Emily Nicole Schneider, MD

Licensed Physician #MD2013-0127

Issue Date Expiration Date

03/13/2013 07/01/2015

Signature of Holder

The bears is prohibited by they from using this regnatication card to give the impression that they are in any well commercial with a governmental agency.

New Mexico Medical Board

Triential Renewal Certificate

This is to certify that

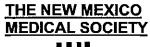
Emily Nicole Schneider MD

License Number: MD2013-0127

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

Issue Date 03/13/2013 Date Expires: 07/01/2015

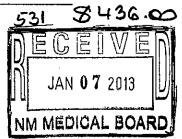
*A New Mexico medical license that has not been renewed by July of the renewal year will remain temporaxily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.











The New Mexico Statewide Application for Physician/Practitioner Appointment©

Physician (MD) Application

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Date of Application: 1113			•	Application F	ee: 400.00
•					Check Fee: 36.00
				TOTAL COST	Г: \$ 436.00
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Name Schneider		Ev	nili	1	Ni'coles Middle
Last			First -	<u> </u>	Middle
Other Names Used					
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(See page 2 of the application instruction	ons for requirem	ents)		- 1,0000	
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*Office Manager or Contact Person:	Christhe	Raffa	eli	Pesidene	Coordinator
Foreign Languages (spoken fluen	tly by practition	er)	-	7	
Foreign Languages (spoken fluen	tly at Practice)				
* E-Mail Address (confidential)					
*Current Mailing Address (if diffe	rent from above	-confidentia	l unles	s no practice add	ress indicated)
*Street					
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Home Address (Required)	*Telephone	Number	30	3-880-	7789
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^{*}Information Confidential

Practice Associates i	n NM (If Applic	able)	C	all Covera	ige in NM	(If Appli	icable)	
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Other Practice Locations						_		
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Applicant Name Emily Nicole Sulveille Date 1/1/13
Page 2

listing the most recent first. If military service, state type of discharge and rank achieved and attach copy of discharge or separation documents. Attach separate page, if necessary. Please provide written explanation for any gaps in work history of 6 months or more. Location From To Street I Phone Number City | State Zip Code Type of Practice Contact Person Type of Discharge Rank Achieved Location From То Street Phone Number City Zip Code State Type of Practice Contact Person Type of Discharge Rank Achieved Location From To IAN 07 Street Phone Number City State Zip Code NM MEDICA BOAR Type of Practice Contact Person Type of Discharge Rank Achieved Location From Tα Street Phone Number City | State Zip Code Type of Practice Contact Person Type of Discharge Rank Achieved Hospital and Health Facility Affiliation History (other than postgraduate training) X N/A Please list hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years. If an institution is no longer in existence, please provide an alternative source of verification. Use separate page, if necessary. Providers who do NOT have admitting privileges, please explain your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included with this application. (1) Current Primary Admitting Facility (Hospital Name) Street Citv State Zip Code Telephone Number Facsimile Appointment Dates From: To: Type of Appointment Privileges Assigned (2) Facility Name Street City Zip Code State Telephone Number Facsimile Appointment Dates From: To: Type of Appointment Privileges Assigned (3) Facility Name Street City State Zip Code Telephone Number Facsimile Appointment Dates From: To: Type of Appointment Privileges Assigned Enrily Nicole Scheiber Date 1 Applicant Name_

Page 3

Work History Please list all previous practice experience for the last 15 years, including military or government service,

(4) Facility Name					
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Am	erican Board of M	ledical Specialties, the Americ	an Osteopathic Association,	the National Comm	nission on Certification	n of
		, the American Nurses' Creder specialty, please give a brief ex			imission, or accepted	l for
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						JAN 07 2013
Licensing Exan	<u>Ո</u> : Please che	ck all that apply:			NN	MEDICAL BOAR
☐ State Board Ex	am (Prior to	1973) Which state? _		Date(s)	passed?	
□ FLEX	□ LMCC	□ National	Board (NBI	ME)	X USMLE	≣ .
Part/Step 1 Date Passed_	03/07 Month/Year	Part/Step 2 Date Passed	つる/o 8 Month/Year	_Part/Step	3 Date Passed_	O3//6 Month/Year

Professional Practice Questions Please answer all of the following Yes or No questions. If you answer YES to any question, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes 🗌	No 💢
2. Have you ever been denied professional liability insurance coverage?	Yes 🗌	No ⊠
3. Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes 🗌	No 💆
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes 🗌	No D
5. Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes 🗌	No X
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	Yes □	No X
7. Have you ever been named as a defendant in any criminal proceedings?	Yes 🗌	No X
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes 🗌	No ⊅
9. Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes 🗌	No X
10. a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	Yes 🗌	No X
b. Have you ever agreed not to exercise your clinical privileges while under investigation?	Yes 🔲	No.X
11. Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes 🗌	No ⊅
12. a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	Yes 🗌	No 🔼
b. Are any currently held licenses pending investigation or being challenged?	Yes 🗌	No ≧ ≮
13. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes 🗌	No X
14. Has your federal or state narcotics registration certificate in any jurisdiction ever been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	Yes 🗌	No/
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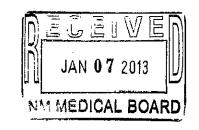
Applicant Name _	Emily	Nicole	Schneider	Date_	(/	1/	13
Page 6	()	,			7	- (

		_	
15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information on the attached Malpractice History form for each case:	Yes 🗌	No [
 Name, age, sex of patient/claimant. Date(s) and type of treatment and/or surgery, which led to the allegations against you. Nature of allegations in claims/suits. Specify whether a suit was ever filed. Names of other practitioners and hospital, if any, involved in claims or suit. Disposition or current status of claim or suit (be specific). Name of insurance carrier defending you. Name of defense attorney. 16. Have you ever been reported to the National Practitioner Data Bank? 	J J	AN 07 2	
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		110 12.	
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment.			
19. Have you ever, for any reason:			
a) Resigned from a medical school or postgraduate training (PGT) program?	Yes □	No 5	
b) Withdrawn from a medical school or postgraduate training program?	Yes 🗌	No X	
c) Been suspended, dismissed, or expelled from a medical school or PGT program?	Yes 🗌	No 🔀	
d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?e) Taken a leave of absence or break from, or had any interruptions or extensions in, a	Yes 🗌	No D	
medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?	Yes 🗌	No D	

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

Applicant Name _	Emily	Nicole	Schneide	Date	1/1/13	
Page 7	\mathcal{O}^{-}		***************************************			

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



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APPL	_ICA	NT'S	OATH

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

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

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

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

United States government.



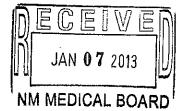
Applicant Signature

Date

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

Applicant Name Enrily Wishe Schneider Date 1/1/13
Page 8





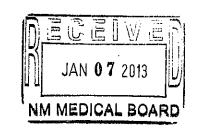
Malpractice History

Provider Name: Link Wille Schneißer Please DUPLICATE this form and complete for EACH case. 1. Patient Name: NONE	
1. Patient Name:	
I. Faneni (vaine:	
2. Diagnosis:	
2. Diagnosis.	
3. Your involvement in the case, i.e Attending, Consulting, Etc.:	
4. Allegation(s):	
5. Clinical Case Summary:	
6. Patient Outcome:	
7. Other pertinent details:	
Pote of invident	
8. Date of incident: Date filed: Date closed:	
9. Resolution of case, i.e. Dismissed, Settled Out of Court, Litigated, Pending Other:	5,
10. Settlement amount paid on your behalf (if any):	
11. Professional liability insurer involved:	
a. Name of Insurer:	
b. Address of Insurer:	
12. Defense attorney:	
	3
Signature Date	

1/1/13

Emily Nicole Schneider

Board Certification:



I an arrently completing my 4th year of residency in OB/OHN at the university of Colorado. I will be taking my written ABOG exam when I am done, this is currently scheduled for 6/24/13. I have attached a confirmation email verifying this information

and

Appointment Confirmation for American Board of Obstetrics and Gynecology

PearsonVUEConfirmation@pearson.com [PearsonVUEConfirmation@pearson.com]

Sent: Thursday, December 06, 2012 12:56 PM

To: Schneider, Emily Nicole

PLEASE DO NOT RESPOND TO THIS E-MAIL

Emily Schneider

This e-mail contains important information about the exam(s) you scheduled, the location and the rules. Please ensure these details are correct. If any information is not correct, please contact Pearson VUE immediately.

Appointment Details

Order Number: 0006-9702-0427

Exam:

813 General Obstetrics and Gynecology Written Examination - English - (ENU)

Candidate:

Emily Schneider

Candidate ID:

9025927 253614619

Registration ID:

24 June 2013

Date: Time:

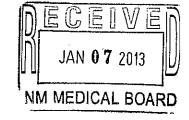
08:00 AM

Appointment Length: 240 Minutes

Time shown is test center local time.

Test Center Location (Directions shown below)

Pearson Professional Centers-Westminster (Denver N 9101 Harlan Street Suite 220 Westminster, Colorado 80031 United States 303-487-7015



Admission Policy

Please arrive at the test center 30 minutes before your scheduled appointment. This will allow you enough time to complete the check-in procedures before beginning your exam.

