

265570

REDACTED COPY

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.mass.gov/massmedboard

RECEIVED
DEC 4 2015

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

Type of License Initial Full License Administrative License Volunteer License

Check One: U.S./Canadian Graduate International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

Melamed, Alexander

Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D. D.O. PhD Other degree MPH Male Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here.

Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Social Security Number: _____ Date of Birth: _____
Month Day Year

NPI (National Provider Identifier) Number: 1811254154

Place of Birth: Kiev Ukraine
City State/Province/Territory Country if not USA

*Mailing Address: _____ Telephone: _____
Number and Street

City State/Province/Territory Zip (or postal) Code

Home Address: _____ Telephone: _____
Number and Street

City State/Province/Territory Zip (or postal) Code

Business Address: 55 Fruit Street, Attn: Ob/Gyn Telephone: 617-724-5242
Number and Street

Boston MA 02114
City State/Province/Territory Zip (or postal) Code

E-mail Address: _____ Fax number: 617-730-2833

Are you applying for licensure through FCVS? Yes No

* The Board will use your Mailing Address for all correspondence

Pre-medical School

Name: University of California, Berkeley _____ Degree: BS _____ Year: 2001 _____ Year: 2005 _____
Street: 120 Sproul Hall _____ City: Berkeley _____ State: CA _____

Name: University of Southern California _____ Degree: MPH _____ Year: 2007 _____ Year: 2008 _____
Street: 1975 Zonal Avenue _____ City: Los Angeles _____ State: CA _____

Medical School

Name: University of Southern California, Keck School of Medicine _____ Degree: MD Year: 2008 _____ Year: 2012 _____
Street: University of Southern California _____ City: Los Angeles _____ State: CA _____

Name: _____ Degree: _____
Street: _____ City: _____ State: _____

Medical School Graduation Date: 05 / 2012
Month Year AM

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. You must account for all periods of training or postgraduate work from the time you graduated from medical school. Enter month and year only.

Facility: Brigham and Women's Hosp & Mass Gen Hospital PGY Year: 1-4 _____ 6 / 2012 _____ 6 / 2016 _____
Specialty: OB/GYN _____ City: Boston _____ State: MA _____

Facility: _____ PGY Year: _____ / _____ / _____
Specialty: _____ City: _____ State: _____

Facility: _____ PGY Year: _____ / _____ / _____
Specialty: _____ City: _____ State: _____

Facility: _____ PGY Year: _____ / _____ / _____
Specialty: _____ City: _____ State: _____

Facility: _____ PGY Year: _____ / _____ / _____
Specialty: _____ City: _____ State: _____

Examination History

Please contact the appropriate examination entity and have the examination scores sent to you in a sealed envelope. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, FLEX, COMVEX, COMLEX or a state examination).

<u>Examination</u>	<u>Number of attempts</u>	<u>Passed (P) or Failed (F)</u>	
USMLE Step I	_____ 1 _____	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
USMLE Step II	_____ 1 _____	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
USMLE Step III	_____ 1 _____	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
NBME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Component 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Component 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Pre-1985	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBOME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBOME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBOME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 3	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMVEX	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
LMCC – Single	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
LMCC – Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
LMCC – Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
State Board Exam	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
	(State of examination and year)		

Hospital Affiliations and Employment

List hospital appointments, in chronological order by month and year where you ever had medical staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

	<u>From</u>	<u>To</u>
Facility: Brigham and Women's Hospital _____ Position: Resident _____	6/2012	Current
Street: 75 Francis St _____ City: Boston _____ State: MA _____		
Facility: Massachusetts General Hospital _____ Position: Resident _____	6/2012	Current
Street: 75 Francis St _____ City: Boston _____ State: MA _____		
Facility: _____ Position: _____ / _____ / _____		
Street: _____ City: _____ State: _____		

1. List other states (abbreviations) where you are currently or have ever had a full license: _____
2. a) Are you certified by the American Board of Medical Specialties? Yes No
 b) Are you certified by the American Board of Osteopathic Medicine? Yes No
3. List Board Certification(s): _____
4. List your practice specialt(ies): Ob/Gyn (training) _____
5. Have you completed the Opioid and Pain Management training? (See Instructions) Yes No
6. Have you completed training to recognize and report suspected child abuse or neglect? Yes No
 (Your license will not be processed until you complete the required training -- see instructions.)
7. Reason for requesting a Massachusetts medical license: Finishing residency this year, starting fellowship. _____

8. Name of Facility: Massachusetts General Hospital _____
 Address: 55 Fruit Street _____ City: Boston _____
9. Anticipated starting date in Massachusetts: 7 / 1 / 2016 _____
10. Curriculum vitae (CV) listing activities by month and year must be enclosed with your application.

