

Emily Nicole Schneider, MD

Licensed Physician #MD2013-0127

Issue Date	Expiration Date
03/13/2013	07/01/2015
Signature of Holder	

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

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Emily Nicole Schneider MD

License Number: MD2013-0127

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

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

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

This license must be conspicuously posted in each practice location.



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

**Physician (MD) Application
(USING FCVS)**

Date of Application: 1/1/13

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

Demographics

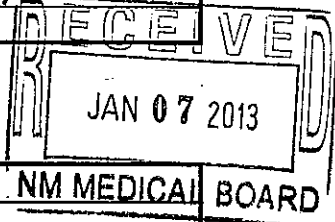
Name	<u>Schneider</u> <small>Last</small>	<u>Emily</u> <small>First</small>	<u>Nicoles</u> <small>Middle</small>
Other Names Used			

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

Gender	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Place of Birth	<u>Denver, CO USA</u>		Citizenship	<u>United States</u>
Immigration Status					INS Certification #	
*Social Security Number	[REDACTED]			Date of Birth	[REDACTED]	<u>1/1979</u>
*NM Tax ID# (if applicable)				Pending	<input type="checkbox"/>	
*Fed. Tax ID# (if applicable)				Pending	<input type="checkbox"/>	
Current Practice Name	<u>University of Colorado School of Medicine</u>					
Practice Limited to: (Clinical Specialty)	<u>OB/GYN Residency</u>					
Street	<u>12631 E. 17th Ave B198-6</u>					
City	<u>Aurora</u>	State	<u>CO</u>	Zip Code	<u>80045</u>	
Telephone Number	<u>303-724-2052</u>	Facsimile	<u>303-724-2055</u>			
*Office Manager or Contact Person:	<u>Christine Raffaeli Residency Coordinator</u>					
Foreign Languages (spoken fluently by practitioner)						
Foreign Languages (spoken fluently at Practice)						
* E-Mail Address (confidential)						
*Current Mailing Address (if different from above -confidential unless no practice address indicated)						
*Street						
*City		*State		*Zip Code		
Telephone Number		Facsimile				
What are your immediate or future Practice Plans in New Mexico?	<u>Family Planning Fellowship at the University of New Mexico starting 7/1/2013 until 6/30/2015</u>					
Home Address (Required)	*Telephone Number	<u>303-880-7789</u>				
Street	[REDACTED]					
*City	[REDACTED]					

*Information Confidential

Practice Associates in NM (If Applicable)		Call Coverage in NM (If Applicable)	
Other Practice Locations (If Applicable)			
Practice Name University of New Mexico Department of OB/GYN			
Street University of New Mexico MSC 10 5580			
City	Albuquerque	State	NM Zip Code 87131-0001
Telephone Number	505-272-3865	Facsimile	505-272-3918
Answering Service		Effective Date	7/1/2013



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

Undergraduate Education			
College or University University of Colorado Boulder			
City	Boulder	State/Country	CO Zip Code: 80309
Dates Attended	From: 08/1998 To: 05/2002	Degree	BS Graduation Date 5/2002
College or University			
City		State/Country	Zip Code:
Dates Attended	From: To:	Degree	Graduation Date

Professional / Medical Education			
College or University University of Colorado Denver School of Medicine			
City	Anvra	State/Country	CO Zip Code: 80045
Dates Attended	From: 08/2005 To: 05/2009	Degree	MD Graduation Date 5/2009
College or University			
City		State/Country	Zip Code:
Dates Attended	From: To:	Degree	Graduation Date

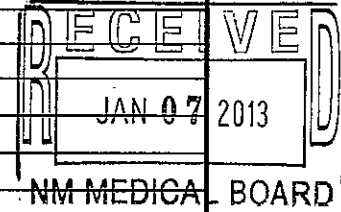
Graduate Education			
College or University			
City		State/Country	Zip Code:
Dates Attended	From: To:	Degree	Graduation Date
College or University			
City		State/Country	Zip Code:
Dates Attended	From: To:	Degree	Graduation Date

Internship/ Residency/ Fellowship			
Institution Name University of Colorado Denver School of Medicine			
City	Anvra	State/Country	CO Zip Code: 80045
Dates Attended	From: 06/2009 To: present	Field	OB/GYN residency
Institution Name			
City		State/Country	Zip Code
Dates Attended	From: To:	Field	
Institution Name			
City		State/Country	Zip Code:
Dates Attended	From: To:	Field	
Institution Name			
City		State/Country	Zip Code:
Dates Attended	From: To:	Field	

Applicant Name Emily Nicole Schneider Date 1/1/13
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Work History Please list all previous practice experience for the last 15 years, **including military or government service**, listing the most recent first. If military service, state type of discharge and rank achieved and **attach copy of discharge or separation documents**. Attach separate page, if necessary. Please provide written explanation for any gaps in work history of 6 months or more.