Please be prepared to show two (2) forms of personal ID. Both must have your signature, and one of the two must have your photo.

For security reasons, all candidates are required to submit a photo and palm vein scan at the testing center. You will not be allowed to test unless these procedures are completed. Please go to www.pearsonvue.com/ppc if interested in a step-by-step explanation of the admissions procedures at the test center.

If you arrive more than 30 minutes after your appointment time and are refused admission, the exam and delivery fees are not refundable.

You will not be allowed to take any personal items with you into the testing room. This includes all bags, books not authorized by the testing program, notes, cell phones, pagers, watches and wallets.

Reschedule Policy

To reschedule your exam appointment, you must notify Pearson VUE at least one business day before your appointment. If you reschedule an exam less than 24 hours in advance, or fail to appear for the exam, you will forfeit the exam fee. Please contact a Pearson VUE agent if you have questions about this policy.

Cancellation Policy

To cancel your exam appointment, you must notify Pearson VUE at least one business day before your appointment. If you cancel an exam less than 24 hours in advance, or fail to appear for the exam, you will forfeit the exam fee. Please contact a Pearson VUE agent if you have questions about this policy.

Additional Information

In case of a failure to deliver the exam, Pearson VUE will not be held responsible for expenses you incur beyond the cost of the exam, including but not limited to travel expenses and lost wages on the day of the exam.

Pearson VUE's goal is to make your testing experience a pleasant one. We thank you for selecting Pearson VUE as your testing service provider, and look forward to serving you again. Please feel free to contact us with your comments or questions.

Pearson VUE will not be held responsible for expenses incurred beyond the cost of the exam, including but not limited to travel expense and lost wages on the day of the exam.

Pearson VUE's goal is to make your exam experience a pleasant one. We want to thank you for selecting Pearson VUE as your exam service provider, and we look forward to serving you again. Please feel free to contact us with your comments or questions. Our contact information can be found on our website: www.pearsonvue.com/contact.

Sincerely,

Pearson VUE

Directions to Test Center

Pearson Professional Centers-Westminster (Denver N - Westminster

LOCATION: The Pearson Professional Center is in the Lake Arbor Plaza Building, 9101 Harlan Street, Suite 220, Westminster, CO 80031. It is a 3-story beige stone office building with long rows of windows and lots of trees in the NW corner of Harlan & 91st. Westminster Mall is east of us, Costco is west of us and a Conoco gas station and Westminster Liquor store are north of us. Harlan Street runs south from 92nd Ave. and is the west border of Westminster Mall. Harlan St. changes names in the middle of the intersection and becomes Westminster Blvd. north of 92nd Ave. Please see detailed directions below. The main entrance is on the west side of the building. The Pearson Professional Center is on the second floor in Suite 220. The center generally opens at 7:30 am. WEEK-END ACCESS: If building is locked, locate PEARSON's number on the Electronic Directory (to right of doors). Enter the number onto the keypad. A Test Administrator will ask your name and appointment time. Access is limited to testing and continuing education candidates during scheduled hours. PARKING is Free and plentiful. PUBLIC TRANSPORTATION RTD 303-299-6000 or www.rtd-denver.com DIRECTIONS FROM THE NORTH: Take I-25 southbound to Thornton Parkway / West 92nd. Ave., Exit 220. Turn right (west) onto West 92nd Ave and continue approx. 4.5 miles to Harlan St / Westminster Blvd. Turn left (south) on Harlan Street and go 1 block to the traffic light at 91st Ave. Turn right (west) on 91st Ave., then make the first righthand turn (north) into the parking lot. DIRECTIONS FROM THE SOUTH: Take I-25 northbound to US36 (Exit 217 / Boulder Trnpk). Exit left towards Boulder. Follow US36 west approx. 4.9 miles to Sheridan Blvd. Follow signs for West 92nd Ave. (Continue through Sheridan Blvd light onto US36 entrance ramp. Bear right for access ramp to westbound West 92nd Ave. which will make a large curve and place you facing west on 92nd. Ave.) Continue west on 92nd Ave. (two traffic lights) to Harlan St / Westminster Blvd. Turn left (south) on Harlan Street and go one block to the traffic light at 91st Ave. Turn right (west) on 91st Ave., then make the first righthand turn (north) into the parking lot. DIRECTIONS FROM THE WEST: Take I-70 eastbound to Wadsworth Blvd., Exit 269A. Turn left (north) onto Wadsworth Blvd and continue approx. 5.5 miles to West 92nd Ave. Turn right (east) onto West 92nd Ave and go approx. 1.1 miles to Harlan St / Westminster Blvd. Turn right (south) on Harlan Street and go 1 block to the traffic light at 91st Ave. Turn

right (west) on 91st Ave., then make the first righthand turn (north) into the parking lot. DIRECTIONS FROM THE EAST: Take I-70 westbound to Sheridan Blvd, Exit 271A. Turn right (north) onto Sheridan Blvd and continue approx. 5.3 miles to West 88th Ave. Turn left (west) onto West 88th Ave and continue approx. one half mile to Harlan Street. Turn right (north) onto Harlan Street and go to the traffic light at 91st Ave. Turn left (west) on 91st Ave., then make the first righthand turn (north) into the parking lot. DIRECTIONS FROM BOULDER: Take eastbound US36 to Sheridan Blvd Exit. Turn right (south) on Sheridan Blvd to 88th Ave. Turn right (west) onto West 88th Ave and continue approx. one half mile to Harlan Street. Turn right (north) onto Harlan Street and go to the traffic light at 91st Ave. Turn left (west) on 91st Ave., then make the first righthand turn (north) into the parking lot.

www.pearsonvue.com

http://www.pearsonvue.com/legal/privacy/

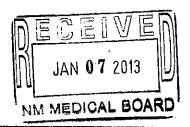


2013 Ob/Gyn Written Examination (06/24/2013)

ABOG [Generalcert@abog.org]

Sent: Monday, December 03, 2012 9:14 AM

To: Schneider, Emily Nicole



Candidate Name: Emily Schneider, M.D.

ABOG ID: 9025927

E-mail Address: Emily.Schneider@ucdenver.edu

Dear Doctor,

Your application to take the 2013 Ob/Gyn Written Examination (06/24/2013) has been approved. Please go to the Member Login at www.abog.org and login to your Personalized Member Page. You should then click "Statuses and Applications" on the left side of the page for instructions on making a testing center reservation with Pearson-VUE. When making your test center reservation you need to provide your first name, last name, ABOG ID and e-mail address as it appears above. Please note that test center reservations are taken on a first-come, first-served basis.

Thank You, ABO+G

This is a system generated email. Please DO NOT reply to this message.



Name and Mailing Address:

Primary Office Address:

EMILY NICOLE SCHNEIDER MD

UNIVERSITY OF COLORADO DENVER SCHOOL OF 13001 E 17TH PL AURORA CO 80045-2570

Phone:

UNKNOWN

Birthdate:



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

Practice Specialties Self Designated by the Physician*:

Primary Specialty:

OBSTETRICS & GYNECOLOGY

Secondary Specialty:

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

AMA membership: MEMBER

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

Current and/or Historical Medical School:

UNIV OF CO SCH OF MED, DENVER CO 80262

Degree Awarded:

Yes

Degree Year:

2009



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

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: UNIV OF CO SCH OF MED

Sponsoring State:

COLORADO

Program Name:

UNIVERSITY OF COLORADO DENVER PROGRAM

Specialty:

OBSTETRICS & GYNECOLOGY

Dates:

06/2009 - 06/2013 (VERIFIED)

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

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	MD/ <u>DO</u>	Date <u>Granted</u>	Expiration <u>Date</u>	<u>Status</u>	License <u>Type</u>	Last <u>Reported</u>
COLORADO	MD	06/23/2009	08/31/2015	ACTIVE	RESIDENT	01/03/2013

Current and/or Historical NPI Information:

<u>NPI</u> <u>Number</u>	Enumeration <u>Date</u>	<u>Deactivation</u> <u>Date</u>	Reactivation Date	Replacement Number	<u>Last Reported</u> <u>Date</u>
1407098429	04/06/2009	NOT RPTD	NOT RPTD	NOT RPTD	01/05/2013

ECFMG Certfication:

Applicant Number:

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



Federal Drug Enforcement Administration:

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

DEA Number *

Schedule .

Expiration Date

Last Reported

None

Reported

Address:

Note:

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

Specialty Board Certification(s)*:

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

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

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

Certificate:

Certificate Type:

Duration

Effective

Expiration

Reverification Occurrence

Last Reported

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2013 American Board of Medical Specialties, All right reserved.

Medicare/Medicaid Sanction(s):

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



Other Federal Sanction(s):

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

Additional Information:

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

The content of the Physician Profile is intended to assist with credentialing. Appropriate use of the data contained in the AMA Physician Masterfile by an organization meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification and Federal DEA registration.

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

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

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

The Federation of State Medical Boards

of the United States, Inc.

