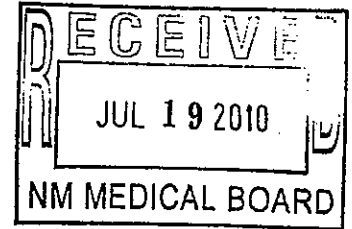


FINGERPRINT

JUL 19 2010



12 July, 2010

C. Grant LaFarge, MD
New Mexico Board of Medical Examiners
2055 S Pacheco St
Building 400
Santa Fe NM 87505

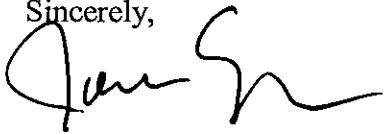
RE: Razel Remen, MD, HOI (SPL), Family Medicine

Dear Doctor LaFarge:

The above-mentioned resident physician will be serving at the University of New Mexico in the Department of Family Medicine from August 23, 2010 through October 20, 2010.

Please extend permission to train.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Sparkman".

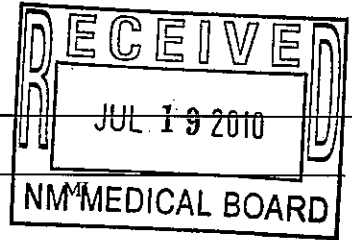
Joe Sparkman
Program Director
Graduate Medical Education



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



Post Graduate Training License Application
 DEMOGRAPHICS:



Name: REMEN Last RAZED First
 Other Name(s) Used None
 Mailing Address: [Redacted] City State NM Zip 87106
 Telephone: [Redacted] Fax Number: [Redacted] .com
 Social Security Number: [Redacted] DEA Number:
 Date of Birth: / 1977 Gender: Male Female
 Place of Birth: Brooklyn, New York
 Citizenship: USA Immigration Status:

MEDICAL EDUCATION:

Medical School: Latin American School of Medicine Date of Graduation: 07/2009
 Address: Carretera Panamericana Km 3 1/2, Santa Fe
Municipio Playa Cattavana Cuba
 City State Zip Country
 ECFMG Certificate Number (if applicable): 0-678-053-0

POST GRADUATE TRAINING:

UNIVERSITY OF NEW MEXICO
 PGT Fields: Special Trainee - Family Medicine
 Date of entry into post graduate program in New Mexico: 08/20/10 Proposed total length PGT: 2 months

PRIOR POST GRADUATE TRAINING

1. Institution Name:
 City: State/County: Zip Code:
 Dates Attended: From: To: PGT Field:

2. Institution Name:
 City: State/County: Zip Code:
 Dates Attended: From: To: PGT Field:

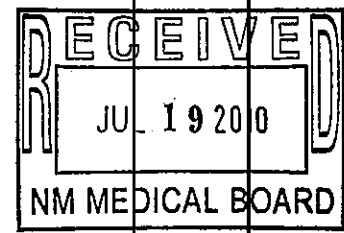
LICENSURE:

List all states in which you have held or now hold a health care related license or registration to practice medicine.

State	License/Registration Number	Issued Date	Expiration Date
1. <u> </u>	<u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>	<u> </u>

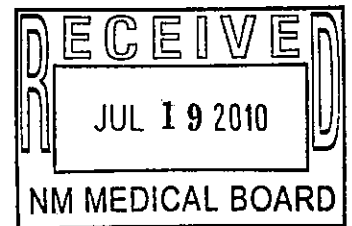
Professional Practice Questions Please answer all of the following Yes or No questions. If you answer YES to any question, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1. Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10. a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Have you ever agreed not to exercise your clinical privileges while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11. Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Are any currently held licenses pending investigation or being challenged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14. Has your federal or state narcotics registration certificate in any jurisdiction ever been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information on the attached Malpractice History form for each case:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<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. 		
16. Have you ever been reported to the National Practitioner Data Bank?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>



<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>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<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"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" 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.