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete.



 Signature of Applicant

 Month Day Year

FULL LICENSE APPLICATION SUPPLEMENT
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IMPORTANT NOTE: If you answer “yes” to any of these questions, you must provide the additional information on pages 5-11.

QUESTIONS

YES NO

1. While enrolled in college, medical school, graduate school or postgraduate training were you ever the subject of any disciplinary action? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)
- 2-A. Have you ever been terminated or granted a leave of absence by a medical school or any postgraduate training program or have you ever withdrawn from a medical school or any postgraduate training program or had to repeat a year of postgraduate training?
- 2-B. Have you ever been placed on probation or remediation by a medical school, graduate school or any postgraduate training program?
3. If you are a US or Canadian graduate, did you take more than four (4) years to complete medical school; or if you are an international medical graduate, did you take more than six (6) years to complete medical school?
4. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of or found to have cheated or engaged in improper conduct during an examination?
5. Have you ever been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
6. Have you ever surrendered a license to practice medicine or any professional license or has your license or certificate ever been revoked? (You do not need to report a lapsed license.)
7. Have you been denied American Board of Medical Specialties or American Board of Osteopathic Medicine certification or has your certification ever been suspended or revoked?
- 8-A. Are you aware of any pending investigation or inquiry into your professional conduct by any entity or are any disciplinary charges pending against you?
- 8-B. Since your completion of postgraduate training, has any disciplinary action ever been taken against you? (A confidentiality agreement does not absolve you of your requirement to answer this question.)

YES NO

- 9-A. Have you ever relinquished any medical staff membership or association with a health care facility?
- 9-B. Has your medical staff membership, medical privileges, medical staff status or association with a health care facility ever been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee, administration or governing board?
- 9-C. Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied medical staff membership, advancement in medical staff status or association with a health care facility, or has such denial been recommended by a medical staff committee, administration or governing body?
10. Have you ever been charged with any criminal offense? (You must report being arrested, arraigned, indicted or convicted, even if the charges against you were dropped, filed, dismissed, expunged or otherwise discharged. A charge of operating under the influence or its equivalent is reportable. A medical malpractice claim is a civil, not a criminal, matter and need not be reported for purposes of this question.)
11. Has your privilege to manufacture, distribute, administer, possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
12. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
13. Have you ever had an application for membership as a participating provider denied by any third-party payor, Medicare or Medicaid (any state) or have you ever been the subject of any termination, suspension or probation proceedings instituted by any third-party payor, Medicare or Medicaid (any state) or have you ever been restricted from receiving payments from any third-party payor, Medicare, Medicaid (any state)?
- 14-A. Has any medical malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim or has such a suit been settled, adjudicated or otherwise resolved?
- 14-B. Has any lawsuit, other than a medical malpractice suit, ever been filed against you which is related to your practice of medicine or has such a suit been settled, adjudicated or otherwise resolved?

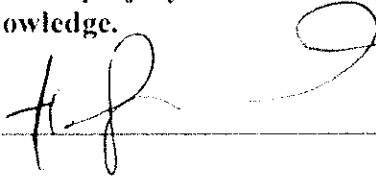
PRINT NAME: Alexander Melamed DATE: 12 / 1 / 2015

CERTIFICATIONS

- Pursuant to M.G.L. c. 112, § 2 and 243 CMR 2.07(15), I certify that I will not charge to or collect from a Medicare beneficiary more than the Medicare "reasonable charge" for services, in compliance with Chapter 475 of the Acts of 1985. (*Note:* Signing this certification does not imply that you will participate in the Medicare program).
- Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (*Note:* This applies even if you reside out of the state or out of the country.)
- Pursuant to G.L.c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L.c. 119A relating to withholding and remitting child support.
- Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children.
- I will read the Board's regulations, 243 CMR 1.00 through 3.00.

I certify under the penalties of perjury that all information on this form, and all attached pages, is true, to the best of my knowledge.