PO Box 619850

Dallas, Texas 75261-9850

Telephone: (817) 868-4000

FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

January 9, 2013

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

Re: Board Action Query Dated:

January 9, 2013

Your Reference Number:

FSMB Batch Number:

BQ2187556

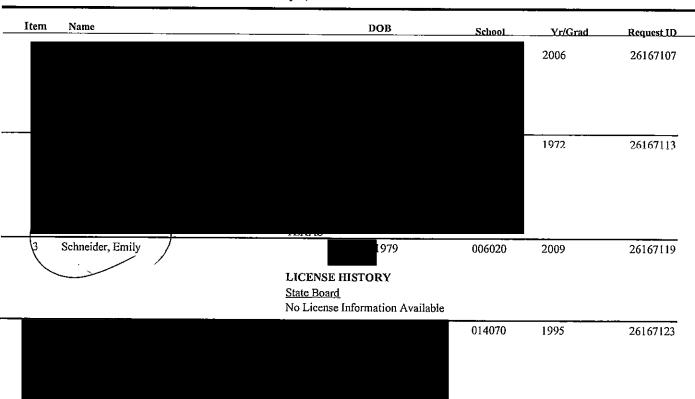
The following is a report of the search results from the Board Action Data Bank as of

January 9, 2013

for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of

January 9, 2013



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



Division of Registrations Gregory Ferland Interim Division Director

Office of Support Services Heather Perdue Director

John W. Hickenlooper Governor

> Barbara J. Kelley Executive

LICENSE VERIFICATION

January 13, 2013 Emily Nicole Schneider

Profession: Physician Training License

License number: 3198 Licensee Status: Active

Original Date of Issue: 6/23/2009

Basis of: Original

Last renewed on: 9/1/2012 Expiration date: 8/31/2015

Board or Program action(s): No

Action Action Action Issued Ended

If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address above or email medical@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to board or program actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

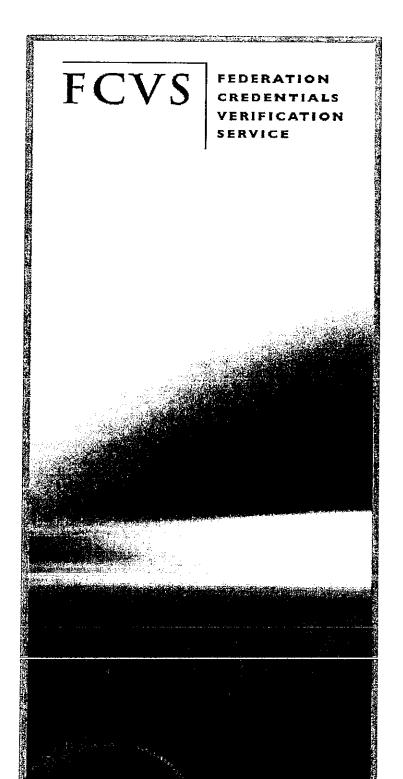
The licensee provided documentation of successful completion of a recognized national exam and met all of the educational or examination requirements as set forth by the Colorado Revised Statutes and the Rules and Regulations of the Colorado Medical Board in effect at the time of licensure. This information is the only certification information provided by this department. If further information is needed, it MUST be obtained from the licensee.

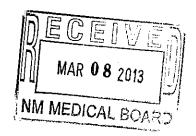
For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at http://www.dora.state.co.us/registrations

This license information was last updated on: 01/11/2013

FOR THE COLORADO MEDICAL BOARD







Medical Professional Information Profile

This report provides credentialing information for

Name: Emily Nicole Schneider

Social Security: Number: XXX-XX-7967

Date of Birth: 1979

FID#: 215320565

Recipient: NM - New Mexico Medical Board

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional 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.

NOTICE: All documents bearing an original 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.

This FCVS medical professional Information Profile (*Profile*) is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United tates laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformated, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or fites as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



Credentials Analysis Summary Report



Note: Your board may wish to review the unresolved items below marked by an "X"

Please review the Credentials Analysis report for further details on the unresolved items

Medical Professional Name: Emily Nicole Schneider

Date of Birth:

1979

Social Security Number: XXX-XX-7967

FID: 215320565

I. FCVS Reports

II. FSMB and Other Reports

III. Identity

A. Certified Birth Certificate

IV. Medical Education

A. Pre-medical Schools

B. Medical Schools

University of Colorado School of Medicine

- 1. Medical Education Form
- 2. Medical Education Dean's Letter
- 3. Medical Education Transcript
- 4. Medical Education Diploma
- C. Fifth Pathway Program
- D. ECFMG Certification

V. Graduate Medical Education

University of Colorado Health Sciences Center

- X 1. GME Form
 - 2. GME Completion Certificate

VI. Licensure Examination History

A. FSMB Exams

End of report for: Emily Nicole Schneider



Medical Professional Profile



Table of Contents	
I. FCVS Reports	
A. Physician Information Report	<u> </u>
B. Credentials Analysis Report	
C. Chronology of Activities	
II. FSMB and Other Reports	
A. Board Action Data Bank Report	
B. American Board of Medical Specialty Verification	
II. Identity	
A. Affidavit	
B. Certified Birth Certificate or Original Passport	
C. Documentation to Support Name Variation	
V. Medical Education	
A. Verification of Medical Education	
B. Clinical Clerkships (if applicable)	
C. Verification of Fifth Pathway (if applicable	
D. ECFMG Certification (if applicable)	
/. Graduate Medical Education	
A. Verification of Graduate Medical Education	

- A. LMCC Transcript
- B. State Medical Board Transcript
- C. NCCPA Transcript
- D. NBME Transcript
- E. NBOME Transcript
- F. FSMB Transcript

Medical Professional Information Profile



Section I

FCVS Reports



Medical Professional Information Report



Identity

Medical Professional Name: **Emily Nicole Schneider**

Documentation: Certified Birth Certificate

Gender: Female

Date of Birth: 1979

Place of Birth: Denver, CO, UNITED STATES

Social Security Number: XXX-XX-7967

FID: 215320565

Physical Description: Height: 5 ft. 5 in.

> Weight: 155 lbs. Eye Color: Hazel

Hair Color: Blond

Contact Information

Mailing Address:

Permanent Address:

Telephone Numbers: Primary:

(303) 880-7789

Secondary:

(303) 880-7789

Fax:

N/A

Other:

(303) 266-0916



Medical Professional Information Report



Premedical Education

(Provided by Applicant. Not verified with the primary source.)

Institution: University of Colorado Boulder

Address: Boulder, CO 80309

UNITED STATES

Dates of Attendance: 08/-/1998 To 05/-/2002

Degree Conferred/Issued: Bachelor of Science

ECFMG

There are none identified or not applicable.

Medical Education

Medical School: University of Colorado School of Medicine

Address: Mail Stop C296 L15-1503

12631 E 17th Avenue Aurora, CO 80045 UNITED STATES

Dates of Attendance: 08/29/2005 to 05/19/2009

Date Certificate Issued: 05/22/2009

Degree Conferred/Issued: Doctor of Medicine

Unusual Circumstances

Leave of Absence/Extension: No

Probation: No

Disciplined: No

Negative Reports: No

Limitations: No

Fifth Pathway

There are none identified or not applicable.



Medical Professional Information Report



Graduate Medical Education

Institution: University of Colorado Health Sciences Center

Address: 12401 E. 17th Avenue, 5th floor, Room 516

Mail Stop L954 Aurora, CO 80045 UNITED STATES

Training Level: 1 - 1

Program Type: Internship

Specialty: Obstetrics and Gynecology

Dates of Attendance: 06/23/2009 To 06/30/2010

Completed Successfully: Yes

Accreditation: ACGME

Training Level: 2-3

Program Type: Residency

Specialty: Obstetrics and Gynecology

Dates of Attendance: 07/01/2010 To 06/20/2012

Completed Successfully: Yes

Accreditation: ACGME

Training Level: 4-4

Program Type: Residency

Specialty: Obstetrics and Gynecology

Dates of Attendance: 07/01/2012 To 06/22/2013

Completed Successfully: In Progress

Accreditation: ACGME

Unusual Circumstances

Leave of Absence/Extension: No

Probation: No

Disciplined: No

Negative Reports: No

ganvo reports. 140

Limitations: No



Medical Professional Information Report



Licensure Examinations

FSMB Transcript USMLE Step 1 Date: 03/2007 Passed the Exam FSMB Transcript USMLE Step 2 CK Date: 08/2008 Passed the Exam FSMB Transcript USMLE Step 2 CS Date: 07/2008 Passed the Exam FSMB Transcript USMLE Step 3 Date: 03/2010 Passed the Exam

ABMS Verification

A report of the result from a search of the data provided by the American Board of Medical Specialties is enclosed.

Board Action

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

End of report for Emily Nicole Schneider FID: 215320565



Credentials Analysis Report



The Credentials Analysis Report is a comparative report of a medical professional's credentials as reported to FCVS by the applicant and the primary source (Medical School, PGT program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

Medical Professional Identification

Medical Professional Name:

Emily Nicole Schneider

Date of Birth:

1979

Social Security Number:

XXX-XX-7967

FID:

215320565

Omissions

Omission 1:

Section of Profile:

Post Graduate Training

Omission:

The Verification of Post Graduate Training Form completed by University of Colorado

Health Sciences Center does not report a complete date of signature.

