staff could:
- A. undermine patient care by undermining the effectiveness of the healthcare team.
  - B. represent untreated psychopathology in the licensee.
  - C. be the manifestation of untreated addiction.
  - D. cause the patient to be anxious and unable to interact effectively with the licensee.
  - E. both A and C
  - F. B, C, and D.
  - G. all of the above.

I affirm that the foregoing answers are mine, and that I alone completed this examination.

  
(Applicant signature)

4/17/04  
(Date)

The following are open comment questions to help us evaluate this exam.

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33. Through this experience did you learn anything that will be of value in your practice in Maine?

In general, a good exercise. Essential for a first time  
license applicant.

34. If you have suggestions, questions, or other comments regarding the improvement of this examination, please make them here

It would be helpful to have a "non-legal speak"  
translation of some of the more formal sentences. Perhaps  
this could be distributed after examination completion.

35. Did you review the enclosed Law/Rule/Policy materials before taking this exam, or did you test your current level of knowledge?

Read the materials first  
 Did not read the materials first