

MALIDSON 2010 167



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF MEDICINE
APPLICATION FOR MEDICINE & OSTEOPATHY

All applicants
needed to full
could be cau:
Monday thro

Application and submit the original application and all required supporting documents. If more space is
sets with typed responses. False or misleading statements will be cause for disciplinary action and
Code 22-2514. If you have any questions, call HPLA Customer Service at 1-888-204-6193,

SECTION

Check the box next to the type of license for which you are applying. Medicine and Surgery (MD) Osteopathy and Surgery (DO)

SECTION 1B. BASIS OF APPLICATION

Check the box next to the basis by which you are applying. "Do not select "EXAMINATION" if you have already passed the USMLE Step III Examination

	TOTAL
<input type="checkbox"/> Examination	\$288
<input type="checkbox"/> Re-examination	\$ 85
<input checked="" type="checkbox"/> Waiver of Examination - USMLE	\$805
<input type="checkbox"/> Waiver of Examination - NBME/NBOME/LMCC	\$805
<input type="checkbox"/> Waiver of Examination - FLEX	\$805
<input type="checkbox"/> Waiver of Examination - State Constructed Exam	\$805
<input type="checkbox"/> Waiver of Examination - Combination of Above	\$805
<input type="checkbox"/> Eminence 1	\$805
<input type="checkbox"/> Eminence 2	\$2000
<input type="checkbox"/> Duplicate Licenses (limit 5) _____ X \$34.00 =	\$ _____ .00
Total Enclosed	\$ _____ .00

Make check or money order payable to **DC Treasurer**.
A charge of \$65.00 will be imposed for dishonored checks
(Public Law 89-208)

MAIL TO:
Department of Health
Health Professional Licensing Administration
Board of Medicine
717 - 14th St, NW
Suite 600
Washington, DC 20005

HPLA ONLY		
Check \$	Check #	Staff
\$ _____ .00		

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, you must provide a copy of legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders. Complete Section 4 below of this application on page 2.

ZIONIE FIRST NAME S MI BIARNIES LAST NAME SUFFIX
(e.g. "Jr.", "Sr." not "M.D.")

SOCIAL SECURITY NUMBER*
If applicant does not provide a social security number, a sworn affidavit is required.

DATE OF BIRTH
M M D D Y Y Y Y

PLACE OF BIRTH
Provide City and State for US birthplace or Country for foreign place of birth.

Male Female
GENDER
Please check the correct box.

SECTION 3A. HOME ADDRESS

A PO Box may not be used for an address. Please provide a street address.

APARTMENT SUITE FLOOR NUMBER

HOME STREET ADDRESS 1 (if applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (if additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

cell -obest number

HOME PHONE NUMBER

HOME FAX NUMBER

E-MAIL ADDRESS

* Under the authority of Public Law 93-579, Section 7 (b), the Department of Health requests your Social Security Number to assist in the administration of D.C. tax laws. Disclosure is not required as a part of the licensing process and will not be made available to the public.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION
MEDICINE & OSTEOPATHY**

SECTION 3B. BUSINESS ADDRESS

A PO Box may not be used for an address. Please provide a street address. **Please note: This information will be made available to the public.**

PLANNED PARENTHOOD
COMPANY NAME

APARTMENT SUITE FLOOR NUMBER

11108 114TH STREET NW
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

WASHINGTON
CITY

DC
STATE

20036
ZIP CODE + 4

BUSINESS PHONE NUMBER

BUSINESS FAX NUMBER

E-MAIL ADDRESS

SECTION 3C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.

HOME BUSINESS

SECTION 4. PREVIOUS NAME CHANGE

If your name has changed at any point since you first registered with the American Medical Association, taken any exams or attended college or university, you must provide a copy of a legal name change documents for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (e.g. "Jr.", "Sr." not "M.D.")

FIRST NAME MI LAST NAME SUFFIX

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (e.g. "Jr.", "Sr." not "M.D.")

FIRST NAME MI LAST NAME SUFFIX

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (e.g. "Jr.", "Sr." not "M.D.")

SECTION 5. SUPPORTING DOCUMENTS

Please indicate the supporting documents you have included with this package or requested to be sent to the DC Board of Medicine. Keep a photocopy

		YES	NO	HPLA ONLY
A.	Two recent and identical passport-type photos of the applicant's face (approx. 2"x2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Three (3) characters reference forms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	AMA Profile.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Verification(s) of licensure – These should be provided in a sealed envelope from the issuing jurisdiction for each license identified in Section 6C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	All undergraduate, graduate, medical, and profession school transcripts. These transcripts should be provided in a sealed envelope from the issuing institution for each of the schools that you attended and listed in Section 6A on the previous page.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Documentation of all experience following graduation from medical school. Proof of experience should be submitted as a letter from the overseeing institution/organization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Examination scores – These should be provided in a sealed envelope from the examination contractor or administrator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	ECFMG Certificate (if Foreign applicant)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION
MEDICINE & OSTEOPATHY**

SECTION 5. SUPPORTING DOCUMENTS (CONT'D)