Action Taken:

FCVS does not follow up on incomplete or omitted signature dates. Please note, FCVS

received the completed verification form on 02/15/2013.



Credentials Analysis Report



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There are no discrepancies identified.

Miscellaneous Information

There is no miscellaneous information identified.

End of report for: Emily Nicole Schneider



Chronology of Activities



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS by the medical-professional applicant.

Medical Professional Name:

Emily Nicole Schneider

Date of Birth:

1979

Social Security Number:

XXX-XX-7967

FID#:

215320565

Start Date	End Date	Activity	Location	Overlap Explanation	Program Length Explanation
8/2005	05/2009	Medical Education Record	University of Colorado School of Medicine,Mail Stop C296 L15-1503 Aurora, CO 80045 UNITED STATES		
6/2009	06/2013	GME Record	University of Colorado Health Sciences Center,12401 E. 17th Avenue, 5th floor, Room 516 Aurora, CO 80045 UNITED STATES		

End of report for Emily Nicole Schneider



Section II

FSMB and Other Reports



Board Action Clearance Report



March 01, 2013

Attn: Tracy Bevers

FCVS

400 Fuller Wiser Rd., #209

Euless, TX 76039

Re: Board Action Query Dated:

March 01, 2013

FSMB Batch Number:

BQ2212539

The following is a report of the search results from the Board Action Data Bank as of

March 01, 2013

for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Provider cleared with No Actions as of

March 01, 2013

Name	DOB	School	Yr/Grad	Provider ID
Emily Nicole Schneider	1979	006010	2009	265985
	License Hi	istory		
	<u>Licensing E</u>	<u>Entity</u>		
	No Licensur	re Information F	ound	

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

Medical Professional Information Profile



Section III

Identity

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.

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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 me 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.

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.

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.

While the FSMB will only use collected personal information for the purposes described on our website and in the FCVS application materials, the FSMB has no control over the entities to which an applicant authorizes the release of FCVS materials. Such entities may include state medical boards, state osteopathic boards, and other entities that may be subject to state and federal public information or open records laws, which might require the release of certain FCVS packet information to the public upon request.



The second second	G'_{α}			
	Applicant's Signature (mus	st be signed in the prese	nce of a notary)	
<u></u>	Schneider, Emily Nicole			
	Applicant's Printed Last Na	ame		· · · · · · · · · · · · · · · · · · ·
	17413			
	Date of Signature (must co	rrespond to date of nota	arization)	
WWW. JAM			\circ	
State of	Colorado	, County of	Wenver	
I certify that on the date set	forth below the individual:	named above did ar	ppear personally before me and the	hat I did identify this
applicant by: (a) companing applicant and with the photo	nis/ner physical appearani ograph affixed hereto, and	ce with the photogra (b) comparing the a	aph on the identifying document papplicant's signature made in my	presented by the
with the signature on his/he	r identifying document. The	e statements on this	s document are subscribed and s	worn to before me by
the applicant on this	_day of January	_, 20 <u>_/_3</u> .	-	
			14974 44674	
Notary Public Signature:	Lenda May	Talla	LINDA MCNALLY Notary Public State of Colorado	
		()	0.0,200	

265985

215320565

400 FULLER WISER ROAD | SUITE 300 | EULESS. TX 76039 TEL(817)868-5000

My Notary Commission Expires:

Medical Professional Information Profile



Section IV

Medical Education



Verification of Medical Education



Page 1

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

Federation Credentials Verification Service 400 Fuller Wiser Rd Suite 300 Euless, TX 76039 The individual identified on the attached Authorization for Release of Information, Documents and Records 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 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).

,			sec. and decree, grades, or evaluations.	
Institution Name:	University of Colorado School of Medi	cine		
Address Line 1: Education 2 N, Room 320	05			
Address Line 2: 13120 E 19th Ave Campt	ıs Box A054			
Citý: Aurora Country: US	State/P	rovince: CO	Zip Code (Postal Code):	80045
If name of institution was	different when this individual attended,	please note this name below:		
Credential/degree presen Enrollment and Particip attended our medical scho This individual Was awarded the degree	pool for total of 134 weeks of media	our medical school: Final Schneider, Er Er Schneider, Er Krypeiprint individual's name: Last, First, Mical education on the following dated and the circles and the school of the school	ddle, Suffix	5/19/2009 Month Day Year 5/72/2009 Month Day Year
Attestation Affix Institutional Seal Here	Watermark For FCV\$ internal use only.	Name: Christa M Signature: Chicar Title: Admin. Ass	inardi Ulmandi ist	
If no seal is available, this form must be notarized.	VERIFIED	Date of Signature: 2 /		oss aminardié
265985	265985	²²⁴⁹ F	149 : ucde	nytredy 15320565



Verification of Medical Education



Page 2

Onusuai Circumstances			
1. Do this individual's official records reflect (a	n) interruption(s) or extension(s) in his/her medical education	. YES N
If Yes, please specify the reason(s) for, indicate the Interruption/extension was approved or unapprove	e date of the internuctions(s) or ex	lension(s) and check whether the	e
Personal/Family	From (Mo/Yr) /	To (Mo/Yr)/	Approved Unapproved
Academic remedialion	From (Mo/Yr) /	To (Mo/Yr)/_	
Health		To (Mo/Yr)/	Approved Unapproved Unapproved
Financial		To (Mo/Yr) /	Approved Unapproved
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Please Specify:		· · · · · · · · · · · · · · · · · · ·	Approved Unapproved
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Academic Probation	From (MaN/s)	T- 484-060	
Probation for unprofessional conduct/behavioral	rrom (Mo/Yr)/	To (Mo/Yr)/	
robation for other reason		· /——	
Please specify a reason;	FIGHT (MOPT)	To (Mo/Yr)/	
 Do this individual's official records reflect that y the medical school or parent university? YES, please provide detailed documentation/infor- 			navioral reasons YES NC
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. Do this individual's official records reflect that ecause of questions of academic incompetence YES, please provide detailed documentation/inform	e, disciplinary problems, or any	other reason?	YESNO
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Applicant Reported Unusual Circumstances



Page 1 of 1

Medica	al School	·	
	l Professional Name: Emily Nicole Schneider sity of Colorado School of Medicine		
Unusua	al Circumstances		
ļ	Did you have any interruption(s) or extension(s) in your medical education?	Yes	No
١	Were you ever placed on probation?	Yes	No
١	Were you ever disciplined or placed under investigation?	Yes	No
١	Were any negative reports for behavioral reasons ever filed by instructors?	Yes	No
a	Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	No
V	Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for		

End of report for Emily Nicole Schneider



MEDICAL STUDENT PERFORMANCE EVALUATION

For

Emily Nicole Schneider

November 1, 2008

Emily Nicole Schneider is a fourth-year student at the University of Colorado Denver, School of Medicine in Aurora, Colorado.

UNIQUE CHARACTERISTICS

Emily has a Bachelor's degree in Chemical Engineering from the University of Colorado at Boulder, where she was voted by the Chemical Engineering faculty as the outstanding senior in academics and community. She won first place in the senior Thesis research poster contest and was voted the top undergraduate researcher by the graduate students. Emily was also named the outstanding undergraduate teaching assistant during both her junior and senior years and was on the Dean's list all four years. After completing college, Emily worked for several years as a chemical engineer for a small Research and Development company, designing and conducting research, designing products and doing proposal writing and literature research. This experience was invaluable in teaching her the value of teamwork and for the skills she developed in systematic problem solving. These skills have been an asset to her in the clinical setting. In addition to her academic work, Emily has been active in a number of extracurricular venues. She was a member of the Colorado Medical Society, attending meetings and working on campaigns for candidates advocating for health care reform. Her interest in politics extended to lobbying for the CMS and the AMA, working with Medical Students for Choice and serving as an election judge in her county. She has been a leader in the Ob/Gyn interest group, a student orientation leader and she serves on the graduation committee for her class. Emily is also working as a member of the student LCME survey team in preparation for the institution site visit in 2009. On a personal note, she enjoys cycling, skiing, golf and spending time with her family and friends.

ACADEMIC HISTORY AND PROGRESS

Expected Graduation Date: May 22, 2009

Matriculation Date: August 8, 2005

USMLE Step 1 Passed 2007 USMLE Step 2 CK Passed 2008

USMLE Step 2 CK Passed 2008 USMLE Step 2 CS Passed 2008

Basic Science Record:

Emily completed the basic science curriculum in two years, successfully passing all of her courses and receiving Honors grades in the courses listed below.

First Year Honors	Second Year Honors
Disease and Defense	Life Cycle

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The class of 2009 was the first to complete a new curriculum. As a part of this new curriculum, the School of Medicine revised the grading system for third year blocks with more stringent limits on the numbers of students receiving Honors grades in the clerkships. Please refer to the Appendix for further information.