Applicant's Signature: _____



Date: 12 / 1 / 2015

Board of Registration in Medicine - 200 Harvard Mill Square, Suite 330
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383

MEDICAL EDUCATION VERIFICATION - FORM A

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification. **Please Note:** Fourth year medical students must include the letter to the medical school registrar and Form B.

Waiver for Release of Information

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

Applicant's Signature: [Signature] Date of Birth _____

Print or Type Name: Melinda Alexander Social Security No: _____

Other Name(s) _____ (Last name) _____ (First Name) _____ (Middle Initial) _____

Name of Medical School: Fert School of Medicine of the University of Southern California
Address: 1775 Zonal Ave City: Los Angeles State or Province: CA

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL

Please complete Form A and complete Form B if the above named applicant has not been awarded a degree. Please include a copy of the official transcript (which indicates courses taken, dates and hours of attendance, scores, grades, or evaluations) and return to the applicant in a sealed envelope. Please sign or stamp across the seal on the envelope.

APPLICANT'S EDUCATIONAL HISTORY

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

Premedical Education: Does your school have a premedical school education requirement? Yes No

If yes, indicate where the applicant completed premedical school:
Applicant's Undergraduate School: Berkeley
Undergraduate School Address: Berkeley, CA

Enrollment and Participation: Our records indicate that

Me Lamed

Alexander

(type or print the applicant's name)

(Last name)

(First name)

(Middle initial)

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

ATTENDANCE DATES:	FROM	TO	FROM	TO
Yr-I	08 / 11 / 2008	06 / 05 / 2009	Yr-IV	05 / 11 / 2012
Yr-II	08 / 03 / 2009	05 / 21 / 2010		
Yr-III & IV are CONTINUUM	07 / 06 / 2010			

The applicant attended 150 total weeks (must be included) of continuing on-campus education, not less than 32 weeks in each academic year

was awarded a degree in _____ on (month/day/year) _____ / _____ / _____

will be awarded on 05 / 11 / 2012 (Form B must also be completed and returned directly to the Board)

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.

YES NO

1. Did the applicant take any leaves of absence or breaks from his/her medical education? (Explain "personal leaves".)
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?

COMMENTS:

Seal Verified

DATE: 5/11/12

INITIALS: TMC

AFFIX INSTITUTIONAL SEAL HERE

(If the institution does not have a seal, this form must be notarized)

INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: Teresa Cook

Print Name: Teresa Cook

Title: _____

Registrar

Date: 03 / 21 / 2012 Telephone: (323) 442-2553

This form will not be accepted unless it is stamped with the institutional seal or notarized.

Board of Registration in Medicine
 200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
 Telephone: (781) 876-8210 Fax: (781) 876-8383

POSTGRADUATE TRAINING VERIFICATION

APPLICANT'S AUTHORIZATION: I authorize the release of information from my postgraduate training program listed below, as requested by the Massachusetts Board of Registration in Medicine

Applicant's Signature: AP Date: 10/15/2015
 Print or Type Name: Alexander Melamed

Name of Institution: Brigham and Women's and Massachusetts General Hospital Integrated Program in Obstetrics and Gynecology _____

INSTRUCTIONS TO THE PROGRAM DIRECTOR

Please complete this form and forward it to the applicant in a sealed envelope, signed across the seal. If the department was a "rotating" or "transitional" program, please submit documentation of the rotations, dates and hours of training.

Name of Institution: Brigham and Women's / Mass General Hospital

If name of Institution was different when applicant attended, please enter name _____

Enrollment and Participation: Our records indicate that Alexander Melamed participated in the following program:
 (Print applicant's name)

(List each year separately with from and to dates)

Program Type (internship, residency, fellowship)	PGY (1,2,3,4)	Department or type of specialty training	Dates Attended (MONTH/DAY/YEAR) FROM	Dates Attended (MONTH/DAY/YEAR) TO	Completed (YES/NO)	Accredited By (ACGME, RSC, AOA or not accredited)
<u>Intern</u>	<u>1</u>	<u>Ob/gyn</u>	<u>6/18/12</u>	<u>6/30/13</u>	<u>Yes</u>	<u>ACGME</u>
<u>Resident</u>	<u>2</u>	<u>"</u>	<u>7/1/13</u>	<u>6/30/14</u>	<u>Yes</u>	<u>"</u>
<u>"</u>	<u>3</u>	<u>"</u>	<u>7/1/14</u>	<u>6/30/15</u>	<u>Yes</u>	<u>"</u>
<u>"</u>	<u>4</u>	<u>"</u>	<u>7/1/15</u>	<u>6/17/16</u>	<u>In progress</u>	<u>"</u>