Licensing Exam: (i.e. State Board Exam, FLEX, LMCC, National Board or USMLE)

Exam Taken USMLE STEP 1 Date Passed October / 2006
Month/Year
Exam Taken USMLE STEP 2 CK Date Passed August / 2008
Month/Year
Exam Taken USMLE STEP 2 CS Date Passed February / 2010
Month/Year

APPLICANT'S OATH

I, Razel Remen, 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.

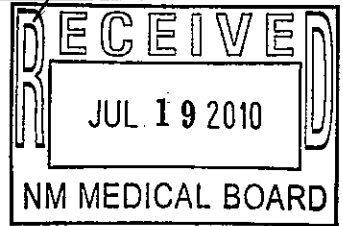
I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding 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.



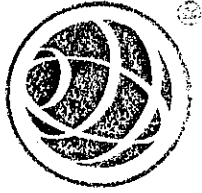
Razel Remen
Applicant Signature

06/07/2010
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.

Education Commission for Foreign Medical Graduates



The ECFMG® certifies that

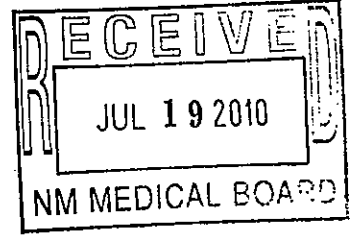
Razel Remen

has successfully passed the required examinations, satisfied all the requirements of the Commission, and has been awarded this Certificate.

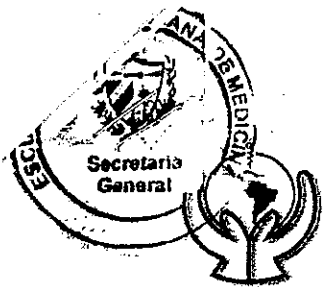
Jan Karp
Chair, Board of Trustees

Emmanuel Casematis M.D.
President and Chief Executive Officer

Date Issued April 1, 2010



Certificate Number	0-678-053-0
Medical Science	
USMLE Step 1	October 19, 2006
USMLE Step 2 CK	August 18, 2008
Clinical Skills	
USMLE Step 2 CS	February 16, 2010



ESCUELA LATINOAMERICANA DE MEDICINA

Carretera Panamericana Km 3½, Santa Fe,
Playa, Ciudad de La Habana, Cuba.

INGENIERO INOCENTE ALEJANDRO RUIZ MARTÍNEZ, SECRETARIO GENERAL DE LA
ESCUELA LATINOAMERICANA DE MEDICINA, DE LA CIUDAD DE LA HABANA,
REPÚBLICA DE CUBA

CERTIFICO QUE: **Razel Remen**

Procedente de: **Estados Unidos**

Cursó y aprobó las asignaturas correspondientes al Plan de Estudio de la especialidad de
MEDICINA, graduándose de Doctor(a) en Medicina en este centro de Educación Médica
Superior en el curso académico 2008 - 2009 con el aprovechamiento docente siguiente:

Primer Año

Anatomía I	3
Histología I	4
Biología Celular y Molecular	4
Informática Médica I	5
Introducción a la Medicina General Integral	5
Preparación Física y Deportes I	5
Historia y Medicina I	4
Anatomía II	3
Histología II	3
Metabolismo Intermediario y su Regulación	3
Fisiología I	5
Embriología I	3
Preparación Física y Deportes II	5
Historia y Medicina II	5

Segundo Año

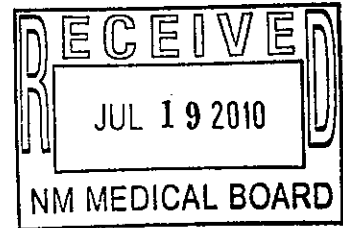
Embriología II	3
Fisiología II	5
Histología III	4
Anatomía III	3
Preparación Física y Deportes III	5
Tiempo Electivo	5
Anatomía Patológica	3
Agentes Biológicos	3
Introducción a la Clínica	5
Psicología Médica I	4
Informática Médica II	4
Preparación Física y Deportes IV	5
Genética	4

Tercer Año

Propedéutica Clínica y Semiología Médica	4
Farmacología I	5
Psicología Médica II	3
Tiempo Electivo	5
Medicina Interna	4
Farmacología II	4