Clinical Clerkship Record:

(Chronological order)

INFANT/ADOLESCENT CARE (6 weeks)

PASS

Emily was evaluated by several attendings on this rotation. The first said she did an excellent job for her level as a new third year student. She picked up information and procedures rapidly and incorporated them into her daily routine. She was eager to lean and see patients and her presentations were good for a new third year student. He said her strengths included her great relationship with patients, families and staff. She readily assimilated new information and her presentations improved rapidly so that she was exceeding expectations. A second attending was impressed with Emily's ability to gather and present a pertinent H&P and her excellent rapport with patients and the medical team. Her strengths included her interest in learning, her active participation in her education and her ability to focus her skills and solicit feedback. A third attending noted Emily's strong fund of knowledge and her intelligence and said she was a pleasure to work with. A fourth attending commended Emily for her excellent and comprehensive notes. She was able to see several patients during the day and did very well with them and their families. She frequently asked for feedback; she was eager to learn and self motivated.

MUSCULOSKELETAL CARE (2 weeks - Pass/Fail only) PASS

The attending on this rotation said Emily had a great rotation and commended her for her great performance with standardized patients.

WOMEN AND NEWBORN CARE (6 weeks)

PASS

All of the attendings who worked with Emily were impressed with her performance. The first noted her good organizational skills and her concise and clear notes. She said Emily was a self-motivated student who wanted to improve her clinical and surgical skills. She had a great attitude and was open to learning new concepts. The second attending said Emily will make an excellent physician. He noted her excellent assessment and treatment plans and described her as a bright and pleasant student who was well liked by doctors and nurses alike. She was motivated, enthusiastic about women's health and I believe that she will make an excellent physician. A third attending noted Emily's excellent rapport with patients and families. Her histories and physical exams were consistently above expectations and her management plans were clearly written and always appropriate.



EMERGENCY CARE (2 weeks - Pass/Fail only)

PASS

The attending said Emily had a strong rotation in the ED. She was easy to work with, interacted with patients and family and developed good rapport with the pediatric patients.

HOSPITALIZED ADULT CARE (8 weeks)

PASS

The attending on the first half of this rotation said Emily's assessment of her patients was very thorough and thoughtful. She reviewed the literature on topics pertinent to her patients and asked good questions during teaching rounds. Emily had an appropriate fund of knowledge at this stage in her clinical rotations. The resident on the team noted Emily's effective communication with patients and colleagues, her willingness to learn and said she was a pleasure to work with. The attending on the second half of the rotation noted that Emily's knowledge was above that of her peers. She was genuinely interested in her patients and actively involved in their care plan.

ADULT AMBULATORY CARE (4 weeks)

PASS

The attending on this rotation said Emily worked well with the team. She was efficient and able to focus on problem-based approach in outpatient setting. Emily was interested in medicine, in learning, and in her patients. She actively assessed patients, helped with treatment plans and helped with writing out history and assessment on plan clearly.

RURAL AND COMMUNITY CARE (4 weeks)

PASS

The preceptor on this rotation said Emily was able to establish rapport with patients fairly, easily, and quickly. Her strengths include her willingness to read up on problems we encountered in the clinic and good basic knowledge. Achieving patient rapport and the ability-to make patients feel comfortable was also a strength. Emily was interested in learning about specific disease entities and drug therapies. To improve she needs only to work on formulating a differential diagnosis, and base treatment plan and continue to work on patient interviewing skills.

PERI/OPERATIVE CARE (8 weeks)

HONORS

Emily was evaluated by two attendings on this rotation. The first commended her for her Honors work and described her as a conscientious student who exhibited interest in patient management. She worked well with the team, actively participated in rounds and in the OR and had a great work ethic. The second attending noted Emily's good patient care. She was extremely helpful with rounds, taking call and evaluating consults. Her histories and physicals were strong as was her knowledge base. During this rotation, Emily worked with Anesthesia where the attendings said she was a very pleasant student who was eager to learn. She asked appropriate questions, took initiative and was appropriately assertive. Emily was well-prepared and obviously spent time reading up on Anesthesia. Her skills were good and showed consistent improvement and her interpersonal skills with patients and staff was excellent.

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PSYCHIATRIC CARE (4 weeks)

PASS

The attending on Psychiatry said Emily performed well in obtaining a history, had good rapport with patients and developed appropriate treatment plans. Her communication and professional behavior was above average. The course director said Emily's presentation to the Students' Seminar on "Sexuality and Health in Older Adults" was excellent.

NEUROLOGICAL CARE (4 weeks)

PASS

The course director described Emily as a thorough and reliable student who was diligent in her patient care. She advanced her knowledge of neurology and was an asset to the team.

Fourth Year Clerkships:

GENERAL OBSTETRICS SUB-INTERNSHIP

HONORS

The attending on this senior rotation said Emily rotated on a busy Obstetrics service as a sub-intern and completed her rotation in an outstanding manner. She was evaluated in areas of medical knowledge, clinical care, communicational skills, professionalism, system-based practice and practice-based learning and improvement. One attending who worked with her on Labor and Delivery said she was an outstanding member of the team with good surgical skills for level of training. She did a nice presentation on intrauterine fetal demise. Another attending who worked with her on Labor and Delivery stated, "Emily is very focused, enthusiastic and seeks responsibility. She has a good fund of knowledge and ability to apply it. She does not make repetitive mistakes." An attending who worked with her for a week on Labor and Delivery stated, "Emily is a very active learner and hard working. She has a professional demeanor. She knows her patients well and is an active integral part of the OB team. Excellent team work." The chief resident stated, "Emily is hard working, compassionate, efficient, and a very fast leaner. She reads ahead, acts as an integral part of the team and does things without being asked. She is trustworthy and great to have on the team."

ENDOCRINOLOGY AND INFERTILITY

HONORS

Emily was evaluated by two attendings on this rotation. The first said she had a superb performance on the REI service. Because she demonstrated the ability with great interest and significant preparation, she was afforded the opportunity to perform procedures that are usually given to 3rd year residents. She took this opportunity and ran with it, performing brilliantly. Emily is quiet, but determined, and her level of achievement is well beyond most other 4th years. The second said Emily is bright, competent and an active participant with patient care. She has an excellent fund of knowledge and eagerly sought further information. The resident said Emily did a great job. She was interested in learning and would be a great fit with our program. She is a very hard worker. She gets along well with other students, residents and ancillary staff. She is well liked.



ENDOCRINOLOGY

HONORS

The attending said Emily had an excellent performance by a very interested medical student.

SUMMARY

After a very strong performance as an undergraduate in engineering, Emily worked for several years as a chemical engineer and the experiences from this time have been invaluable in her medical studies. She has done well in medical school where she balanced a solid academic performance with work with the CMS and the AMA and she had other leadership roles in the school. After successfully completing the basic science curriculum, with Honors grades in two major courses, Emily went on to do well in the clinical curriculum. She received one Honors grade in the required clerkships and all of her written evaluations were very positive. She was described as a motivated and enthusiastic student who was eager to learn. Her strengths include her interpersonal skills and her great relationships with patients, families and staff. She has good organizational skills and a great attitude. The team on Ob/Gyn noted her enthusiasm for women's health and said she will make an excellent physician. During her rotation in inpatient medicine, Emily was described as a thorough and thoughtful student with a knowledge base that was ahead of her peers. The evaluations on her surgery rotation were very positive. They also noted her strong knowledge base, her active participation with the team and her strong patient care. Emily is hitting her stride as a senior where she has received Honors grades in all of her early fourth year rotations. She was described as an outstanding member of the team on Obstetrics. She knows her patients well and he is hardworking, efficient and compassionate. Her surgical skills are good and she was able to apply her strong knowledge base well in the clinical setting. On a rotation in reproductive endocrinology and infertility, Emily was performing procedures usually given to the resident. The evaluations of her performance reflect her readiness to become a strong resident. She is going to make strong and positive contributions to the residency program that accepts her and she will be an excellent physician. Emily Schneider is ranked as very good compared with her peers at the University of Colorado School of Medicine.

Sincerely,

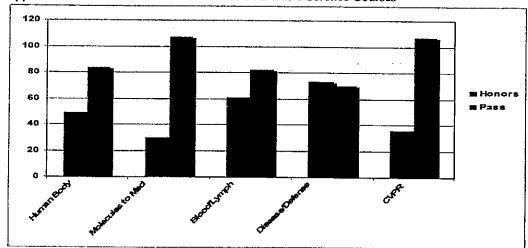
Maureen J. Garrity, Ph.D.