(Continued on page 2)

APPLICANT'S NAME: ALEXANDER MCGARRET

POSTGRADUATE VERIFICATION FORM PAGE - 2

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please circle the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

QUESTIONS

YES NO

1. Did the applicant take any leaves of absence or breaks from his/her post-graduate training?
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?
5. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence or disciplinary problems?
6. During the applicant's participation, our postgraduate medical training was accredited by ACGME Other _____

Seal Verified

DATE: 12/17/15

INITIALS: WDS

COMMENTS _____

Certification: I hereby certify that the above information is correct, to the best of my knowledge.

AFFIX INSTITUTIONAL SEAL HERE

(If the institution does not have a seal, this form must be notarized by a notary public).

Program Director's Signature

Ruth E. Tuomala

Print Name

Ruth E. Tuomala

Academic Title

Residency Program Director

Telephone

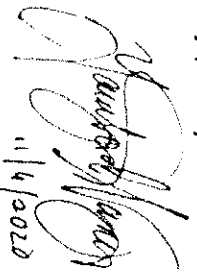
(414) 732-7861

Today's Date

11/18/2015

E-mail address

rtuomala@partners.org


11/14/2015

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE.



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Alexander Melamed, M.D.

License No.: 265570

Current Status: Active

License Expiration Date: 12/24/2016

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address:

Home Address:

Business Address: 55 Fruit St.
Founders 5
Boston
Massachusetts - 02114
United States of America
(617) 724-5242

3) **Email Address:**

4) **Fax Number:** (617) 730-2833

5) **Specialties**
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
		None Reported	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) **Other states where you are now licensed to practice**
None Reported

9) **States where you were previously licensed**
None Reported

10) **Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Massachusetts General Hospital Women's Health Services,PC.	



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Alexander Melamed, M.D.

License No.: 265570

11) Care of patients in Massachusetts

Average weekly hours involved in:
a) inpatient care 4 hrs/wk
b) outpatient care 4 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
CRICO	07/01/2015	12/31/2016	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Alexander Melamed, M.D.

License No.: 265570

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Alexander Melamed, M.D.

License No.: 265570

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Alexander Melamed, M.D.

License No.: 265570

Compliance with Legal Responsibilities

Online profile:

I have reviewed my Physician Profile and confirm that the information is accurate.

- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.

Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.

Curriculum Vitae

Date Prepared: December 17, 2015
Name: Alexander Melamed
Office Address: Department of Obstetrics, Gynecology, and Reproductive Medicine
Brigham and Women's Hospital
75 Francis St
Boston, MA 02115
Work Phone: 617-732-4807
Mobile Phone
Work Email:
Place of Birth: Kiev, Ukraine

Education

9/01-12/05	BS	Chemical Biology	University of California, Berkeley
8/07-8/08	MPH	Epidemiology and Biostatistics	University of Southern California
8/08-5/12	MD	Medicine	University of Southern California

Postdoctoral Training

6/12-6/13	Intern	Obstetrics and Gynecology	Brigham and Women's Hospital & Massachusetts General Hospital
6/13-present	Resident	Obstetrics and Gynecology	Brigham and Women's Hospital & Massachusetts General Hospital
Beginning 6/16	Fellow (accepted)	Gynecologic Oncology	Massachusetts General Hospital

Faculty Academic Appointments

6/12-present	Clinical Fellow	Obstetrics, Gynecology, and Reproductive Biology	Harvard Medical School
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Other Professional Positions

9/04-12/05	Research Assistant	Department of Chemistry	University of California, Berkeley
9/06-5/07	Administrator		Calcutta Rescue, Kolkata India
1/08-6/08	Research Assistant	Department of Health Sciences	California State University, Los Angeles
6/08-8/08	Summer Intern	Office of Health Assessment and Epidemiology	Los Angeles County Department of Public Health
12/08-5/12	Research Assistant	Department of Obstetrics and Gynecology	University of Southern California