Location	<i>Currently a resident physician</i>	From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			
Location		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			
Location		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			
Location		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			



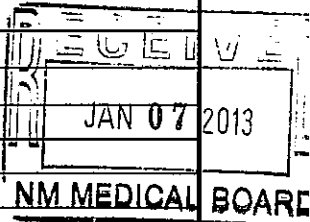
Hospital and Health Facility Affiliation History (other than postgraduate training) N/A

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

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

Applicant Name Emily Nicole Schneider Date 1/1/13
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(4) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:			To:
Type of Appointment				
Privileges Assigned				
(5) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:			To:
Type of Appointment				
Privileges Assigned				
(6) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:			To:
Type of Appointment				
Privileges Assigned				
(7) Facility Name				
Street				
City		State		ZIP Code
Telephone Number			Facsimile	
Appointment Dates	From:			To:
Type of Appointment				
Privileges Assigned				
(8) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:			To:
Type of Appointment				
Privileges Assigned				



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

(1) Name and Title	Kristina Toule, MD, MPH			
Address	12631 E. 17 th Ave B198-2			
City	Aurora	State	CO	Zip Code 80045
Telephone Number	303-724-2031	Facsimile	303-724-2056	
(2) Name and Title	Ruben Alvaro MD			
Address	12631 E. 17 th Ave B198-3			
City	Aurora	State	CO	Zip Code 80045
Telephone Number	720-848-1690	Facsimile	303-724-2055	
(3) Name and Title	Sara Mazzoni, MD, MPH			
Address	790 Delaware St Parc Unit 10 Code 0660			
City	Denver	State	CO	Zip Code 80204
Telephone Number	303-602-9733	Facsimile	303-602-9734	

Applicant Name Emily Nicole Schneider Date 1/11/13
Page 4

Licensure-Registration-Certification Information

ECFMG Number (if applicable)							
State Professional License/Certification Number				72-3198			
State	CO	Issue Date	6/2009	Expiration Date	8/31/2015	Pending	<input type="checkbox"/>
All Other State License Numbers (regardless of status - attach separate list if necessary.)							
State	Number		Issue Year		Expiration Date		
*Federal Drug Enforcement Admin. (DEA) Registration						N/A	<input type="checkbox"/>
Number		Exp. Date		Pending		<input checked="" type="checkbox"/>	
*State Controlled Substance Registration (CSR)						N/A	<input type="checkbox"/>
Number		State	Exp. Date		Pending		<input checked="" type="checkbox"/>
*Medicare Unique Physician Identification Number (UPIN)							
Pending						<input checked="" type="checkbox"/>	
*State Medicaid Provider Number							
Pending						<input checked="" type="checkbox"/>	
*National Provider Identification Number						1407098429	
Pending						<input type="checkbox"/>	

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Specialty Board Certifications N/A

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

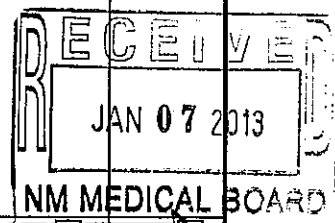
Certified/Recertified by the:			
1.	Date Certified	Date Last Recertified	Expiration Date
2.	Date Certified	Date Last Recertified	Expiration Date
3.	Date Certified	Date Last Recertified	Expiration Date
Accepted for Examination by the:			
Until (expiration date)	If not accepted, have you made application?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

Professional Liability Insurance (confidential information)

Do you have current liability insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Current Carrier		Current	Pending
Address		<input type="checkbox"/>	<input type="checkbox"/>
Dates Insured	From	To	Policy # Coverage Limits

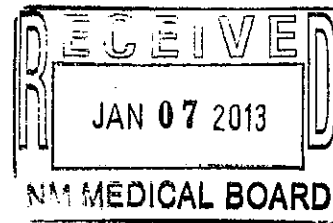
Applicant Name Emily Nicole Schneider Date 1/1/13
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<p>15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information on the attached Malpractice History form for each case:</p> <ul style="list-style-type: none"> • 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. 	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>16. Have you ever been reported to the National Practitioner Data Bank?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>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?</p>	<div style="background-color: black; width: 100%; height: 100%;"></div>	
<p>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.</p>	<div style="background-color: black; width: 100%; height: 100%;"></div>	
<p>19. Have you ever, for any reason:</p> <p>a) Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b) Withdrawn from a medical school or postgraduate training program?</p> <p>c) Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e) Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>



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 Schneider Date 1/1/13
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APPLICANT'S OATH

I, Emily Nicole Schneider, 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.

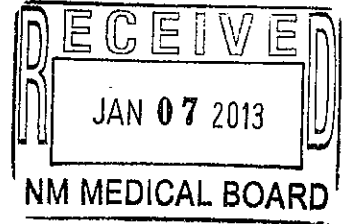


[Handwritten Signature]
Applicant Signature

1/1/13
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 Emily Nicole Schneider Date 1/1/13



Malpractice History

Provider Name: Emily Nicole Schneider

Please DUPLICATE this form and complete for EACH case.

1. Patient Name: NONE

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: _____

8. Date of incident: _____ Date filed: _____

Date closed: _____

9. Resolution of case, i.e. Dismissed, Settled Out of Court, Litigated, Pending,

Other: _____

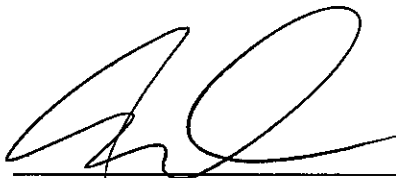
10. Settlement amount paid on your behalf (if any): _____

11. Professional liability insurer involved: _____

a. Name of Insurer: _____

b. Address of Insurer: _____

12. Defense attorney: _____



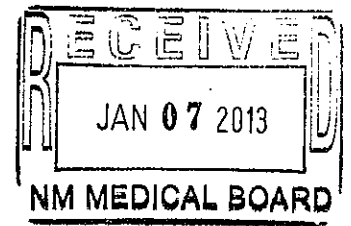
Signature

1/1/13

Date

1/1/13

Emily Nicole Schneider



Board Certification:

I am currently completing my 4th year of residency in OB/GYN 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.

A handwritten signature in black ink, appearing to be "Emily Nicole Schneider". The signature is fluid and cursive, with a large loop at the end.