Associate Dean for Student Affairs

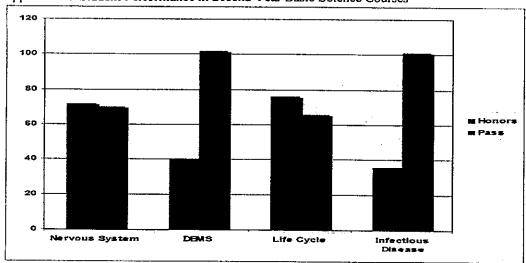
Maureen Gauty

Maureen.garrity@uchsc.edu

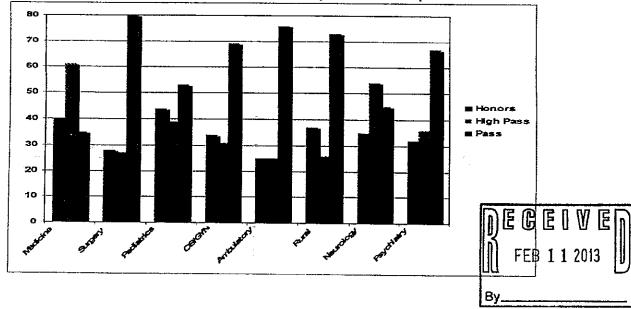
Appendix A: Student Performance in First Year Basic Science Courses



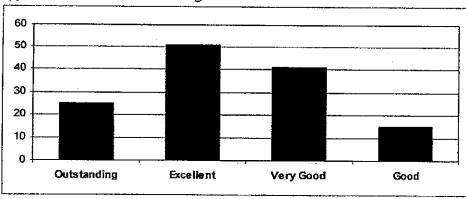
Appendix B: Student Performance in Second Year Basic Science Courses



Appendix C: Student Performance in Required Clinical Clerkships – excluding Musculoskeletal and Urgent Care which are Pass/Fail only and all students passed.



Appendix D: Student Overall Rating



Appendix E: Medical School Information

Students at the University of Colorado School of Medicine complete a two year basic science curriculum. Students are required to sit for USMLE Step 1 prior to starting clinical clerkships. A passing score is required to continue in the clinical curriculum. During the third year, the students must complete 6 integrated clerkship blocks. Two of the blocks are eight weeks in length, two blocks consist of a 6 week and a 2 week component and two additional blocks consist of two four-week components. The table below shows the new blocks and the equivalent names from the former curriculum.

Old Name	New Name
Medicine	Hospitalized Adult Care
	Adult Ambulatory Care
Surgery	Peri/Operative Care
Family Medicine	Rural and Community Care
Pediatrics	Infant/Adolescent Care
OB/GYN	Women and Newborn Care
Neurology	Neurologic Care
Psychiatry	Psychiatric Care

The fourth year is reserved for elective clinical and research experiences. A passing score on USMLE Step 2 both CK and CS is required for graduation.

Official transcript grades in the basic science years are Pass, Fail or Honors.

Official transcript grades in the Clinical years are Pass, Fail or Honors; however, clerkship evaluations include the option of "High Pass" and we have reported this grade in the evaluation letter.

Alpha Omega Alpha members are selected either at the beginning of the junior year or at the beginning of the senior year. Selection is entirely done by student members of the organization.

Narrative comments by clerkship directors and attendings are edited for length or grammar but not for content as reported in this evaluation letter.

The Dean of Students at the University of Colorado composes the MSPE; however an advisory committee assists in the assignment of the students' overall ranking into the categories of "Outstanding, Excellent, Very Good or Good." These designations are made primarily on the basis of honors performances in the basic science and required clinical clerkships. Grades in senior courses are not considered in this ranking. Extracurricular, leadership and research activities may be considered for students who are close to the next highest category with respect to Honors points. Students are permitted to review the MSPE prior to its transmission but are not allowed to edit the comments from the clerkship evaluations

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NAME S. Schnelder, Emily Nicole STUDENT NR: XXX-XX-7967/83021116 PRINT DATE: 02/06/2013

IRTHDATE XXX

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Ebless, TX 76039

Emily Nicole Schneider

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Bachelor of Science in Chem Engr MAY 10, 2002

CU Boulder
Call Engineering & AppSci UGRD
Degree Floriors: With Distriction
Major: Chemical Engineering

Doctor of Medicine
Major: Medicine

ther institutions Attended:

SECONDARYS Bear Creak High School SCH GRAD: XXXXXX

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Non-Degree UGRD CU Succeed

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Non-Degree UGRD CU Succeed

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Spring 1998 Denver Non-Degree UGRD CU Suc

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NAME Schneider, Emily Nicole STUDENT NR: XXX-XX-7967/830211161

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Ingrid T. Eschholz University Flegistrar Iniversity of Colorado Denve

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Nervous System	IDPT 6001	7.5	P	0.0
Digest/Endo/Metaboll Sys	IDPT 6002	9.5	P	0.0
Ethics Hith Profession 2	PRIMD 6000	0.7	P	0.0
ATT 20.0 EARNED 20.0	GPAHRS 0.0 GPAP	14.74	GPA 0.	000
Doctor of Medicine	Medicine			-
Immersion Spanian	FMMD 6629	0.7	P	0.0
Foundations Doctoring II	IDPT 6000	1.6	P	0.0
Die Cycle 4	IDPT 6003	5.0	Н	0.0
A is Infectious Disease	IDPT 6004_	4.5	- Р	0.0
BCLS Update	IDPT 6015	0.3	P	0.0
integrated Clinicians 1	IDPT 7001	2.0	Р:	0.0
Infant/Adolescent Care	IDPT 7020	12.0	P	0.0
Musculoskeletal Care	IDPT 7021	4.0	P	0.0
ATT 30.1 EARNED 30.1	GPAHRS 0,0 GPAPT	S 0.00	GPA 0.0	000

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ATT 18.0 EARNED	18.0 GPAHRS	0.0 GPAPTS	0.00 GP	A 0.000
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Integrated Clinicians 3	y de tê 🖟 🖟 IDF	7T 7003	4.0 P	0.0
riospitatzed Adult Care:	interpretation	7010	16.0 P	0.0
Adult Ambulatory Care	iDF	T 7060	8.0 P	0.0
Rural and Community C	are IDF	т 7061	8.0 2	-0.0
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Foundations Doctoring III	* IDPT 7000		
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Psychiatric Care	IDET-7040	807-5 P W	003 3 23 2
Neurologic Care	IDPT 7041	8.0 P	0.0
Perl/Operative Care	IDPT 7050	16.0 H	0.0
General Obstetrics Sub I	OBGY 8000	8.0 H	1.00 y 1.13
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Doctor of Medicine	mer 2008 UCD-Anschiz Me Medicine	COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE STATE OF THE SERVICE	
Clinical Nutrition	IDPT 8011	4.0 - P	0.0
Reproductive/Infertility	工工工工工、建設股份、企業等、企業等等等。		
ATT 12.0 EARNED 12.0	GPAHRS 0.0 GPAPTS	0.00 GPA 0	000
Doctor of Medicine	all 2008 UCD-Anschiz Med Medicine		6.201
Colon Cancer & Endoscopy	FMMD 8011	4.0 H	0.0
Cardiac Diagnostic Skills	MED 8005	4.0 H	0.0

MED 8013

Spring 2009 UCD-Anachtz Med

ANES 8002

IDPT 8005 IDPT 8006

MED 8029 PRIMD 8006

ATT 16.0 EARNED 16.0 GPAHRS 0.0 GPAPTS 0.00

ATT 28.0 EARNED 28.0 GPAHRS 0.0 GPAPTS #0.00

CUMULATIVE CREDITS:	스 바이 그 사람들이 하는 것이 나를 하는 것이다.	
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UNITS UNIT		
UGRD 0.0 145.0		
MED 0.0 257.4		
100 Z0134	OF ACADEMIC RECORD	١
CNU	OF ACADEMIC RECORD	d

Endocrinology

ANES Subspecialties

Integrated Clinicians 5

Integrated Clinicians 6 Applied Clin Pharmacology

Dir Study Ethics/Humanit

UNIVERSITY OF COLORADO GUIDE TO TRANSCRIPT EVALUATION

Campus Locations:

University of Colorade at Boulder Transcript Processing, 068 UCB Boulder, CO 80309-0068 (303) 492-6978

University of Colorado Denver Downtown Campus Campus Box 167 P.O. Box 173364 Denver, CO 80217-3364 (303) 556-2389

University of Colorado at Colorado Springs Transcript Office 1420 Austin Bluffs Parkway Colorado Springs, CO 80918-3733 (719) 255-3376

University of Colorado Denver Anschutz Medical Campus 13120 E 19th Ave., Campus Box A054, P.O. Box 6508 Aurora, CO 80045 (303) 724-8059

The University of Colorado at Denver and the Health Sciences Center were consolidated into a single institution, University of Colorado at Denver and Health Sciences Center (UCDHSC) on July 1, 2004, and renamed to University of Colorado Denver (UC Denver) on October 29, 2007.

ISSUING CAMPUS FOR TRANSCRIPTS

ISSUING CAMPUS FOR TRANSCRIPTS
Each campus has the authority to produce and issue a complete transcript that will contain all courses attempted at all University of Colorado campuses including their Continuing Education Extended Studies Divisions. Official transcripts include the complete undergraduate, graduate, and non-degree academic record of courses taken at all campus locations or divisions of the University of Colorado. Students may also request a career-based transcript that will produce a partial record. Questions concerning the issuance or authenticity of this transcript should be directed to the issuing campus. Questions concerning courses, grades, degrees, or other educational prinformation on the transcript should be directed to the earnpus the student attended.