I.	FMGEMS Certificate (if Fifth Pathway applicant)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
J.	Eminence application package (if Eminence 1 or 2 applicant)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION 6A. POST SECONDARY SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical schools, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Date of Graduation	Type of Degree/Certificate
① University of Connecticut School of Medicine Farmington CT USA	05/2007	MD
② Rutgers State University of NJ New Brunswick, NJ USA	05/2003	B.S
③ County College of Morris Randolph NJ USA	08/2001	A.S

SECTION 6B. MEDICAL TRAINING AND MEDICAL PRACTICE - POSTGRADUATE EXPERIENCE

List ALL experience since medical school graduation below. Include letters (No Certificates) from employing facilities and organizations for internships, residencies, fellowships or employment. For "Description", use the letter key below. List experience in reverse chronological order, beginning with the most recent. Be sure to account for periods of unemployment greater than three (3) months. Please account for all time since medical school graduation.

Organization/Institution	Start Date	End Date	Type of Position (Use Key Below)
Planned Parenthood Baltimore MD	07/10	current	D
Express Care Urgent Care Center	05/10	current	D
Immediate Care Medical Center	07/09	07/10	D
University of Maryland Family Medicine	06/07	06/10	C

*** TYPE OF POSITION KEY / TRAINING AND PRACTICE DESCRIPTIONS**

- A. Fellowship
- B. Internship
- C. Residency
- D. Employment
- E. Private Practice
- F. Other (Attach a typed explanation on a separate sheet of paper to this form.)

SECTION 6C. MEDICAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license (excluding training licenses). Provide letters of verification from original and current jurisdictions (if different).

Jurisdiction	Date License Was First Obtained	License Number
Maryland	04/10/2009	D 00068999

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION
MEDICINE & OSTEOPATHY**

SECTION 7. SCREENING QUESTIONS – Applicants MUST answer all of the following questions.

Please answer questions A through K by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through K below, you must provide full information and complete details on a separate sheet of paper, including copies of all relevant court documents, and attach to this form.

A.	<p><u>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</u></p> <p>Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).</p> <p>IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED.</p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ol style="list-style-type: none"> 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority service fees; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? <p>The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i>, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>HPLA ONLY</p>
B.	Have you ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
C.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
E.	Has any authority taken adverse action against your medicine/osteopathy license or privileges or informed you of any pending charges not previously reported to this Board?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
F.	Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
G.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
H.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
I.	Within the last ten (10) years, have you been treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
J.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
K.	Have you ever been terminated due to practice issues or moral turpitude issues since obtaining your (professional) license within the last ten (10) years?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>
L.	MD's Only – If your practice is limited to a specialty, please indicate the code from the specialty listed below.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION
MEDICINE & OSTEOPATHY**

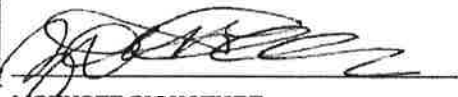
M.	MD's Only – If you are certified by the "American Board of" any specialty, please indicate the code from the specialty list below.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
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Pending. Exam taken 7/2/10 CODE

SPECIALTIES		
AD Administrative Medicine AL Allergy & Immunology AN Anesthesiology CO Colon & Rectal Surgery DE Dermatology EM Emergency Medicine FA Family Practice IN Internal Medicine MG Medical Genetics	NE Neurological Surgery NU Nuclear Medicine OB Obstetrics & Gynecology OP Ophthalmology OR Orthopedic Surgery OT Otolaryngology PA Pathology PE Pediatrics	PH Physical Medicine & Rehabilitation PL Plastic Surgery PR Preventive Medicine/Public Health PS Psychiatry & Neurology RA Radiology SU Surgery TH Thoracic Surgery UR Urology

SECTION 8. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

 LICENSEE SIGNATURE	<u>Zowie S Barnes</u> NAME (Please Print)	<u>7/22/10</u> DATE
		HPLA ONLY <input type="checkbox"/>

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.

DL Class **C** Driver's License **Maryland**

LIC #: **8 8 8 8 8 8 8 8**

ZOWIE S BARNES

Zowie S Barnes

BIRTH DATE:
EXPIRES:

Sex: **F** HT: **5-00** WT: **140**
Restr: Type: **N**
Issue Date:

Williams, Aisha (DOH)

From: Zowie Barnes
Sent: Monday, October 25, 2010 1:32 PM
To: Williams, Aisha (DOH)
Subject: Re: DC Board of Medicine/ Application for licensure

Thank you for the notification.

In response, I was a resident physician until 6/30/10. I worked at Immediate Care medical Center during my PGY3 year. I stopped working there in 03/10 because I was to start a 7 week inpatient rotation with my residency program from late March to early May. Once I completed that rotation, I interviewed at Express Care Medical Center to resume moonlighting.

Is this enough?

Also, just so I can inform my employer, Phase 3 (Board review) will not occur until the 3rd Wednesday of November at the earliest?

Respectfully,

Zowie Sheena Barnes, MD

"Stop telling God how big your storm is and start telling your storm how big your God is!"