Revisado por:

Extractado por:





Razel Remen

Año	4
Medicina General Integral I	4
Pediatría	5
Inglés VII	4
Tiempo Electivo	4
Cirugía General	5
Obstetricia y Ginecología	5
Inglés VIII	5
Medicina de Desastres I	5
Quinto Año	5
Psiquiatría	5
Salud Pública	5
Medicina General Integral II	5
Inglés IX	4
Medicina de Desastres II	5
Ortopedia y Traumatología	4
Otorrinolaringología	4
Oftalmología	5
Urología	5
Dermatología	5
Inglés X	5
Tiempo Electivo	4
Medicina Legal y Ética Médica	4

4,30

Índice Ponderado:

<i>Sexto Año, Internado Rotatorio</i>	5
Obstetricia y Ginecología	5
Cirugía	4
Pediatría	4
Medicina Interna	5
Medicina General Integral	5

Aprobado

4,32

EXAMEN ESTATAL
ÍNDICE ACADÉMICO

Exámenes de premios y otras bonificaciones **No**

4,32

Índice Académico General

ASÍ MISMO CERTIFICO QUE: Los resultados de los exámenes de premio se añaden al índice académico según el lugar obtenido: primer lugar 0,06; segundo lugar 0,04 y tercer lugar 0,02

El "Índice Ponderado" se calcula como la media aritmética de todas las calificaciones hasta el quinto año inclusive

El "No" en "Exámenes de premios y otras bonificaciones" significa que el graduado no realizó este tipo de actividades que son opcionales.

La calificación de 2 en tiempo efectivo no invalida para promover de año.

Los resultados de las evaluaciones se ajustan a las equivalencias que se expresan en las siguientes categorías y símbolos, exceptuando el Examen Estatal.

EQUIVALENCIA DE NOTAS

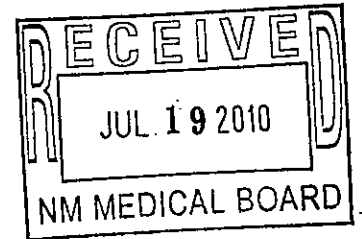
Excelente	5	A	Sobresaliente
Bien	4	B	Aprovechado
Regular	3	C	Aprobado
Mal	2	D	Suspenseo

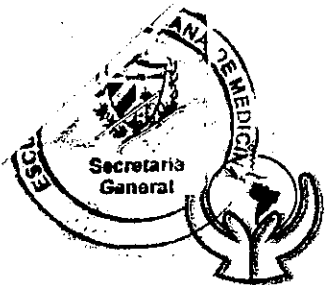
Escala de 0 a 100

Aprobado 60	Aprobado 70
90 - 100	90 - 100
80 - 89	80 - 89
60 - 79	70 - 79
0 - 59	0 - 69

Y para surtir efecto fuera del territorio nacional, se expide la presente en la Ciudad de La Habana, República de Cuba, a los veinticuatro días del mes de julio del año dos mil nueve. "Año del 50 aniversario del triunfo de la Revolución".

[Signature]
Ingeniero Inocente Alejandro Ruiz-Martínez
Secretario General de la ELAM





ESCUELA LATINOAMERICANA DE MEDICINA

Carretera Panamericana Km 3½, Santa Fe,
Playa, Ciudad de La Habana, Cuba.

INGENIERO INOCENTE ALEJANDRO RUIZ MARTÍNEZ, SECRETARIO GENERAL DE LA
ESCUELA LATINOAMERICANA DE MEDICINA, DE LA CIUDAD DE LA HABANA,
REPÚBLICA DE CUBA

CERTIFICO QUE: **Razel Remen**

Procedente de: **Estados Unidos**

Cursó y aprobó las asignaturas correspondientes al Plan de Estudio de la especialidad de
MEDICINA, graduándose de Doctor(a) en Medicina en este centro de Educación Médica
Superior en el curso académico 2008 - 2009 con el aprovechamiento docente siguiente:

Primer Año

Anatomía I	3
Histología I	4
Biología Celular y Molecular	4
Informática Médica I	5
Introducción a la Medicina General Integral	5
Preparación Física y Deportes I	5
Historia y Medicina I	4
Anatomía II	3
Histología II	3
Metabolismo Intermediario y su Regulación	3
Fisiología I	5
Embriología I	3
Preparación Física y Deportes II	5
Historia y Medicina II	5

Segundo Año

Embriología II	3
Fisiología II	5
Histología III	4
Anatomía III	3
Preparación Física y Deportes III	5
Tiempo Electivo	5
Anatomía Patológica	3
Agentes Biológicos	3
Introducción a la Clínica	5
Psicología Médica I	4
Informática Médica II	4
Preparación Física y Deportes IV	5
Genética	4

Tercer Año

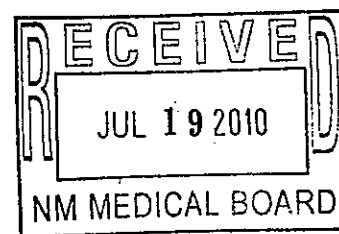
Propedéutica Clínica y Semiología Médica	4
Farmacología I	5
Psicología Médica II	3
Tiempo Electivo	5
Medicina Interna	4
Farmacología II	4

[Handwritten signature]

Revisado por:

[Handwritten signature]

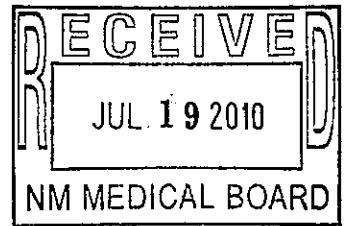
Extractado por:





Razel Remen

Quinto Año	
Psiquiatría	5
Salud Pública	5
Medicina General Integral II	5
Inglés IX	4
Medicina de Desastres II	5
Ortopedia y Traumatología	4
Otorrinolaringología	4
Oftalmología	5
Urología	5
Dermatología	5
Inglés X	5
Tiempo Electivo	4
Medicina Legal y Ética Médica	4
Índice Ponderado:	4,30
Sexto Año, Internado Rotatorio	
Obstetricia y Ginecología	5
Cirugía	5
Pediatría	4
Medicina Interna	4
Medicina General Integral	5
EXAMEN ESTATAL	Aprobado
ÍNDICE ACADÉMICO	4,32
Exámenes de premios y otras bonificaciones	No
Índice Académico General	4,32



ASÍ MISMO CERTIFICO QUE: Los resultados de los exámenes de premio se añaden al índice académico según el lugar obtenido: primer lugar 0,06; segundo lugar 0,04 y tercer lugar 0,02

El "Índice Ponderado" se calcula como la media aritmética de todas las calificaciones hasta el quinto año inclusive

El "No" en "Exámenes de premios y otras bonificaciones" significa que el graduado no realizó este tipo de actividades que son opcionales.

La calificación de 2 en tiempo electivo no invalida para promover de año.

Los resultados de las evaluaciones se ajustan a las equivalencias que se expresan en las siguientes categorías y símbolos, exceptuando el Examen Estatal.

EQUIVALENCIA DE NOTAS

Excelente	5	A	Sobresaliente
Bien	4	B	Aprovechado
Regular	3	C	Aprobado
Mal	2	D	Suspenseo

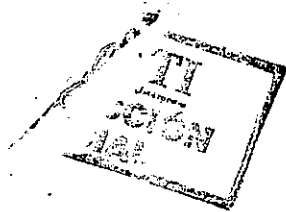
Escala de 0 a 100

Aprobado 60	Aprobado 70
90 - 100	90 - 100
80 - 89	80 - 89
60 - 79	70 - 79
0 - 59	0 - 69

Y para surtir efecto fuera del territorio nacional, se expide la presente en la Ciudad de La Habana, República de Cuba, a los veinticuatro días del mes de julio del año dos mil nueve. "Año del 50 aniversario del triunfo de la Revolución".