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

Registration ID: 253614619

Date: 24 June 2013

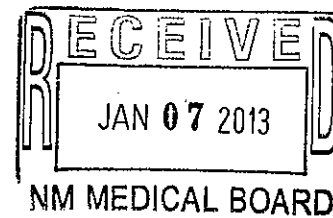
Time: 08:00 AM

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.

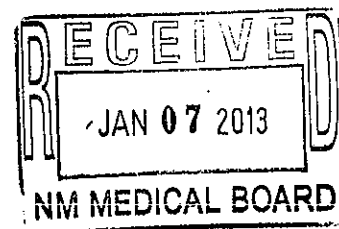
Sincerely,

Pearson VUE

Directions to Test Center

Pearson Professional Centers-Westminster (Denver N - Westminster)

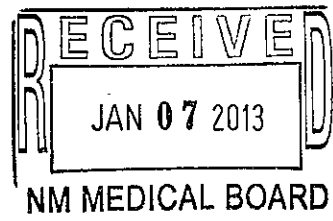
LOCATION: The Pearson Professional Center is in the Lake Arbor Plaza Building, 9101 Harlan Street, Suite 220, Westminster, CO 80031. It is a 3-story beige stone office building with long rows of windows and lots of trees in the NW corner of Harlan & 91st. Westminster Mall is east of us, Costco is west 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/>

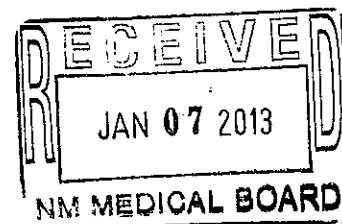


2013 Ob/Gyn Written Examination (06/24/2013)

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.



AMA Physician Profile

Name and Mailing Address:

EMILY NICOLE SCHNEIDER MD



Primary Office Address:

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

Phone: UNKNOWN

Birthdate: [REDACTED] 1979

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



AMA Physician Profile

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

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

Current and/or Historical NPI Information:

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

ECFMG Certification:

Applicant Number:

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



AMA Physician Profile

Federal Drug Enforcement Administration:

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

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

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

Specialty Board Certification(s)*:

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

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by 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:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
-----------------	------------------	-------------------	----------------------------------	----------------------

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.



AMA Physician Profile

Other Federal Sanction(s):

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

Additional Information:

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

The content of the 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

Item	Name	DOB	School	Yr/Grad	Request ID
				2006	26167107
				1972	26167113
3	Schneider, Emily	1979	006020	2009	26167119

LICENSE HISTORY
State Board
No License Information Available

			014070	1995	26167123
--	--	--	--------	------	----------

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.



Dora

Department of Regulatory Agencies

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
Issued**

**Action
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.

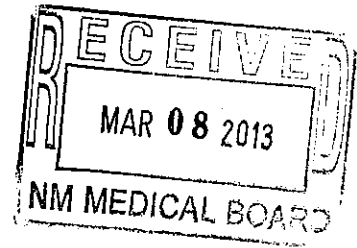
For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>

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

FOR THE COLORADO MEDICAL BOARD

FCVS

FEDERATION
CREDENTIALS
VERIFICATION
SERVICE



Medical Professional Information Profile

This report provides credentialing information for

Name: **Emily Nicole Schneider**

Social Security: Number: **XXX-XX-7967**

Date of Birth: **[REDACTED]**, 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 States 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, reformatted, 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 files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

Federation of
**STATE
MEDICAL
BOARDS**

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: [REDACTED] 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

Table of Contents

I. FCVS Reports

- A. Physician Information Report
 - 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
-

III. Identity

- A. Affidavit
 - B. Certified Birth Certificate or Original Passport
 - C. Documentation to Support Name Variation
-

IV. Medical Education

- A. Verification of Medical Education
 - B. Clinical Clerkships (if applicable)
 - C. Verification of Fifth Pathway (if applicable)
 - D. ECFMG Certification (if applicable)
-

V. Graduate Medical Education

- A. Verification of Graduate Medical Education
-

VI. Licensure Examination History (State Licensing Authorities Only)

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

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section I

FCVS Reports

Identity

Medical Professional Name: **Emily Nicole Schneider**
Documentation: Certified Birth Certificate

Gender: Female

Date of Birth: [REDACTED] 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

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.

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

Limitations: No

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

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: [REDACTED] **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.**

Discrepancies

There are no discrepancies identified.

Miscellaneous Information

There is no miscellaneous information identified.

End of report for: Emily Nicole Schneider



FEDERATION CREDENTIALS
VERIFICATION SERVICE

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: [REDACTED] **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

FCVS

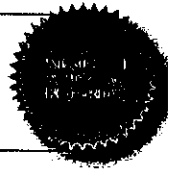
FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section II

FSMB and Other Reports



March 01, 2013

Attn: Tracy Bevers
FCVS
400 Fuller Wiser Rd., #209
Eules, 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	[REDACTED] 1979	006010	2009	265985

License History

Licensing Entity

No Licensure Information Found

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.

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL (817) 868-5000 FAX (817) 868-5099

FCVS

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VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
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MEDICAL
BOARDS**

Section III

Identity

FCVS

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VERIFICATION SERVICE

Affidavit and Release



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

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

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.

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.