From: "Williams, Aisha (DOH)" <aisha.williams@dc.gov>
To: "
Sent: Mon, October 25, 2010 11:13:19 AM
Subject: DC Board of Medicine/ Application for licensure

Dear Dr. Barnes,

Your application has reached the second phase of review. I am the analyst reviewing your application, before it is considered for licensure by the DC Board of Medicine (the "Board"). In my review, I noticed a discrepancy with your start date with Express Care Urgent Care Centers. You indicated on your application that you started work on 5/10; however, the verification letter from Express Care Urgent Care Centers stated that you started on 7/10. Therefore, there is a gap greater than three months on section 6B (post graduate experience) of your application. Please provide an explanation of your activities after the completion of your employment with Immediate Care Medical Center (3/10) and the start of your employment with Express Care Urgent Care Centers(7/10). You may respond to this email. If you have any questions, please feel free to contact me. Thank you.

Regards,

Aisha Williams
Health Licensing Specialist
DC Board of Medicine
717 14th St., NW 10th floor
Washington, DC 20005
202.724.8750 (office)

Williams, Aisha (DOH)

From: Williams, Aisha (DOH)
Sent: Monday, October 25, 2010 11:13 AM
To:
Subject: DC Board of Medicine/ Application for licensure

Dear Dr. Barnes,

Your application has reached the second phase of review. I am the analyst reviewing your application, before it is considered for licensure by the DC Board of Medicine (the "Board"). In my review, I noticed a discrepancy with your start date with Express Care Urgent Care Centers. You indicated on your application that you started work on 5/10; however, the verification letter from Express Care Urgent Care Centers stated that you started on 7/10. Therefore, there is a gap greater than three months on section 6B (post graduate experience) of your application. Please provide an explanation of your activities after the completion of your employment with Immediate Care Medical Center (3/10) and the start of your employment with Express Care Urgent Care Centers(7/10) . You may respond to this email. If you have any questions, please feel free to contact me. Thank you.

Regards,

Aisha Williams
Health Licensing Specialist
DC Board of Medicine
717 14th St., NW 10th floor
Washington, DC 20005
202.724.8750 (office)
202.724.8677 (fax)



5 Bel Air South Parkway, STE 1535, Bel Air, MD 21015 (P) 410-569-0044, (F) 410-569-0069

October 1, 2010

To Whom It May Concern: ✓

Dr. Zowie Barnes has been a part-time physician at ExpressCare Urgent Care Centers in Maryland since July 1st 2010. As medical director and CEO, I have had the opportunity to observe her performance directly. She has performed her duties in an exemplary manner. I strongly recommend her for a District of Columbia medical license.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Reid", is written over a faint blue line.

Maurice N. Reid, MD

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

BOARD OF MEDICINE
CHARACTER REFERENCE FORM

Re: ZOWLE S. Barnes

Dear Madam/Sir:

The applicant whose name appears above has applied for a license to practice medicine/ osteopathy in the District of Columbia. In order to assist the Board in evaluating this applicant, we would appreciate you providing the following information. Any additional remarks may be added on the back of this form or if needed, on a separate sheet of paper. After completing this form to the best of your ability, please return the form to the Department of Health, Health Professional Licensing Administration, DC Board of Medicine, 717 14th Street NW, 6th Floor, Washington, DC 20005, or give it to the applicant in a sealed envelope preprinted with your return address or the address of your organization. Your prompt reply will enable the Board to consider this individual's application in a timely manner.

1. Please evaluate Applicant's performance (Please indicate with check):

	N/A*	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interest in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Unable to evaluate

2. Recommendation (Please indicate with check):

- 1. Recommend highly without reservation
- 2. Recommend as qualified and competent
- 3. Recommend with some reservation (explain)
- 4. Do not recommend (explain)

3. This evaluation is based on (Please indicate with check):

- 1. Close personal observation
- 2. General impression
- 3. A composite of evaluations
- 4. Other (Please specify)

(over)

ZOWIE BARNES

4. Relationship to applicant (Please indicate with check):

- 1. Program Director
- 2. Immediate Supervisor
- 3. Other (Please specify)

5. Additional Comments:

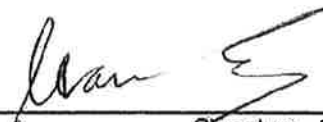
IVARA ESEGE

Please print or type name of Evaluator

Assistant Professor

Title of Evaluator

Department of Family Medicine



Signature of Evaluator

University of Maryland

Institution/Organization

7/22/10

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION



BOARD OF MEDICINE

CHARACTER REFERENCE FORM

Re: Zowie S. Barnes

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1. Please evaluate Applicant's performance (Please indicate with check):

	N/A*	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interest in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Unable to evaluate

2. Recommendation (Please indicate with check):

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2. Recommend as qualified and competent r
3. Recommend with some reservation (explain)
4. Do not recommend (explain)

3. This evaluation is based on (Please indicate with check):

1. Close personal observation
2. General impression
3. A composite of evaluations
4. Other (Please specify)

(over)

4. Relationship to applicant (Please indicate with check):

- 1. Program Director
- 2. Immediate Supervisor
- 3. Other (Please specify)

5. Additional Comments:

Yvette Rooks, M.D.