Professional Societies

6/10-present	American College of Obstetricians and Gynecologists	Junior Fellow
9/12-present	Society for Gynecologic Oncology	Junior Member

Editorial Activities

Ad hoc Reviewer

Obstetrics & Gynecology

Case Reports in Oncological Medicine

Honors and Prizes

2010	Outstanding abstract award	Endocrine society
2009-2012	Robert C. Fraser Endowed Scholarship	California Community Foundation
2012	School of medicine graduating class speaker	University of Southern California
2013-2014	Medical Student Teaching Award	Harvard Medical School, 3 rd year Ob/Gyn Clerkship
2015	Ryan Program resident Award for Excellence in Family Planning	Brigham and Women’s Hospital
2015	Best poster award	XVIII World Congress on Gestational Trophoblastic Disease
2015	Outstanding Laparoendoscopic Resident Award	Society of Laparoendoscopic Surgeons

Report of Funded and Unfunded Projects

Funding Information

6/09-8/09	Effect of South Asian ethnicity on diagnosis of osteoporosis and osteopenia Medical Student Summer Research Fellowship, University of Southern California Research Assistant (\$2,000) The major goal of this study was to compare the prevalence of osteoporosis and osteopenia in a cohort of South Asian women residing in the US when DEXA scan T-scores were calculated using white American versus South Asian reference populations.
12/15-present	Cervical Cancer Outcomes in Bangladesh: A pilot project Co-Investigator (\$10,000) The major goal of this study is to develop and evaluate the feasibility a mobile phone based strategy to measure survival outcomes of women with cervical cancer in Bangladesh.

Current Unfunded Projects

1/13-present	Co-Investigator / Adoption of same day discharge after laparoscopic hysterectomy for endometrial cancer I have created a clinical database covering a three year period when outpatient hysterectomy was broadly adopted by the Brigham and Women’s Hospital division of gynecologic oncology. I am utilizing this “natural experiment” to investigate the safety and feasibility of this approach to postoperative care in gynecologic oncology.
6/13-present	Co-Investigator / Epidemiology of molar pregnancy and post-molar gestational trophoblastic disease This project seeks to elucidate the relationship between race/ethnicity and body mass index with risk of molar pregnancy and post molar gestational trophoblastic neoplasia in a contemporary cohort of patients.

- 6/13-present Co-Investigator / Trends in utilization of lymphadenectomy in endometrial cancer
I am using longitudinal cancer registry data to describe trends in the utilization of lymphadenectomy among women with endometrial cancer. The aim of this project is to draw inferences on the optimal treatment of women with uterine cancer.
- 6/15-present Co-Investigator / Does minimally invasive surgery affect survival in early stage gynecologic malignancies?
This project utilizes large de-identified datasets to evaluate the relationship between surgical approach and overall survival in early stage ovarian and cervical cancer.

Report of Local Teaching and Training

Teaching of Students in Courses

2008	Health Service Delivery in the US / Teaching assistant Graduate school students	University of Southern California 4 hr per week for 16 weeks
2009-2010	Epidemiology and biostatistics review / Medical Scholars Program 1 st year medical students	Keck School of Medicine 1 hr per week for 12 wks
2015	Ob/Gyn shelf examination review 3 rd year medical students	Harvard Medical School One hour lecture
2015	Episiotomies and perineal lacerations 3 rd year medical students	Harvard Medical School One hour lecture

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

2014	Pain and bleeding: An idiot's guide to gynecologic emergencies 1 st year Ob/Gyn residents	Massachusetts General Hospital One hour lecture
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Clinical Supervisory and Training Responsibilities

2015-	Chief Resident – Brigham and Women's Hospital & Massachusetts General Hospital Supervision of medical students, interns, and residents in clinics, operating room, and labor and delivery	60-80 hr/wk
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Local Invited Presentations

2013	A tortuous diagnosis: 24 year-old with abdominal pain / Grand Rounds Massachusetts General Hospital
2014	A change is gonna come: the future of morcellation in gynecologic surgery / Grand Rounds Brigham and Women's Hospital
2014	Lymphadenectomy in endometrial cancer: still controversial / Grand Rounds Brigham and Women's Hospital

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

Regional

2014 Recent trends in the utilization of lymphadenectomy among patients undergoing surgery for endometrioid adenocarcinoma of the endometrium / Oral presentation
New England Association of Gynecologic Oncologist