[Handwritten Signature]

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

Schneider, Emily
Nicole

Applicant's Printed Last Name

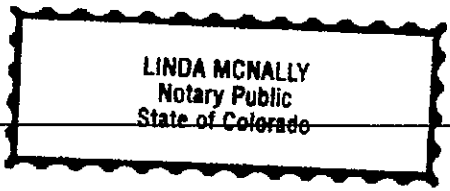
1/2/13

Date of Signature (must correspond to date of notarization)

State of Colorado, County of Denver

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 2 day of January, 2013.

Notary Public Signature: Linda McNally



My Notary Commission Expires: _____

265985

2ce5985

215320565

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
STATE
MEDICAL
BOARDS

Section IV

Medical Education

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 Eufless, 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).

Institution Name: University of Colorado School of Medicine

Address Line 1: Education 2 N, Room 3205

Address Line 2: 13120 E 19th Ave Campus Box A054

City: Aurora State/Province: CO Zip Code (Postal Code): 80045 Country: US

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

Premedical Education:

Years of education required for admission to your medical school: Variable

Credential/degree presented by the applicant for admission to your medical school: Final undergraduate transcripts

Enrollment and Participation: Our records indicate that Schneider, Emily

attended our medical school for total of 134 weeks of medical education on the following dates: From: 8/29/2005 To: 5/19/2009

This individual Was awarded the degree of Doctor of Medicine on 5/22/2009 Was NOT awarded a degree because: (please explain - additional page if necessary)

Attestation section with fields for Name, Signature, Title, Date of Signature, Phone, Fax, and Email. Includes a 'SEAL VERIFIED' watermark.

265985 265985 2249 2249 ucdenver.edu 215320565

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the interruption/extension was approved or unapproved:

YES NO

Table with columns for reason (Personal/Family, Academic remediation, Health, Financial, etc.), dates (From, To), and status (Approved, Unapproved).

Please Specify:

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

YES NO

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

Table with columns for reason (Academic Probation, Probation for unprofessional conduct/behavioral, Probation for other reason), dates (From, To).

Please specify a reason:

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

YES NO

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

Blank line for documentation

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

YES NO

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

Blank line for documentation

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

YES NO

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

Blank line for documentation

265985

265985

2249

215320565

Medical School

Medical Professional Name: Emily Nicole Schneider
University of Colorado School of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	Yes	<u>No</u>
Were you ever placed on probation?	Yes	<u>No</u>
Were you ever disciplined or placed under investigation?	Yes	<u>No</u>
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	<u>No</u>
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	<u>No</u>

End of report for Emily Nicole Schneider

**PROVIDED BY
APPLICANT**

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 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

265985

2249

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**

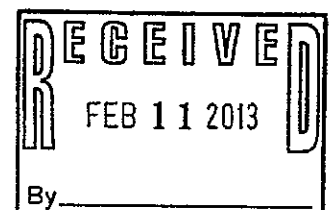
The course director described Emily as a thorough and reliable student who was diligent in her patient care. She advanced her knowledge of neurology and was an asset to the team.

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 learner. 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.

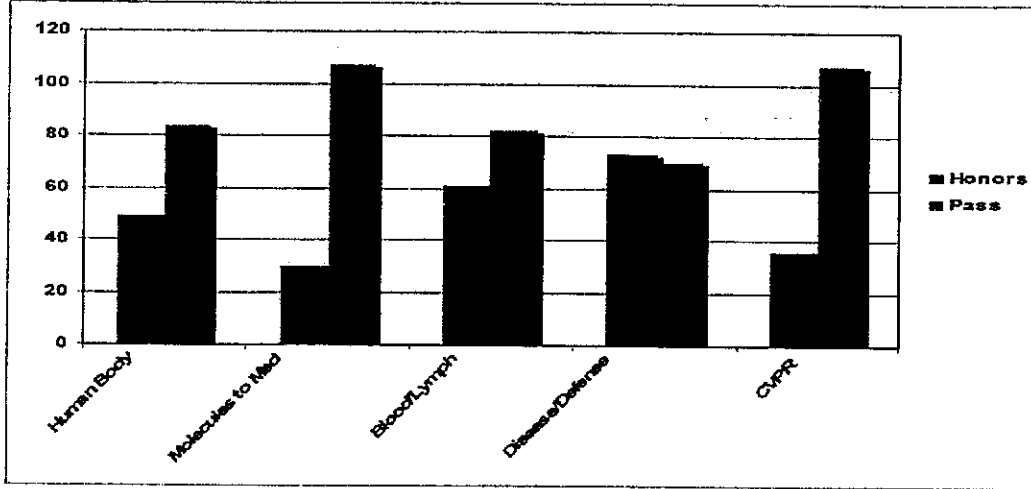
Sincerely,



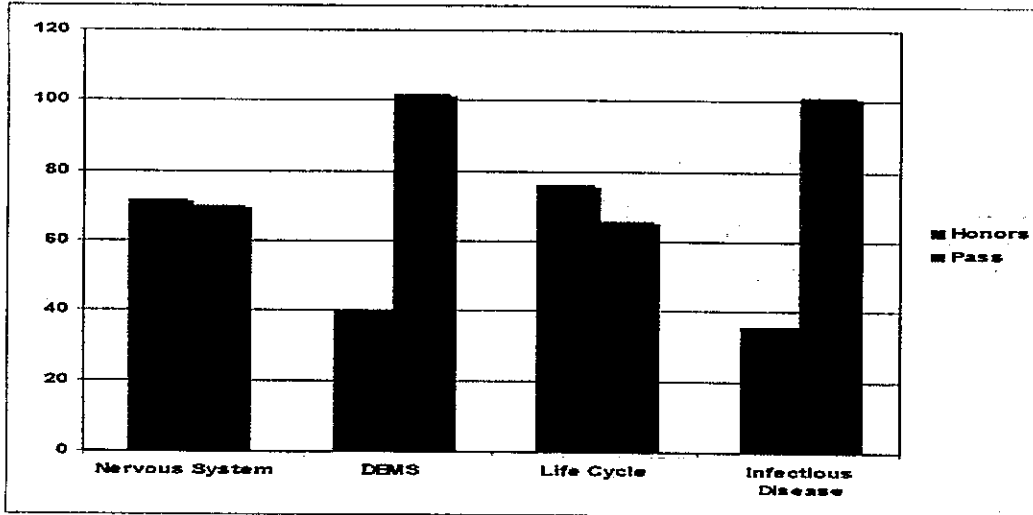
Maureen J. Garrity, Ph.D.
Associate Dean for Student Affairs
Maureen.garrity@uchsc.edu