The University of Colorado implemented a new academic record system in 1988. The transcript of a student enrolled both before and after this implementation may be composed of two separately formatted transcripts. It "SEPARATE RECORD OF PRIOR WORK ATTACHED" appears at the beginning of a transcript, both transcript formats must be present for the transcript to be complete.

TRANSCRIPT AUTHENTICITY

TRANSCRIPT AUTHENTICITY
A transcript is official when each page bears a preprinted University seal and includes the signature
and title of the issuing authority. The transcript form will be in blue and will incorporate a
background design of the University's seal. The face of this transcript is printed on blue paper with
the name of the university appearing in white type over the face of the entire document.

UNIVERSITY OF COLORADO • UNIVERSITY OF COLORAD

When photocopied, a latent security statement containing the institutional name and the words COPY COPY COPY COPY to you over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic doctament will stain. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document.

TRANSCRIPTS ISSUED TO STUDENT
The message "ISSUED TO STUDENT" will be printed on the transcript when the transcript is provided directly to the student.

ACADEMIC CALENDAR

Beginning Fall 1951, all campuses are on a 16-week fall and spring semester system unless otherwise noted. Summer terms, Study Abroad Programs, and Independent Learning vary in length but are reported in semester hours. As of fall 2010, all prior coursework taken on a quarter system calendar at the Health Sciences Center (now Anschutz Medical Compus) has been retroactively converted to a semester system calendar.

ELIGIBILITY TO RE-ENROLL

A student is eligible to re-enroll unless otherwise indicated.

GOOD STANDING

All students are considered to be in good standing unless stated otherwise on the transcript.

GRADE POINT AVERAGE (GPA)

GRADE POINT AVERAGE (GPA) Effective 1983, the grade point average (GPA) is shown by term. Effective Full 1993, a cumulative GPA is printed at the end of the last term attended. The GPA is computed by dividing the total GPA points by the total of GPA hours. The hours for courses with blank [***] grades or with grades of Y. P. H. NC, W. I. P. IW, IC, and IF are not included in the GPA hours. However, IF's not completed or Appeared within one year are changed to Fs and included in the hours for GPA calculation. IF and IW grades remain on transcripts. Effective Spring 2009, an "I" grade will be used for courses not completed, replacing IW and IF grades. The "I" grade will change to an F if not completed within one year. Before 1974, the grade of CN was counted as F in the GPA until the student made up the incomplete work. "R" designates repetition of a course. All grades earned in repeared courses are included in the GPA unless otherwise noted. Effective Full 2001, the Boulder Campus implemented a course repetition policy that allows undergraduates to repeat up to 10 credit hours of coursework they originally received a D- or lower in and only calculate the GPA of the second occurrence of the course. Graduate students may repeat one course under this program if they received a grade of C- or lower. Course repetition was discontinued as of summer 2010. Transfer credit is not included in the University of Colorado GPA. Effective Fall 1995, Dean's List notations appear at the end of each term earned. List notations appear at the end of each term carned.

CUMULATIVE CREDITS

Defore 1972, cumulative totals were total hours and credit points used for calculation of the GPA only. After 1988, cumulative credits include hours earned and GPA based on the level of the student. The credits are by undergraduate, graduate, graduate nondegree and professional levels. A student's transcript may include credits in more than one level.

TRANSFER CREDIT

Beginning 1988, accepted credit is labeled "Transfer Credit Applied", Transfer credit converted from the prior student information system may appear as summary data on the transcript. This information is labeled "Advanced Standing".

UNIVERSITY OF COLORADO STUDY ABROAD PROGRAMS.

Beginning 1988, a generic course number is used with the first digit of the course number followed by times and an extension of SA, with the exception of short-term discipline-specific courses tught abroad, which appear in the catalog as "offered abroad only." The first digit designates level of the course. Although actual dates of enrollment in academic year programs may vary, the courses fire listed to coincide with the CU calendar system.

RECIPROCAL AGREEMENT PROGRAM Graduate credit taken through a reciprocal exchange agreement with another Colorado institution is indicated by a department listing of RCPR, RCSM, RCSU, and RUNC.

GT PATHWAYS PROGRAM.

The Colorado State Legislature approved a set of general education courses the state guarantees to transfer. These courses appear on the transcript with the notation of "GT" below the course indicator. The next two characters identify the subject area for these courses. To identify their course, please check the website: http://www.cu.edu/prospective/pathways.html

The University of Colorado is accredited by the North Central Association of Colleges and Secondary Schools as a degree-granting institution at the baccalaureate, master's, professional, and doctoral levels

UC DENVER DOWNTOWN CAMPUS
Beginning 1970, students who were enrolled at the UC Denver Downtown Campus were also able to cross register for courses at Metropolitan State College and Community College of Denver. Courses during that period of time can be identified on University of Colorado transcripts by notations of "MSC". "CCD", or "4M" in the course titles. Beginning Spring 1988 Metropolitan State College courses were not included in the University of Colorado grade point average but were included in the hours easued at the University of Colorado These courses are noted on the transcript. Questions regarding such listings should be referred to the UC Denver Downtown Campus Registrar's Office. Courses noted with an R.- C. or D. in the title are part of the core curriculum in the College of Liberal Arts and Sciences on the UC Denver Downtown Campus.

COURSE NUMBERING SYSTEM From Fall 1975 to Summer 1988, courses numbered 0-99 were for remedial courses; 100-199 for freshmen; 200-299 for suphonores; 300-399 for juniors; 400-499 for seniors (open to graduates); 500-599 for graduate (open to qualified undergraduates); 600-699 for graduates; 700 for master's thesis; 800 for doctor's thesis.

From Fall 1975 to Summer 1988, only courses number 500 and above were for graduate credit, (Exception: Independent Study courses were numbered 900-929 for lower division, 930-949 for upper division, and 950-979 for graduate level.)

Beginning Summer 1988, the course numbering system changed from three-digit course numbers to four-digit course numbers for all campuses except Colorado Springs. Courses since Summer 1988 are numbered 1000-2999 for lower division; 3000-4999 for upper division; 5000-6999 for graduate, nuster's level or first and second year professional; and 7000-8999 for graduate doctoral level or third and fourth year professional. As of fall 2010, all campuses are using the four-digit course numberine standard numbering standard.

GRADING SYSTEM

	dard Grades	Grade Points
A A-	Superior Excellent	4.0 3.7
B B. ℃~	Good Better than Average	3.3 3.0 - 27 2.7 2.3
A- B- B- B- C- C- C- D- D- D- F- H	Competent Average	2.0 1.7 1.3
D. F	Minimum Passing	1.0 0.7 0.0
H	Honors Highest Achievement (Intended for specified courses at Campus or for Honors Department courses on other campuses)	
HP P	High Pass (Intended for School of Medicine at the Anschutz Me Passing (Under the Pass/Fail option, grades of D- and above cov courses may also be graded on a Pass/Fail basis)	dical Campus) ert to a P. Other specified
PR	Pass with Remediation (Intended for the School of Medicine at Campus)	he Anschutz Medical
NC	No Credit desired	
IP	In Progress (Thesis at the graduate level or other specified cours	es)
L	Incomplete (Changed to F if not completed within one year, Effi	ective Spring 20091
[F	Incomplete (Changed to F if not completed within one year, Dis	continued Fall 2008)
IM.	Incomplete (Changed to W if not completed within one year, Di	scontinued Fall 2008)
W	Wilhdrew	
	Student is currently enrolled for the course or final grade has not	been submitted by

Incomplete (Discontinued Fall 1974) Class grades not submitted by instructor (Discontinued 1988)

COURSE DESCRIPTIONS

Conditional Funti cleared (Discontinued Falt 1974)

current course descriptions may be found by accessing the home pages of each campus at http://www.cu.edu.

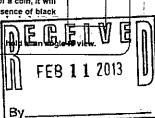
1988)
University of Colorado, Denver
University of Colorado, Colorado Springs
Division of Continuing Education
Boulder Continuing Education
Denver Continuing Education
Colorado Springs Continuing Education
Health Sciences Center Continuing Education

W X Y Z

Revised 9/10

The square to the right on an ORIGINAL TRANSCRIPT is printed in COIN REACTIVE ink. When rubbed with the edge of a coin, it will verify the authenticity of the document by the presence of black

This document also contains an artificial watermark



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The Regents of the

University of Colorado

have conferred on Amily Nicole Schneider the Aegree

Doctor of Medicine

TRUS ON ON ON THE STATE OF THE

with all the rights and privileges thereunto appertaining. In witness thereof this diploma is awarded by the Regents upon the recommendation of the Faculty.