Please print or type name of Evaluator

Vice Chair & Program Director

Title of Evaluator

Jan Lem R

Signature of Evaluator

University of Maryland

Institution/Organization

8/3/00

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

BOARD OF MEDICINE
CHARACTER REFERENCE FORM

Re: ZOWIE S. Barnes

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1. Please evaluate Applicant's performance (Please indicate with check):

	N/A*	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interest in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Unable to evaluate

2. Recommendation (Please indicate with check):

- 1. Recommend highly without reservation
- 2. Recommend as qualified and competent
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- 4. Do not recommend (explain)

3. This evaluation is based on (Please indicate with check):

- 1. Close personal observation
- 2. General impression
- 3. A composite of evaluations
- 4. Other (Please specify)

(over)

4. Relationship to applicant (Please indicate with check):

- 1. Program Director
- 2. Immediate Supervisor
- 3. Other (Please specify)

Chief Resident
Attending Physician

5. Additional Comments:

Dr. Barnes is an excellent physician who is passionate about her work and extremely intelligent

Shama O. JIM, MD, MPH
Please print or type name of Evaluator
Assistant Professor
Title of Evaluator



Signature of Evaluator
Dept. of Family & Comm Med
University of Maryland
Institution/Organization
7/27/2010
Date



2010 AUG 10 AM 10 39

AMA Physician Profile

Name and Mailing Address:

Primary Office Address:

ZOWIE SHEENA BARNES MD ✓

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate:

Birthplace:

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

Practice Specialties Self Designated by the Physician*:

Primary Specialty: FAMILY MEDICINE ✓

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 CT SCH OF MED, FARMINGTON CT 06032

Degree Awarded: Yes

Degree Year: 2007



AMA Physician Profile

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

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: UNIV OF MD MED SYS
Specialty : FAMILY MEDICINE

State: MARYLAND ✓
 07/2007 - 06/2010
 (BEING REVERIFIED)

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>
MARYLAND	MD	04/10/2009	09/30/2010	ACTIVE	UNLIMITED	07/06/2010 ✓

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

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>
None	Reported				

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 accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

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

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>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 2010 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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



AMA Physician Profile

Additional Information:

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

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

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.

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095
(410) 764-4777
Fax (410) 358-2252

September 7, 2010

Requested by: Medical Board of Washington DC

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

BARNES, ZOWIE SHEENA M. ✓

License Number: D0068999
Date Issued: April 10, 2009
Current Status: Active
Expiration Date: September 30, 2012 ✓
Medical School: UNIV OF CT SCH OF MED
Licensed By: USMLE Steps 1, 2, and 3
Specialty:
Charges:
Disciplinary Actions: NONE ✓

No Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986

Shirley Cox

Verification Clerk

09/07/2010

Date

This is a computer generated form which is acceptable by other states.
Licensing examination scores should be requested directly from the examining authority.

C.N. 104370

August 24, 2010

Board of Physicians
PO Box 37217
Baltimore MD 21297-3217

RE: Verification of License for Zowie Sheena M. Barnes, MD (D00068999)
Issue Date: April 10th, 2009 – September 30th, 2010

TO WHOM IT MAY CONCERN:

I am currently applying for a DC license and need a certified letter of verification from your office sent to the below address.

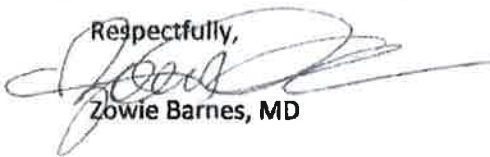
Department of Health
Health Professional Licensing Administration
Board of Medicine
717 14th Street, NW
Sulte 600
Washington DC 20005

If you have any questions or concerns, please feel free to reach me at

email:

50.00
561

Respectfully,



Zowie Barnes, MD

**University of Connecticut
School of Medicine
Office of the Registrar
263 Farmington Avenue
Farmington, Connecticut 06030-1827**



**Date Generated
07/29/10**

Barnes, Zowie Sheena

Date Matriculated: 08/18/2003

Degree: Doctor of Medicine ✓

Primary Program: Medicine

Conferred: 05/13/2007

ID Number: 107953

Sub Program:

Completed: 05/13/2007

Number	Title	Grade	Hrs	Number	Title	Grade	Hrs
2003-2004				2006-2007			
M100-000	HUMAN SYSTEMS Human Biology Organ Systems 1 Organ Systems 2 Organ Systems 3	S		M400-000	ADVANCED CLINICAL EXPERIENCE AIE Surgery Hartford Hospital Emergency Medicine Experience Critical Care Experience Surgical/Hartford Hospital	S	
M100-100	CORRELATED MEDICAL PROBLEM SLV	S		M400-300	SELECTIVES Vaginal discharge/time to treatment and factors that affect reason for visit in adolescent females	S	
M100-200	CLINICAL MEDICINE COURSE Principles of Clinical Medicine Student Continuity Practice	S		M406-041	OB/GYN SUBINTERNSHIP St. Mary's Hospital	S	
M100-300	MEDICAL SCIENCE ELECTIVE - 1 Stress Management	P	5.0	M420-000	SPECIAL ELECTIVE Med. Spanish - Costa Rica	S	
2004-2005				M500-000	OUTSIDE ELECTIVE Family Planning Atlanta, GA	S	
M200-000	MECHANISMS OF DISEASE General Pathology, Immunology, pathology, Pharmacology Infectious Disease Diseases Affecting Homeostasis Oncology Diseases of the Nervous System Diseases of Reproductive System Immune and Non-Immune Mediated Dis. of Skin, Conn. Tiss., Bone Diseases Affecting Metabolism	S		M700-000	LONGITUDINAL ELECTIVE Adolescent Med. St. Francis Hosp	S	
M200-100	CORRELATED MEDICAL PROBLEM SLVNG	S		M800-000	COMMUNITY SERVICE REQUIREMENT	S	
M200-200	CLINICAL MEDICINE COURSE Principles of Clinical Medicine Student Continuity Practice	S		M900-000	CLINICAL SKILLS ASSESSMENT	S	
M200-300	MEDICAL SCIENCE ELECTIVE - 2 Topics in Physiology	P	4.0				
M200-300	MEDICAL SCIENCE ELECTIVE - 2 Women's Reproductive Health	P	4.0				
M200-400	HUMAN DEVELOPMENT/HEALTH	S					
2005-2006							
M300-000	MULTIDISCIPLINARY AMBULATORY EXP Home Week-MAX 1 Home Week-MAX 1 Home Week-MAX 2 General Internal Medicine Ob/Gyn Ambulatory Pediatrics Ambulatory Psychiatry Orthopedics General Surgery ENT Family Medicine	S					
M300-100	INPATIENT EXPERIENCE Medicine Surgery Pediatrics Psychiatry Beginning-to-End	S					
M300-200	STUDENT CONTINUITY PRACTICE	S					
----- ACADEMIC HONORS EARNED THIS TERM ----- Family Medicine							

FLUORESCENT FIBERS BECOME VISIBLE WHEN HELD UNDER ULTRAVIOLET LIGHT

A GHOST MARK IS VISIBLE ON THE BACK WHEN HELD AT AN ANGLE

The Family Educational Rights and Privacy Act of 1974 prohibits the release of this information without the student's written consent.

Swarna Das 7/29/10
Office of the Registrar Date

RECORD OF: ZOWIE S. BARNES

STUDENT NUMBER: 050003650

RECORD DATE: 07/21/10

PAGE: 1

THIS IS A RED SECURITY SHEET. IF COPIED, "VOID" WILL APPEAR

TITLE SCH DEPT CRS SEC CREDITS PR GRADE

TRANSFER COURSES

COUNTY COLLEGE OF MORRIS
FALL 1999

GEN CHEM I 01 160 161 3.0
 GEN CHEM I - LAB 01 160 171 1.0
 PRECALCULUS 01 640 115 4.0
 INTRO TO DATA PROC 3.0
 SPEECH FUNDAMENTALS 3.0

SPRING 2000

GEN CHEM II 01 160 162 3.0
 AN/GEOM CALCULUS I 01 640 135 4.0
 GENERAL PSYCHOLOGY 01 890 101 3.0
 GENERAL BIOLOGY I 01 119 101 4.0
 GEN CHEM II - LAB 01 160 171 1.0

SUMMER 2000

PRIN ECONOMICS I 01 220 103 3.0
 COMPOSITION I 01 355 101 3.0

FALL 2000

ORGANIC CHEM I-LEC 01 160 307 3.0
 GENERAL PHYSICS I-LEC 01 750 193 3.0
 GENERAL PHYSICS I-LAB 1.0
 COMPOSITION II 01 355 102 3.0
 ORGANIC CHEM I-LAB 1.0
 WEIGHT TRAINING 1.0

SPRING 2001

GENERAL BIOLOGY II 01 119 102 4.0
 LIFETIME WELLNESS 2.0
 ORGANIC CHEM II-LEC 01 160 308 3.0
 ORGANIC CHEM II-LAB 01 160 311 1.0
 ELEMENTARY SPANISH I 3.0
 ART START 3.0

SUMMER 2001

TITLE SCH DEPT CRS SEC CREDITS PR GRADE

ELEMENTARY SPANISH II 3.0

TOTAL TRANSFER CREDITS: 66.0
 (INCREMENTED IN APPROPRIATE SEMESTER)

FALL 2001 COOK COLLEGE

MAJOR: UNSPECIFIED (MATRICULATING) DEAN'S LIST

INTRO TO MICROECONOM 01 220 102 10 3.0
 GENETICS 01 447 380 06 4.0
 CALCULUS II 01 640 136 01 4.0
 AMERICAN GOVERNMENT 01 790 201 14 3.0

DEGREE CREDITS: 80.0 TERM AVG CUMULATIVE AVG:

SPRING 2002 COOK COLLEGE

MAJOR: BIOLOGICAL SCIENCES DEAN'S LIST

SYSTEMS PHYSIOLOGY 01 146 356 01 3.0
 SYSTEMS PHYSIOL LAB 01 146 357 10 1.0
 INTRO BIOCHEM/MOLBI 01 694 301 01 3.0
 INTRO BIOCHEM LAB 01 694 313 04 1.0
 MEDICAL ETHICS 01 730 249 01 3.0
 PHYSICS FOR SCIENCES 01 750 194 07 4.0
 PHYSICS FOR SCIENCES 01 750 194L 25 0.0

DEGREE CREDITS: 92.0 TERM AVG CUMULATIVE AVG:

SUMMER 2002 COOK COLLEGE

MAJOR: BIOLOGICAL SCIENCES

INTRO TO PHOTOGRAPHY 21 080 261 B1 3.0
 AFRO-AMERICAN LIT 21 352 396 H1 3.0

DEGREE CREDITS: 98.0 TERM AVG CUMULATIVE AVG:

** CONTINUED ON NEXT PAGE **



RAISED SEAL NOT REQUIRED

[Signature]
University Registrar

This transcript is not official without the signature of the registrar.

Pursuant to the Family Education Rights and Privacy Act of 1974, Information Contained Herein Shall Not Be Released to a Third Party Without the Written Authorization of the Student.

Rutgers, the State University of New Jersey

RECORD OF: ZOWIE S. BARNES

STUDENT NUMBER: 0500003650

RECORD DATE: 07/21/10 PAGE: 2

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TITLE SCH DEPT CRS SEC CREDITS PR GRADE

FALL 2002 COOK COLLEGE
MAJOR: BIOLOGICAL SCIENCES

TITLE	SCH	DEPT	CRS	SEC CREDITS	PR GRADE	DEAN'S LIST
ENDOCRINOLOGY	01	146	450	01		3.0
INTRO COMPUTERS&APPL	01	198	110	37		3.0
GENERAL MICROBIOLOGY	01	447	390	07		4.0
WOMEN AND HEALTH	10	832	415	01		3.0
CO-OP EDUCATION I	11	199	200	95		3.0

DEGREE CREDITS: 114.0 TERM AVG: 4 CUMULATIVE AVG: 4

SPRING 2003 COOK COLLEGE
MAJOR: BIOLOGICAL SCIENCES

TITLE	SCH	DEPT	CRS	SEC CREDITS	PR GRADE	DEAN'S LIST
HUMAN PARASITOLOGY	01	146	928	01		3.0
IMMUNOLOGY	01	146	474	01		3.0
MVT FOR INDV W/DISAB	01	377	324	01		3.0
CLQ:ETHICS IN SCIENC	11	015	405	01		3.0
PRIN APPLIED ECOLOGY	11	704	351	08		4.0

DEGREE CREDITS: 130.0 TERM AVG: 4 CUMULATIVE AVG: 4

HONOR SOCIETIES

GOLDEN KEY

FALL 2002

DEGREE: BACHELOR OF SCIENCE MAY 2003

MAJOR: BIOLOGICAL SCIENCES
COLLEGE/SCHOOL HONORS: HIGHEST HONORS
COOK COLLEGE/CAES AWARD
COF-ACADEMIC ACHIEVEMENT AWARD
WOMAN'S NAT'L FARM&GARDEN ASSOCIATION

*** END OF TRANSCRIPT ***

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RAISED SEAL NOT REQUIRED

[Signature]
University Registrar

Rutgers, the State University of New Jersey



COUNTY COLLEGE OF MORRIS

214 CENTER GROVE ROAD, RANDOLPH, NEW JERSEY 07869 2086
973-328-5200 www.ccm.edu

Barnes
Academic Program(s):

Zowie 8

OFFICIAL TRANSCRIPT OF RECORD

Id #: 0110153

SSN #

Sent To
Health Professional Licensing & Adm
Dept of Health
717 14th St, NW
Suite 600
Washington, DC 20005