[Signature]
Ingeniero Inocente Alejandro Ruiz Martínez
Secretario General de la ELAM





LATIN AMERICAN SCHOOL OF MEDICAL SCIENCES

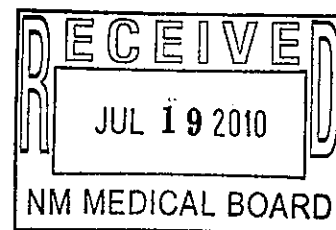
*Carretera Panamericana Km 3 1/2, Santa Fe,
Playa, Ciudad de La Habana, Cuba*

INOCENTE ALEJANDRO RUIZ MARTINEZ, ENG., REGISTRAR OF THE LATIN AMERICAN SCHOOL OF MEDICAL SCIENCES, CIUDAD DE LA HABANA, REPUBLIC OF CUBA.

**I CERTIFY THAT: Razel Remen
From: United States**

Has taken and passed the subjects relevant to the Curriculum of the specialty of **MEDICAL SCIENCES** and graduated as **MEDICAL DOCTOR** in this Higher Institute of Medical Sciences during the 2008-2009 academic year with the following academic performance:

First Year	
Human Anatomy I	3
Histology I	4
Cellular and Molecular Biology	4
Computer Science in Medicine I	5
General Comprehensive Medicine	5
Physical Training and Sports I	5
History and Medicine I	4
Human Anatomy II	3
Histology II	3
Intermediate Metabolism and its Regulation	3
Physiology I	5
Embryology I	3
Physical Training and Sports II	5
History and Medicine II	5
Second Year	
Embryology II	3
Physiology II	5
Histology III	4
Human Anatomy III	3
Physical Training and Sports III	5
Elective Time	5
Pathological Anatomy	3
Biological Agents	3
Introduction to Clinical Medicine	5
Medical Psychology I	4
Computer Science in Medicine II	4
Physical Training and Sports IV	5
Medical Genetics	4



Razel Remen

Third Year

Clinical Propaedeutics and Medical Semiology	4
Pharmacology I	5
Medical Psychology II	3
Elective Time	5
Internal Medicine	4
Pharmacology II	4

Fourth Year

General Comprehensive Medicine I	4
Pediatrics	4
English Language VII	5
Elective Time	
General Surgery	
Gynecology and Obstetrics	
English Language VIII	
Medicine of Disasters I	

Fifth Year

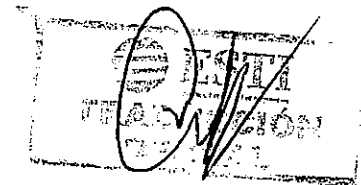
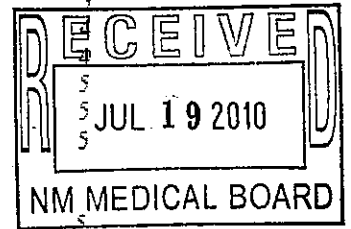
Psychiatry	5
Public Health	5
General Comprehensive Medicine II	5
English Language IX	5
Medicine of Disasters II	4
Orthopedics and Traumatology	5
Otolaryngology	4
Ophthalmology	4
Urology	5
Dermatology	5
English Language X	5
Elective Time	5
Legal Medicine and Medical Ethics	4

Adjusted Average:	4.30
<i>Sixth Year, Internship Rotation</i>	

Gynaecology and Obstetrics	5
General Surgery	5
Pediatrics	4
Internal Medicine	4
General Comprehensive Medicine	5

STATE EXAM:	Passed
-------------------	--------

Academic Average	4.32
Award exams and other bonus: No	
GRADE POINT AVERAGE	4.32



ORIGINAL
MINISTERIO DE RELACIONES EXTERIORES

I, Tania M. García Cabello Lib, María de los Angeles Montalvo Cario Lib, Legal Advisors of the Ministry of Public Health

HEREBY CERTIFY: That the above signature of the official authorizing this document appears to be authentic and matches the one he/she uses in his/her official capacity.