Given at the Anschutz Medical Campus on the twenty-second day o May, A.D. two thousand and nine and in the one hundred thirty-third year of the University

Stan & Bolly Chair, Board of Regents

The Marie Huiversity

The Chanceller

Reduced Describe

SEAL VERIFIED

Medical Professional Information Profile



Section V

Graduate Medical Education



Rev. 02/12/2013

FCVS ID: 265985

Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Road, Suite 300, Euless, TX 76039 Tel: (817) 888-5000 Fax: (817) 888-5099

	Verification of Graduate Medical Education
Institution. University of	Colorado Health Sciences Center Attention. OBSTETRICS AND GYNECOLOGY
Specialty: Obstetrics ar	nd Gynecology Affiliated University
Address: Aurora, CO	
Verification For:	Name: Schneider, Emily Nicole DOB 1979 Individual's Name on Record (If different from above)
Program Participation: Important: Report Incomplete Training Levels (years) separate from those that were successfully completed.	Training Level:
If the training level (year) is currently in progress report the expected completion date in the "To" field.	Training Level: 2-3 (e.g., 1, 2, 3, etc.) Cinternship Circles (Accepted Completed Co
Report Internships, Residencies and Fellowships separately.	Research RCPSC APPAP None of these
Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	Training Level: 4 (e.g., 1, 2, 3, etc.) Chief Residency From: 07/01 / 2012 To: 00/32/3013 Chief Residency Successfully Completed?: Yes No In Progress Fellowship Accredited by: MACGME AOA LCGME RSC CFPC Research RCPSC APPAP None of these
Unusual Circumstances; Check the correct response. Omitted responses require written explanation.	1. Did this individual ever take a leave of absence or break from his/her training? 2. Was this individual ever placed on probation? 3. Was this individual ever disciplined or placed under investigation? 4. Were any negative reports for behavioral reasons ever filed by instructors? Yes
If necessary, you may continue your explanation on a separate sheet of paper.	5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Please explain any this place of the problems of the pr
Certification:	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director
Affix your instrutional seal in this a ace. If no seal is available, TROM total code	(M.D.D.O. only). Name: Meridith Alkim, MD Signature: Title of Signatory: Program Director Date of Signature: (e.g. Program Director) Tel: 803-724-2052 Fax 203-724-2055 E-Mail Meridith-Alkim Quedenver
VERIFIED	(e.g. Program Director) Tel: 203-724-2052 Fax 203-724-2055 E-Mail Merchith-Alstrn@ucdenver

FID: 215320565

CODE: 113645



Applicant Reported Unusual Circumstances



Page 1 of 1

Graduate Medical Education	·	
Medical Professional Name: Emily Nicole Schneider University of Colorado Health Sciences Center Obstetrics and Gynecology		
Unusual Circumstances		
Did you have any interruption(s) or extension(s) in your medical education?	Yes	No
Were you ever placed on probation?	Yes	<u>No</u>
Were you ever disciplined or placed under investigation?	Yes	No ——
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	No

End of report for Emily Nicole Schneider

PROVIDED BY APPLICANT



University of Colorado Anschutz Medical Campus Department of Obstetrics and Gynecology Residency Program

Academic Office 1 12631 East 17th Avenue, MS B198-6 Aurora, Colorado 80045 303-724-2052 303-724-2055 Fax

Meredish Alston, M.D. Program Director

Christine Raffaelli Prognan Coordinator

January 2, 2013

To Whom It May Concern:

RE: Emily Schneider, MD

This letter is written to verify that Dr. Emily Schneider will complete her Obstetrics and Gynecology Residency Training on June 22, 2013. Dr. Schneider began her residency on June 22, 2009. She will complete the residency in good standing.

If you have any questions, please feel free to contact me at 303-724-2052 or Meredith. Alston@ucdenver.edu.

Sincerely,

Meredith Alston, MD University of Colorado

Ob/Gyn Residency Program Director

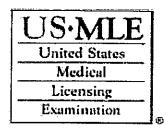
Medical Professional Information Profile



Section VI

Licensure Examination History

(State Licensing Authorities Only)



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

This document was prepared by the Federation of State Medical Boards of the United States, Inc. Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Date: 01/29/2013

Recipient:

Federation Credentials Verification Service

ATTN: FCVS

Packet ID:

265985

Examinee:

Schneider, Emily Nicole

Alt Name(s):

Examinee ID#:

5-183-653-4

Date of Birth:

/1979

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

USMLE STEP 1							
	Test Date		Three-Dig		Two-Digit Score		
		Pass/Fail	Total	MP	Total	MP	Comments
	03/26/2007	Pass	208	185	86	75	
USMLE STEP 2		 -					
Clinical Knowledge (Cl	()				·		
			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	08/20/2008	Pass	249	184	99	75	
Clinical Skills (CS)*							
, ,			Three-Dig	it Score	Two-Digit Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
	07/31/2008	Pass					
USMLE STEP 3							
···			Three-Dig	it Score	Two-Digit	Score	
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments
COLORADO	03/17/2010	Pass	209	187	87	75	

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

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

CDS

v051221

26239503

Page 1 of 3

This document was prepared by the Federation of State Medical Boards of the United States, Inc. Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Examinee ID#: 5-183-653-4

Examinee:

Schneider, Emily Nicole

Date of Birth: 1979

Interpretation of results

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

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

STEP 2 CLINICAL SKILLS (CS)

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

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

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. No score is reported. Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed within this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the *USMLE Secretariat*, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Data Bank, an action must be a matter of public record or be legally releasable to state medical boards or

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

CDS v051221 26239503 Page 2 of 3

This document was prepared by the Federation of State Medical Boards of the United States, Inc. Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Examinee ID#: <u>5-183</u>-653-4

Examinee:

Schneider, Emily Nicole

Date of Birth:

/1979

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

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

CDS v051221 26239503 Page 3 of 3

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OUESTION ID OUESTION TEXT	ANSWER	CREATE DATE	HPDAT	HPDATE DATE
Philippides, Stephanie MD2010-0195				
1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	ng to offer insu	rance to physicians?	Z	5/17/2012
3. Since your last renown has you been defined professional liability insurance coverage.			Z	5/17/2012
4. Since your last removed have seen been desired and seed the procedures from your coverage?			Z	5/17/2012
5. Since your last renewal have you been excluded from or concluded from or concluded by Madiana and the Madia			z	5/17/2012
6 Since your last renewal, have you been arrested? If so explain the circumstance remarklace of the cultural page you been arrested?			Z	5/17/2012
7. Since your last renewal, have you been named as a defendant in any criminal proceed most.			Z	5/17/2012
8 Since vour last renewal have vun heen subject to investigation by a processing and the subject to investigation by a processing subject to the subject to investigation by a processing subject to the subject to investigation by a processing subject to the subj			Z	5/17/2012
9. Since your last renewal have you been named in any formal renewal sections, in the properties of the course of the contract	inction or other	adverse actions, irrespec		5/17/2012
10 a Since vour last renoval have your retained in any follows.	t (a request wh	ich could result in either		5/17/2012
10 b. Since vour last renewal baya was a renewed, except for medical rec	dered, or not re	newed, except for medic	z	5/17/2012
1) Since your last remained businesses the control of the control			z	5/17/2012
17 a Singa non-bet zenamal has non-allocated from a figure of the statement of privileges, or while under investigation?	tion?		z	5/17/2012
12 h Are any currently held honous mandred management to many jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	suspended, rev	oked, surrendered or der	z	5/17/2012
13 Street voire last remained beam was feed in the supplication of being challenged?			Z	5/17/2012
13. Stranger and the stranger of the stranger				5/17/2012
14 Since your tast renewal has your rederal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there et N	suspended, revo	sked, restricted, or are the		5/17/2012
16. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the follow N	such a suit? If	yes, please provide the f		5/17/2012
17 Arr voil now or were voil in the next additional to the control of the control			Z	5/17/2012
18 In the five (5) were even to the grade and or the result of the five forms of the five (5) were even to the grade and the five forms of	scription medic	ation or alcohol?	z	5/17/2012
19 I certify that I have completed a minimum of 25 AMA Colors of the case of t	eatment for or c	ould reasonably be expe	z	5/17/2012
20 Are vou ABMS (American Brand of Madrial Secretaria) beautiful of Carifolds of Continuing Medical Education as required by 16.10.4 NMAC?			>	5/17/2012
21. If Ves do vou hald Lifetime Certification?			z	5/17/2012
22 If Ves do Vair hold Time Limited Certification?			Z	5/17/2012
			Z	5/17/2012

Philippides, Stephanie

Medical Doctor

MD2010-0195

Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	05/13/2015
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/13/2015
Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/13/2015
. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/13/2015
. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/13/2015
. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, ealed, vacated).	N	05/13/2015
. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/13/2015
Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or didesult in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/13/2015
Since your last renewal have you been named in any format requests for corrective actions filed by any healthcare entity where you are had an appointment (a request which could result in either format or informat proceedings).	N	05/13/2015
a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, minished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	05/13/2015
D. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/13/2015
. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or hile under investigation?	N	05/13/2015
2. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or voluntarily limited, suspended, revoked, surrendered or denied?	N	05/13/2015
2. b. Are any currently held licenses pending investigation or being challenged?	N	05/13/2015
Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/13/2015
Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily nited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	05/13/2015
Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written tice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	05/13/2015
Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/13/2015
Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming ugs, lilegal drugs, prescription medication or alcohol?	N	05/13/2015
In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	05/13/2015
I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4	Y	05/13/2015
a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I NOT hold a NM Controlled Substance Registration.	Y	05/13/2015
I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/13/2015