National

2010 Changing trends in osteoporosis-associated mortality in the united states: 1990-2006 / Oral presentation
Endocrine Society Annual Meeting, 92nd Annual Meeting, San Diego, CA
2013 Rural-urban disparity in declining ovarian cancer mortality rate: Analysis of US death records data from 1999-2009 / Plenary presentation
Society for Gynecologic Oncology, 44th Annual Meeting, Los Angeles, CA

International

2015 Lymphadenectomy in Endometrial Cancer / Invited lecture
Dhaka Oncology Club, Update on Gynecologic Cancer, Dhaka, Bangladesh
2015 Urologic problems arising in patients with gynecologic malignancies / Invited lecture
Urologic Oncology and Transplantation Foundation, Discussion group, Dhaka, Bangladesh
2015 The effect of adolescence and advanced maternal age on the incidence of molar pregnancy / Plenary presentation
International Society for the Study of Gestational Trophoblastic Disease, XVIII World Congress on Gestational Trophoblastic Disease, Bali, Indonesia

Report of Clinical Activities and Innovations

Current Licensure and Certification

6/12- Massachusetts, Certificate of Limited Registration

Practice Activities

2012-	Ambulatory Ob/Gyn	Brigham and Women's Hospital	1 session per week
2012-	Labor and Delivery	Brigham and Women's Hospital	10 weeks per year
2012-	Labor and Delivery	Massachusetts General Hospital	10 weeks per year
2012-	Gynecologic Surgery	Brigham and Women's Hospital	15 weeks per year
2012-	Gynecologic Surgery	Massachusetts General Hospital	10 weeks per year

Report of Scholarship

Publications

Peer reviewed publications in print or other media

Peer-reviewed research investigations

1. Gockley AA, **Melamed A**, Joseph N, Clapp M, Sun SY, Goldstein DP, Horowitz NS, Berkowitz RS. The effect of adolescence and advanced maternal age on the incidence of complete and partial molar pregnancy. *Gynecologic Oncology* in press
2. Sun SY, **Melamed A**, Joseph N, Gockley AA, Goldstein DP, Bernstein MR, Horowitz NS, Berkowitz RS. Clinical presentation of complete hydatidiform mole and partial hydatidiform mole at a regional trophoblastic disease center in the United States over the past two decades. *International Journal of Gynecological Cancer* 2015. Online ahead of print November 19.

3. **Melamed A**, Rauh-Hain JA, Clemmer JT, Diver EJ, Hall TR, Clark RM, Uppal S, Goodman A, Boruta DM II. Changing Trends in Utilization of Lymphadenectomy for Endometrioid Adenocarcinoma of the Endometrium. *Obstetrics & Gynecology* 2015; 126: 815-22.
4. **Melamed A**, Katz Eriksen JL, Hinchcliff EM, Worley MJ, Berkowitz RS, Horowitz NS, Muto MG, Urman RD, Feltmate CM. Same-Day Discharge After Laparoscopic Hysterectomy for Endometrial Cancer. *Annals of Surgical Oncology* 2015. Online ahead of print May 9.
5. Sun SY, **Melamed A**, Goldstein DP, Bernstein MR, Horowitz NS, Moron AF, Maestá I, Braga A, Berkowitz RS. Changing presentation of complete hydatidiform mole at the New England Trophoblastic Disease Center over the past three decades: Does early diagnosis alter risk for gestational trophoblastic neoplasia? *Gynecologic Oncology* 2015; 138:46-9.
6. Kaser DJ, **Melamed A**, Bormann CL, Myers D, Missmer SA, Walsh B, Racowsky C, Carusi DA. Cryopreserved embryo transfer is an independent risk factor for placenta accreta in the IVF/ICSI population. *Fertility and Sterility* 2015; 103: 1176-84
7. Clapp MA, **Melamed A**, Robinson JN, Shah N, Little SE. Obstetrician Volume as a Potentially Modifiable Risk Factor for Cesarean Delivery. *Obstetrics & Gynecology* 2014; 124:697-703
8. Fels H, Steward R, **Melamed A**, Granat A, Stanczyk FZ, Mishell DR. Comparison of serum and cervical mucus hormone levels during hormone-free interval of 24/4 vs. 21/7 combined oral contraceptives. *Contraception* 2013, 87:732-7.
9. Quaas AM, **Melamed A**, Chung K, Bendikson KA, Paulson R. Egg banking in the USA: Current status of commercially available cryopreserved oocytes. *Fertility and Sterility* 2013, 99: 827-831.
10. Natavio MF, Taylor D, Lewis RA, Blumenthal P, Felix JC, **Melamed A**, Gentzschlein E, Stanczyk FZ, Mishell DR. Temporal changes in cervical mucus after insertion of the levonorgestrel-releasing intrauterine system. *Contraception* 2013, 87:426-31.
11. Steward R, **Melamed A**, Granat A, Mishell DR. Comparison of cervical mucus of 24/4 vs. 21/7 combined oral contraceptives. *Contraception* 2012, 86: 710-715.
12. Steward R, **Melamed A**, Kim R, Gatter M. Infection and extramural delivery with use of digoxin as a fetocidal agent. *Contraception* 2012, 85:150-4.
13. Lewis RA, Taylor R, Natvio M, **Melamed A**, Felix J, Mishell D. Effect of levonorgestrel-releasing intrauterine system on cervical mucus quality and sperm penetrability. *Contraception* 2010, 82:491–496.
14. **Melamed A**, Vittingoff E, Sriram U, Kanaya A. BMD reference standards among South Asians in the United States. *Journal of Clinical Densitometry* 2010, 13:379 – 384.
15. **Melamed A**, Sorvillo FJ. The burden of sepsis-associated mortality in the United States from 1999 through 2005: an analysis of multiple cause-of-death data. *Critical Care* 2009, 13:R28.
16. Wagner CE, Wang Q, **Melamed A**, Fairchild CR, Wild R, and Heathcock CH. Synthesis and biological evaluation of analogs of althohyrtin C (spongistatin 2). *Tetrahedron* 2008, 64:124-13