August 4 2010

COURSE	Course Title	CRD	GRD	GRDPT
HONPTK	PTK HONOR SOCIETY	0.00	**
	Term GPA 0.000	Credit 0.00		
	Cum GPA 0.000	Credit 0.00		
FALL 1999 (08/31/1999 to 12/20/1999)				
CHM125	GEN CHEM I - LECTURE	3.00		12.00
CHM126	GEN CHEM I - LAB	1.00		3.00
MAT123	PRECALCULUS	4.00		12.00
CMPL10	INTRO TO DATA PROC	3.00		12.00
ENGL09	SPEECH FUNDAMENTALS	3.00		12.00
	Term GPA	Credit 14.00		
	Cum GPA	Credit 14.00		
SPRING 2000 (01/18/2000 to 05/15/2000)				
CHM127	GEN CHEM II - LEC	3.00		12.00
MAT131	AN/GEOM CALCULUS I	4.00		12.00
PSY113	GENERAL PSYCHOLOGY	3.00		9.00
BIO121	GENERAL BIOLOGY I	4.00		16.00
CHM128	GEN CHEM II - LAB	1.00		4.00
	Term GPA	Credit 15.00		
	Cum GPA	Credit 29.00		
DAY I SUMMER 2000 (05/22/2000 to 06/22/2000)				
ECO211	PRIN ECONOMICS I	3.00		12.00
ENGL11	COMPOSITION I	3.00		12.00
	Term GPA	Credit 6.00		
	Cum GPA	Credit 35.00		
FALL 2000 (08/31/2000 to 12/23/2000)				
CHM231	ORG CHEM I - LECTURES	3.00		9.00
PHY125	GEN PHYSICS I - LEC	3.00		9.00
PHY126	GEN PHYSICS I-LAB	1.00		4.00
ENGL12	COMPOSITION II	3.00		12.00
CHM232	ORG CHEM I - LAB	1.00		4.00
HES127	WEIGHT TRAINING	1.00		3.00
	Term GPA	Credit 12.00		
	Cum GPA	Credit 47.00		
SPRING 2001 (01/16/2001 to 05/12/2001)				
BIO122	GENERAL BIOLOGY II	4.00		15.00
HED128	LIFETIME WELLNESS	2.00		8.00
CHM233	ORG CHEM II - LEC	3.00		9.00
CHM234	ORG CHEM II - LAB	1.00		4.00
SPN111	ELEMENTARY SPANISH I	3.00		12.00
ART101	ART START	3.00		12.00
	Term GPA	Credit 16.00		
	Cum GPA	Credit 63.00		
SUMMER EVENING 2001 (06/04/2001 to 07/26/2001)				
SPN112	ELEMENTARY SPANISH II	3.00		12.00
	Term GPA	Credit 3.00		
	Cum GPA	Credit 66.00		

COURSE Course Title CRD GRD GRDPT

Degree Received: Associate in Science ✓
 Date Conferred: 08/30/2001
 Major: Science/Chem - Science & Math
 Honors: High Honors

*End of official record.

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

This officially sealed and signed transcript is printed on maroon SCRIP-SAFE® security paper with the name of the institution printed in white type across the face of the document. When photocopied the name of the institution appears on one line and the word COPY appears on the next. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

RAISED SEAL NOT REQUIRED
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Michele M. Dunn, Registrar

AN OFFICIAL SIGNATURE IS WHITE WITH A MAROON BACKGROUND



UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE

July 30, 2010

Re: Zowie Barnes, M.D.

To Whom It May Concern:

Zowie Barnes, M.D. was a resident in the Department of Family and Community Medicine Residency Program at the University of Maryland Medical System. She began her residency on July 1, 2007 and completed her residency on June 30, 2010. She was a resident in good standing. She has no malpractice concerns. ✓

If you have any questions please contact me at 410-328-4283.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rhonda Thompson".

Rhonda Thompson
Residency Coordinator
Department of Family and Community Medicine
University of Maryland School of Medicine



IMMEDIATE CARE MEDICAL CENTER

September 20, 2010


Department of Health
Health Professional Licensing Administration
Board of Medicine
717 – 14th Street NW
Suite 600
Washington, DC 20005

To Whom It May Concern:

Zowie Sheena Barnes, M.D., worked part-time as a physician at Immediate Care Medical Centers. Dr. Barnes date of hire was July 3, 2009, and her last day of work was March 13, 2010. During her time at Immediate Care Medical Center she displayed excellent skills as a physician. ✓

I would recommend her highly for as a physician.

Sincerely,


Allan H. Senker
President



www.plannedparenthood.org/maryland

ADMINISTRATION AND EDUCATION

330 North Howard Street
Baltimore, MD 21201
(410) 576-1400
fax (410) 386-2762

ANNAPOLIS

929 West Street
Suite 305
Annapolis, MD 21401
(410) 263-2100
fax (410) 267-9147

BALTIMORE CITY

330 North Howard Street
Baltimore, MD 21201
(410) 576-1414
fax (410) 783-2647

EASTON

8579 Commerce Drive
Suite 102
Easton, MD 21601
(410) 820-9067
fax (410) 820-9674

FREDERICK

Rosehill Plaza Shopping Center
1560 Opossumtown Pike
Suite 18
Frederick, MD 21702
(301) 662-7171
fax (301) 620-9442

OWINGS MILLS

Valley Village Shopping Center
9129 Reisterstown Road
Owings Mills, MD 21117
(410) 363-1855
fax (410) 581-9105

SALISBURY

Court Plaza Shopping Center
1508 South Salisbury Boulevard
Salisbury, MD 21801
(410) 860-4788
fax (410) 860-2549

TOWSON

Loch Ridge Shopping Center
1714 Joan Avenue
Baltimore, MD 21234
(410) 665-9775
fax (410) 665-6524

WALDORF

3975 Saint Charles Parkway
Waldorf, MD 20602
(301) 645-6800
fax (301) 645-8696

September 19, 2010

Department of Health
Health Professional Licensing Administration
Board of Medicine
717 - 14th St NW
Suite 600
Washington DC 20005

Re: Zowie Sheena Barnes, MD

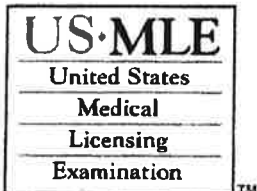
To whom it may concern,

Dr. Zowie Barnes started July 6, 2010 as an MD for Planned Parenthood of Maryland. If you require additional information regarding this employment verification please feel free to contact me at 443-615-7072.