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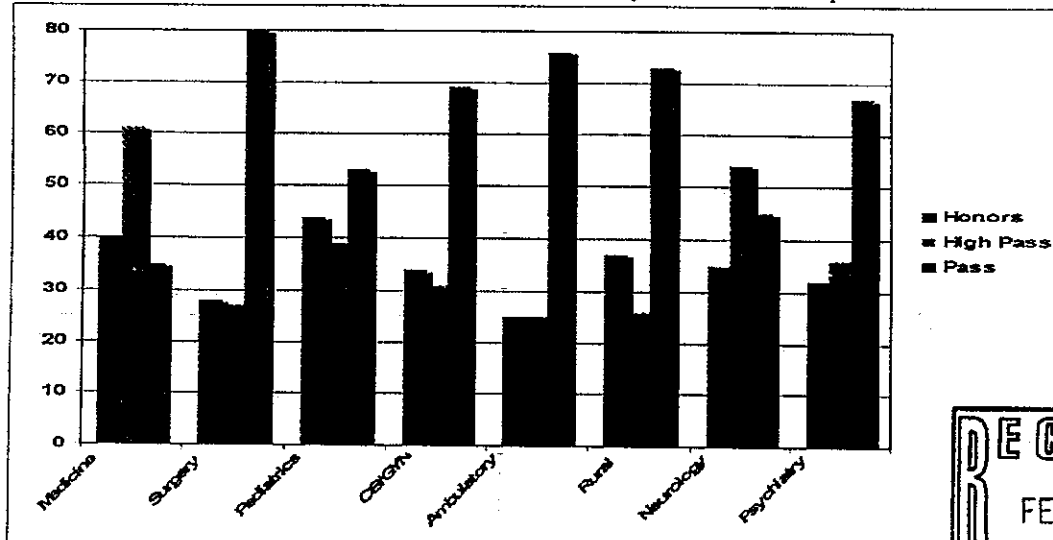
Appendix A: Student Performance in First Year Basic Science Courses



Appendix B: Student Performance in Second Year Basic Science Courses

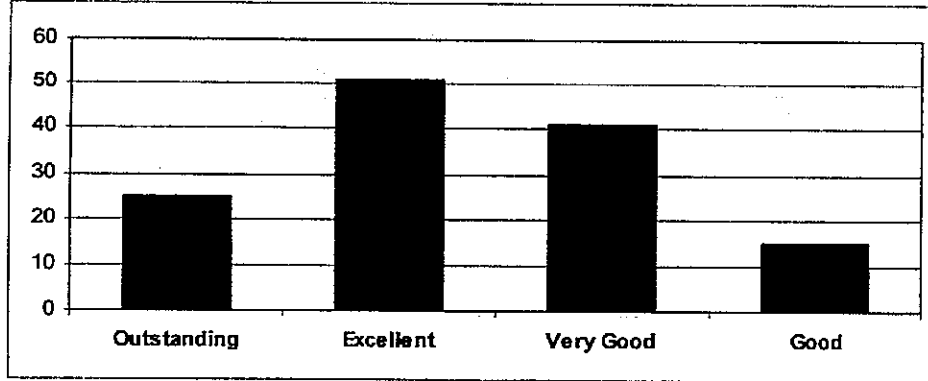


Appendix C: Student Performance in Required Clinical Clerkships – excluding Musculoskeletal and Urgent Care which are Pass/Fail only and all students passed.



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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

265985



NAME: Schneider, Emily Nicole
 STUDENT NR: XXX-XX-7967/83021161
 PRINT DATE: 02/08/2013

BIRTHDATE: [REDACTED] XXXX

Issued To: Federation Credentials Verification Service
 Federation of State Medical Boards
 400 Fuller Wise Road, Suite 300
 Euless, TX 76039

Requested By: Emily Nicole Schneider

Degrees, Certificates and Licenses

Bachelor of Science in Chem Engr
 CU Boulder
 Coll. Engineering & AppSci UGRD
 Degree Honors: With Distinction
 Major: Chemical Engineering
 MAY 10, 2002

Doctor of Medicine
 CU Denver
 Doctor of Medicine
 Major: Medicine
 MAY 22, 2009

Other Institutions Attended:

SECONDARY: Bear Creek High School
 SCH: Y GRAD: XX/XXXX
 Lakewood CO

COURSE TITLE	CRSE NR	UNITS	GRADE	PNTS
Fall 1996 Denver Non-Degree UGRD CU Succeed				
College Algebra	MATH 1110	3.0	A	12.0
ATT 3.0 EARNED	3.0 GPAHRS	3.0 GPAPTS	12.00	GPA 4.000
Spring 1997 Denver Non-Degree UGRD CU Succeed				
College Trigonometry	MATH 1120	3.0	A	12.0
ATT 3.0 EARNED	3.0 GPAHRS	3.0 GPAPTS	12.00	GPA 4.000
Fall 1997 Denver Non-Degree UGRD CU Succeed				
Analytical Geometry-Calculus I	MATH 1401	4.0	A	16.0
ATT 4.0 EARNED	4.0 GPAHRS	4.0 GPAPTS	16.00	GPA 4.000
Spring 1998 Denver Non-Degree UGRD CU Succeed				
Analytical Geometry-Calculus II	MATH 2411	4.0	A	16.0
ATT 4.0 EARNED	4.0 GPAHRS	4.0 GPAPTS	16.00	GPA 4.000

COURSE TITLE	CRSE NR	UNITS	GRADE	PNTS
Fall 1998 UC Boulder Coll. Engineering & AppSci UGRD Chemical Engineering				
Calculus 3 for Engineers	APPM 2350	4.0	B+	13.2
General Chem Engineers	CHEM 1211	3.0	A	12.0
Engr Gen Chemistry Lab	CHEM 1221	2.0	A	8.0
Intro Engineering Computing	GEEN 1300	3.0	A-	11.1
Social Constr/Sexuality	WMST 1006	3.0	A-	11.1
ATT 15.0 EARNED	15.0 GPAHRS	15.0 GPAPTS	55.40	GPA 3.693

Deans List

COURSE TITLE	CRSE NR	UNITS	GRADE	PNTS
Spring 1999 UC Boulder Coll. Engineering & AppSci UGRD Chemical Engineering				
Intro Linear Alg-Diff Eq	APPM 2360	4.0	A	16.0
Intro to Chemical Engineering	CHEM 1300	1.0	A	4.0
Ethics	PHIL 1100	3.0	A	12.0
General Physics 1	PHYS 1110	4.0	A	16.0
Deviance in US Society	SOCY 1004	3.0	A	12.0
ATT 15.0 EARNED	15.0 GPAHRS	15.0 GPAPTS	57.60	GPA 3.840

Deans List

COURSE TITLE	CRSE NR	UNITS	GRADE	PNTS
Fall 1999 UC Boulder Coll. Engineering & AppSci UGRD Chemical Engineering				
Organic Chemistry 1	CHEM 3311	4.0	B	12.0
Lab/Organic Chemistry 1	CHEM 3321	1.0	A-	3.7
Ch Engr Matl/Engy Bal	CHEM 2120	3.0	B	9.0
Intro to Molecular Biology	MCDB 1150	3.0	A	12.0
Intro to Molecular Biol Lab	MCDB 1151	1.0	A	4.0
General Psychology	PSYC 1001	4.0	A	16.0
ATT 18.0 EARNED	16.0 GPAHRS	16.0 GPAPTS	56.70	GPA 3.544

Deans List

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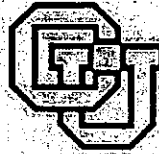
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University Registrar

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NAME: Schneider, Emily Nicole
 STUDENT NR: XXX-XX-7967/830211161 BIRTHDATE: [REDACTED] XXXX
 PRINT DATE: 02/06/2013

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COURSE TITLE COURSE NR UNITS GRADE PNTS

COURSE TITLE COURSE NR UNITS GRADE PNTS

Spring 2000 UC Boulder

Fall 2001 UC Boulder

Coll Engineering & AppSci UGRD		Chemical Engineering		
Organic Chemistry 2	CHEM 3331	4.0	A	16.0
Organic Chemistry 2	CHEM 3341	1.0	A	4.0
Physical Chemistry 1	CHEM 4511	3.0	A	12.0
Independent Study	CHEM 2840	3.0	A	12.0
Chem Engineering Fluid Mech	CHEM 3200	3.0	B	9.0
Chem Engr Principles I				
ATT 14.0 EARNED 14.0 GPAHRS 14.0 GPAPTS 53.00 GPA 3.786				

Coll Engineering & AppSci UGRD		Chemical Engineering		
Chemical Engr Senior Thesis 1	CHEM 4010	2.0	A	8.0
ChE Reaction Kinetics	CHEM 4330	3.0	A	12.0
Chemical Engineering Materials	CHEM 4440	3.0	A	12.0
Numerical Meth for Simultr	CHEM 4580	3.0	A	11.1
Independent Study	CHEM 4840	1.0	A	4.0
Intro Women's Literature	ENGL 1260	3.0	A	12.0
ATT 15.0 EARNED 15.0 GPAHRS 15.0 GPAPTS 58.20 GPA 3.890				

Deans List

Deans List

Summer 2000 UC Boulder

Spring 2002 UC Boulder

Coll Engineering & AppSci UGRD		Chemical Engineering		
History of Jazz	EMUS 3642	3.0	P	0.0
General Physics 2	PHYS 1120	4.0	A	16.0
Writing/Science Society	UWRP 3030	3.0	B	9.0
ATT 10.0 EARNED 10.0 GPAHRS 7.0 GPAPTS 25.00 GPA 3.571				

Coll Engineering & AppSci UGRD		Chemical Engineering		
Physical Chemistry 2	CHEM 4531	3.0	B	9.9
Chemical Engr Senior Thesis 2	CHEM 4020	2.0	A	8.0
Chemical Process Synthesis	CHEM 4520	4.0	A	16.0
Instrumentation/Proc Cntrl	CHEM 4570	4.0	A	14.8
General Biology 2	EPOB 1220	3.0	A	12.0
General Biology Lab 2	EPOB 1240	1.0	B	3.0
ATT 17.0 EARNED 17.0 GPAHRS 17.0 GPAPTS 63.70 GPA 3.747				