Issued in the City of Havana this 24th day of July, 2009

(Signed)

(Stamp: Ministry of Public Health, Salus Populis, Suprema Lex, Legal Advisors)

RECEIVED
JUL 19 2010
MINISTRO DE SALUD
MEDICAL BOARD

REPUBLIC OF CUBA
MINISTRY OF FOREIGN AFFAIRS
DIVISION OF CONSULAR AFFAIRS AND CUBAN RESIDENTS ABROAD

Camiló Rojo Alvarez

Official authorized to certify signature authentication on documents issued for use abroad.

CERTIFIES: THAT THE ABOVE SIGNATURE OF THE OFFICIAL AUTHORIZING THIS DOCUMENT APPEARS TO BE AUTHENTIC AND MATCHES THE SIGNATURE HE/SHE HAS REGISTERED WITH THIS MINISTRY FOR USE IN HIS/HER OFFICIAL CAPACITY. IN WITNESS WHEREOF, I AUTHORIZE THIS DOCUMENT WITH MY SIGNATURE AND THE SEAL OF THIS MINISTRY.

HAVANA, July 28, 2009

(Signed)

(Seal: Ministry of Foreign Affairs, Republic of Cuba)

EXEMPT FROM PAYMENT
Taxes on Documents
Resolutions 12/98 and 354/04
Ministry of Finance and Prices

This is a true translation of the original

EQUIPO DE SERVICIOS DE TRADUCTORES E INTERPRETES

MINISTERIO DE RELACIONES EXTERIORES
Resolución 12/98 y 354/04
Ministerio de Finanzas y Precios

REPÚBLICA DE CUBA
MINISTERIO DE RELACIONES EXTERIORES
DIRECCIÓN DE ASUNTOS CONSULARES Y DE CUBANOS RESIDENTES EN EL EXTERIOR
Camiló Rojo Alvarez
LA HABANA 11 AGO. 2009
FUNGIONARIO AUTORIZADO PARA APLICAR AUTENTICACIONES DE VISA EN DOCUMENTOS EMISOS PARA SUS EFECTOS EN EL EXTERIOR.
CUALQUIER AL PARECER ES AUTENTICA DEL FUNCIONARIO AUTORIZADO DE ESTE DOCUMENTO.
LA FORMA QUE ARDECE, POR SEMEJANZA QUE GUARDA CON LA QUE OTRA REGISTRADA EN ESTE CENTRO COMO LA QUE EL MISMO ACOSTUMBRA A USAR EN SUS ACTOS OFICIALES EN FE DE LO CUAL AUTORIZO LA PRESENTE CON LA FIRMA Y EL SELLO DE ESTE MINISTERIO.

I LIKEWISE CERTIFY THAT: That the marks attained in extra credit examinations are added to the grade point average according to the place obtained:

First place: 0.06 Second place: 0.04 Third place: 0.02

The "Adjusted Average" is calculated as the arithmetic average of all grades including fifth year.

The "No" in "Award exams and other bonus" means that the student did not do any of these optional activities.

The grade of 2 points attained in Elective Time subject does not count to promote the year.

The above marks match with the equivalents expressed in the following categories and symbols, Except for the State Exam.

KEY TO GRADE

			0-100 Point Scale		
			Pass 60	Pass 70	
Excellent	5	A	Outstanding	90-100	90-100
Good	4	B	Satisfactory	80-89	80-89
Fair	3	C	Pass	60-79	70-79
Bad	2	D	Fail	0-59	0-69

And so it may be officially recorded outside the national territory, this document is issued in Ciudad de La Habana, Republic of Cuba, this twenty-fourth day of July, two thousand and nine "Year of the 50 Anniversary of the Triumph of the Revolution"

(Signed)

Inocente Alejandro Ruiz Martinez Eng.

Registrar

Latin-American School of Medical Sciences

(Stamp: Registry, Latin American School of Medical Sciences, ELAM)

ELAM Volume: 5

ELAM Folio: 26

Number: 647

LEFT MARGIN, FIRST PAGE OF THE ORIGINAL DOCUMENT:

Abstracted by: _____ (Signed) _____ Checked by: _____ (Signed) _____