Sincerely yours,

Niela Magwood-Phoenix, PHR
Director of Human Resources





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, PO Box 619850, Dallas, TX 75261-9850 – Telephone (817) 868-4041

Date : 07/22/2010

Recipient:

District of Columbia Board of Medicine
ATTN: Antoniette Stokes
717 14th St NW
Suite 600
Washington, DC 20005-3212

Examinee: Barnes, Zowie
Alt Name(s): Barnes, Zowie Sheena Merlinda

Examinee ID#:
Date of Birth:

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	
	06/17/2005	Pass					
USMLE STEP 2							
Clinical Knowledge (CK)							
	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
	07/29/2006	Pass	Total	MP	Total	MP	
Clinical Skills (CS)*							
	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
	07/31/2006	Pass	Total	MP	Total	MP	
USMLE STEP 3							
	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
MARYLAND	11/24/2008	Pass	Total	MP	Total	MP	

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

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 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".

Person | **Facility**

First Name: Last Name: Profession:

License Number: SSN: License Type:

Address Line1: Address Line2: Address Line3:

City: State: Zip Code:

Phone Number: License Status:

Clear

Search Results | Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
Barnes, Zowie S							
CONTROLLED SUBSTANCE	Planned Parenthood of Metropolitan Washington DC Washington DC 20036	Practitioner - Physician	CS1000769		12/30/2010	12/31/2018	Active
MEDICINE AND SURGERY	Planned Parenthood Washington DC 20002		MD039037		10/25/2010	12/31/2018	Active

All Licenses held by - Barnes, Zowie S

License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICINE AND SURGERY	Planned Parenthood Washington DC 20002		MD039037		Active
CONTROLLED SUBSTANCE	Planned Parenthood of Metropolitan Washington DC Washington DC 20036	Practitioner - Physician	CS1000769		Active

[Archive](#) | [Reapply](#) | [Complaints](#)

Person

First Name: Zowie
 Middle Name: S
 Last Name: Barnes
 Suffix:
 Date of Birth:
 Place Of Birth:
 Gender: F
 SSN:
 Address Line 1:
 Address Line 2:
 Address Line 3:
 Address Line 4:
 Date Deceased:
 Registration Code: 43183114

License

License Number: MD039037
 License Type: MEDICINE AND SURGERY
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 04/08/2015
 Status: Active
 Effective Date: 01/01/2017
 Reason Changed: License Renewal
 Expiration Date: 12/31/2018
 Issue Date: 10/25/2010
 from Country:
 State/Prov:
 Application Recd Date:
 Obtained By: Waiver of Examination
 Reinstatement
 App Recd Date:
 Date Last Renewal: 11/05/2016
 Disciplinary Limit Flag: N
 Last Reprint Date: 01/25/2013

Facility

Full Name: Zowie S Barnes
 PersonId: 172437
 Owner/Manager:
 Address Line1: 1
 Address Line2:
 Address Line3:
 Address Line4:

Practice Information [Details](#)

In Active
 Practice Now?:
 Practice In DC:
 Active Practice
 in DC: Hours per
 week?:

Alias		
Last Name	Date Changed	Alias Type Label
No Data		

Employers for License
No Data

License Bond
No Data

Specialties			
Authority Code Label	Is Primary	Issue Date	Expiration Date
Family Medicine	N	08/17/2010	

Employment
No Data

Requirements		
Name	Status	Date
No Data		

Education			
School Name	School Type	Date Graduated	Degree Certificate
University of Connecticut	College / University	05/01/2007	Doctorate
Rutgers University	College / University	05/01/2003	BS
County College of Morris	Community College	08/01/2001	Associate's

CE Credits By Cycle		
Current cycle	0.00	Not checked
Other old cycles	0.00	Not checked
Other old cycles	0.00	Not checked

Prerequisites			
Name	License Type	License Number	Status
No Data			

Schedules	
No Data	

CBC Override		Details
Date to Override:	Comments:	
No Data		

Inspection
No Data

Exam			
Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Initial/Renewal Question Answers	
Group Name	Group Response
No Data	

Person Photo ID	

Criminal Background Check				Details
FBI Result	FBI Result Date	State Result	State Result Date	
Negative	10/17/2012	Negative	10/18/2012	

Person Or Facility Document			
Date Uploaded	Description	Category	Amendments
01/30/2015		Person	N

Summary				
Name	Address	License Type	License Number	License Status

Zowie S Barnes	Planned Parenthood 1225 4th St, NE Washington DC 20002	MEDICINE AND SURGERY	MD039037	Active
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License Summary							
Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD039037	Active			Waiver of Examination	10/25/2010

Remarks List		
Date Last updated	Remarks	Updated By
No data found		

Add Remark	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
Save	Clear

[Back](#)