Coll Engineering & AppSci UGRD		Chemical Engineering		
Physical Chemistry Lab	CHEM 4541	2.0	A-	7.4
Applied Data Analysis	CHEM 3010	3.0	A	12.0
Chem Engineering Heat Transfer	CHEM 3210	3.0	A	12.0
Bioen Structure/Function	CHEM 3700	3.0	A	12.0
Experimental Physics 1	PHYS 1140	1.0	A	4.0
ATT 12.0 EARNED 12.0 GPAHRS 12.0 GPAPTS 47.40 GPA 3.950				

Deans List

Fall 2005 UC DHSC-Hlth Sci

Coll Engineering & AppSci UGRD		Chemical Engineering		
General Chemistry 2	CHEM 1131	5.0	A	20.0
Chemical Engineering Lab 1	CHEM 3130	2.0	A	8.0
Chem Engineering Separations	CHEM 3220	4.0	A	16.0
Chem Engr Thermodynamics	CHEM 3320	3.0	A	12.0
Shakespeare/Nonmajors	ENGL 3000	3.0	A	12.0
ATT 17.0 EARNED 17.0 GPAHRS 17.0 GPAPTS 68.00 GPA 4.000				

Doctor of Medicine		Medicine		
Foundations Doctoring I	IDPT 5000	3.2	P	0.0
Human Body	IDPT 5001	9.5	P	0.0
Molecules to Medicine	IDPT 5002	9.0	P	0.0
Basic Cardiac Life Support	IDPT 5015	0.3	B+	0.0
Ethics Hlth Profession I	PRMD 5000	0.7	P	0.0
ATT 22.7 EARNED 22.7 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000				

Deans List

Doctor of Medicine		Medicine		
Foundations Doctoring I	IDPT 5000	3.2	P	0.0
Blood and Lymph	IDPT 5003	5.3	P	0.0
Disease and Defense	IDPT 5004	6.4	H	0.0
Cardiovascular/Pul/Renal	IDPT 5005	14.0	P	0.0
ATT 28.9 EARNED 28.9 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000				

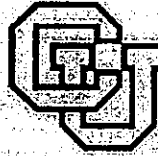
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NAME: Schneider, Emily Nicole
 STUDENT NR: XXX-XX-7987/830211181
 PRINT DATE: 02/06/2013

BIRTHDATE: [REDACTED] XXXX

COURSE TITLE	CRSE NR	UNITS	GRADE	PNTS
Summer 2006 UCDHSC-Hlth Scd Medicine				
Doctor of Medicine				
Summer Preceptor Exp	IDPT 6636	1.3	P	0.0
ATT: 1.3 EARNED 1.3 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000				
Fall 2006 UCDHSC-Hlth Scd Medicine				
Doctor of Medicine				
Immersion Spanish	FMMD 6629	0.7	P	0.0
Foundations Doctoring II	IDPT 6000	1.6	P	0.0
Nervous System	IDPT 6001	7.5	P	0.0
Digest/Endc/Metabol Sys	IDPT 6002	9.5	P	0.0
Ethics Hlth Profession 2	PRMD 8000	0.7	P	0.0
ATT: 20.0 EARNED 20.0 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000				
Spring 2007 UCDHSC-Anschtz Med Medicine				
Doctor of Medicine				
Immersion Spanish	FMMD 6629	0.7	P	0.0
Foundations Doctoring II	IDPT 6000	1.6	P	0.0
Life Cycle	IDPT 6003	5.0	H	0.0
Infectious Disease	IDPT 6004	4.5	P	0.0
BCLS Update	IDPT 6015	0.3	P	0.0
Integrated Clinicians 1	IDPT 7001	2.0	P	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 GPAPTS 0.00 GPA 0.000				
Summer 2007 UCDHSC-Anschtz Med Medicine				
Doctor of Medicine				
Integrated Clinicians 2	IDPT 7002	2.0	P	0.0
Women and Newborn Care	IDPT 7030	12.0	P	0.0
Emergency Care	IDPT 7031	4.0	P	0.0
ATT: 18.0 EARNED 18.0 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000				
Fall 2007 UCD-Anschtz Med Medicine				
Doctor of Medicine				
Foundations Doctoring III	IDPT 7000	0.2	P	0.0
Integrated Clinicians 3	IDPT 7003	4.0	P	0.0
Hospitalized Adult Care	IDPT 7010	16.0	P	0.0
Adult Ambulatory Care	IDPT 7060	8.0	P	0.0
Rural and Community Care	IDPT 7061	8.0	P	0.0
ATT: 36.2 EARNED 36.2 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000				