Other peer-reviewed publications

1. Rauh-Hain JA, **Melamed A**, Buskwofie A, Schorge JO. Adnexal mass in the postmenopausal patient. *Clinical Obstetrics and Gynecology* 2015; 58:53-65.

Non-peer reviewed scientific or medical publications/materials in print or other media

Reviews, chapters, monographs and editorials

1. Zelman W, **Melamed A**. Politics and policy in state health reform. UCLA Center for Health Policy Research 2009. (Monograph)

Letters to the editor

1. **Melamed A**. Electric uterine morcellation. *Journal of the American Medical Association* 2014;312:96.

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings

1. **Melamed A**, Gockley AA, Joseph NT, Sun SY, Goodwin B, Bernstein M, Goldstein DP., Horowitz NS, Berkowitz RS . The Effect of Ethnicity/Race on the Incidence of Molar Pregnancy. Poster presentation (Best Poster Award) at XVIII World Congress on Gestational Trophoblastic Disease, 2015.
2. **Melamed A**, Clemmer JT, Rauh-Hain JA, Clark RM, del Carmen M, Goodman A, Growdon WB, Schorge JO, Boruta DM. Recent trends in the utilization of lymphadenectomy among patients undergoing surgery for endometrioid adenocarcinoma of the endometrium: An analysis of the Surveillance, Epidemiology, and End Results database, 1998–2010. Poster presentation (Featured poster) at the 46th Annual Meeting of the Society for Gynecologic Oncology, 2015.
3. **Melamed A**, Katz Eriksen, Hinchcliff EM, Worley M, Berkowitz RS, Horowitz NS, Muto MG, Feltmate CM. Same-day discharge after laparoscopic hysterectomy for endometrial cancer. Poster presentation (Featured poster) at the 46th Annual Meeting of the Society for Gynecologic Oncology, 2015.

Narrative Report (limit to 500 words)

I am a chief resident in Obstetrics and Gynecology at the Brigham and Women's Hospital and Massachusetts General Hospital Integrated Residency Program in Obstetrics and Gynecology. After completing residency training, I will begin a fellowship in gynecologic oncology at Massachusetts General Hospital. I am an epidemiologist and health services researcher with ongoing projects that investigate how surgical care impacts outcomes and quality in cancers of the female reproductive tract. In addition to clinical care and research I am committed to teaching and education, and have received teaching awards from the Harvard medical students for clinical teaching on the wards, in the office, and in the operating room.