COURSE TITLE	CRSE NR	UNITS	GRADE	PNTS		
Spring 2008 UCD-Anschtz Med Medicine						
Doctor of Medicine						
Foundations Doctoring III	IDPT 7000	0.25	P	0.0		
Integrated Clinicians 4	IDPT 7004	4.0	P	0.0		
Psychiatric Care	IDPT 7040	8.0	P	0.0		
Neurologic Care	IDPT 7041	8.0	P	0.0		
Peri/Operative Care	IDPT 7050	16.0	H	0.0		
General Obstetrics Sub I	OBGY 8000	8.0	H	0.0		
ATT: 44.2 EARNED 44.2 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000						
Summer 2008 UCD-Anschtz Med Medicine						
Doctor of Medicine						
Clinical Nutrition	IDPT 8011	4.0	P	0.0		
Reproductive/Infertility	OBGY 8010	8.0	H	0.0		
ATT: 12.0 EARNED 12.0 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000						
Fall 2008 UCD-Anschtz Med Medicine						
Doctor of Medicine						
Colon Cancer & Endoscopy	FMMD 8011	4.0	H	0.0		
Cardiac Diagnostic Skills	MED 8005	4.0	H	0.0		
Endocrinology	MED 8013	8.0	H	0.0		
ATT: 16.0 EARNED 16.0 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000						
Spring 2009 UCD-Anschtz Med Medicine						
Doctor of Medicine						
ANES Subspecialties	ANES 8002	4.0	P	0.0		
Integrated Clinicians 5	IDPT 8005	4.0	P	0.0		
Integrated Clinicians 6	IDPT 8006	4.0	P	0.0		
Applied Clin Pharmacology	MED 8029	8.0	P	0.0		
Dir Study Ethics/Humanit	PRMD 8006	8.0	H	0.0		
ATT: 28.0 EARNED 28.0 GPAHRS 0.0 GPAPTS 0.00 GPA 0.000						
CUMULATIVE CREDITS:						
	TR	CU	TOT	QUAL	QUAL	GPA
	UNITS	UNITS	UNITS	UNITS	PNTS	
UGRD:	0.0	145.0	145.0	142.0	541.00	3.810
MED:	0.0	257.4	257.4	0.0	0.00	0.000
***** END OF ACADEMIC RECORD *****						

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 University Registrar
 University of Colorado Denver
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The Regents of the
University of Colorado

have conferred on
Emily Nicole Schneider
the Degree

Doctor of Medicine

TRUE COPY OF ORIGINAL
Ingrid T. Eschholz
Ingrid T. Eschholz, Registrar
University of Colorado Denver
Anschutz Medical Campus

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 of
May, A.D. two thousand and nine and in the
one hundred thirty-third year of the University

John K. B. King
Chair, Board of Regents

David A. ...
President of the University



M. J. ...
Chancellor

Richard Thompson
Dean of the Faculty

~~265985~~ 265985 2249

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**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section V

Graduate Medical Education

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	<u>No</u>
Were you ever placed on probation?	Yes	<u>No</u>
Were you ever disciplined or placed under investigation?	Yes	<u>No</u>
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	<u>No</u>
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	<u>No</u>

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 B196-6
Aurora, Colorado 80045
303-724-2052
303-724-2055 Fax

Meredith Alston, M.D.
Program Director

Christine Raffaele
Program 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,

A handwritten signature in black ink, appearing to read "Meredith Alston".

Meredith Alston, MD
University of Colorado
Ob/Gyn Residency Program Director

FCVS

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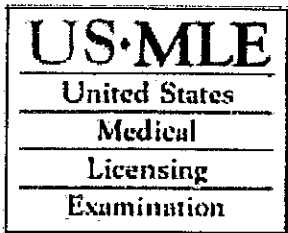
**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

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 Wisser Road, Suite 300, Eutess, 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: [REDACTED]/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	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
03/26/2007	Pass	208	185	86	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
08/20/2008	Pass	249	184	99	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
07/31/2008	Pass					

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
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.

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Examinee: Schneider, Emily Nicole

Examinee ID#: 5-183-653-4
Date of Birth: [REDACTED] 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

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Examinee ID#: 5-183-653-4

Date of Birth: [REDACTED]/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".

<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
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?	N	5/17/2012	5/17/2012
2.	Since your last renewal have you been denied professional liability insurance coverage?	N	5/17/2012	5/17/2012
3.	Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	5/17/2012	5/17/2012
4.	Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	5/17/2012	5/17/2012
5.	Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	5/17/2012	5/17/2012
6.	Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	5/17/2012	5/17/2012
7.	Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	5/17/2012	5/17/2012
8.	Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of whether you have had an appointment (a request which could result in either form)?	N	5/17/2012	5/17/2012
9.	Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical recertification?	N	5/17/2012	5/17/2012
10.	a. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation? b. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	5/17/2012	5/17/2012
11.	Since your last renewal have you been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	5/17/2012	5/17/2012
12.	a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied? b. Are any currently held licenses pending investigation or being challenged?	N	5/17/2012	5/17/2012
13.	Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	5/17/2012	5/17/2012
14.	Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there any other conditions?	N	5/17/2012	5/17/2012
15.	Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following details.	N	5/17/2012	5/17/2012
16.	Since your last renewal have you been reported to the National Practitioner Data Bank?	N	5/17/2012	5/17/2012
17.	Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	5/17/2012	5/17/2012
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 have?	N	5/17/2012	5/17/2012
19.	I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	5/17/2012	5/17/2012
20.	Are you ABMS (American Board of Medical Specialties) Board Certified?	N	5/17/2012	5/17/2012
21.	If yes do you hold Lifetime Certification?	N	5/17/2012	5/17/2012
22.	If yes do you hold Time Limited Certification?	N	5/17/2012	5/17/2012

9/15/2015

Philippides, Stephanie

Medical Doctor

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?	N	05/13/2015
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/13/2015
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/13/2015
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/13/2015
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/13/2015
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/13/2015
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/13/2015
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/13/2015
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/13/2015
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	05/13/2015
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/13/2015
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/13/2015
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/13/2015
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/13/2015
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/13/2015
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	05/13/2015
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet.	N	05/13/2015
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/13/2015
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	05/13/2015
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	05/13/2015
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	05/13/2015
19a. 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 do NOT hold a NM Controlled Substance Registration.	Y	05/13/2015
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/13/2015