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Government of the District of Columbia  
Department of Health Administration  
Health Regulation and Licensing Administration



DOH-HPLA  
PROCESSING CENTER  
2017 APR 13 AM 10:17

BOARD OF MEDICINE

LICENSE APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)



Every section of this application and submit the original application and all required supporting documents. If more space is needed, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action or criminal prosecution pursuant to DC Code 22-2514. If you have any questions, call HPLA Customer Service at 202-490-1000, Monday through Friday, 8:15AM to 4:40PM EST.

<b>SECTION 1A. LICENSURE TYPE &amp; FEES</b>		<b>SECTION 1B. BASIS OF APPLICATION</b>	
<b>SELECT LICENSURE TYPE:</b> <input checked="" type="checkbox"/> <b>Medicine &amp; Surgery (MD)</b>  <input type="checkbox"/> <b>Osteopathy &amp; Surgery (DO)</b>		<b>SELECT GRADUATE TYPE:</b> <input checked="" type="checkbox"/> <b>U.S./ Canadian Graduate</b>  <input type="checkbox"/> <b>International Graduate</b>	
		<b>Select the basis by which you are applying:</b> <b>EXAM COMPLETED: \$805.00</b> <input checked="" type="checkbox"/> <b>USMLE</b> <input type="checkbox"/> <b>NBME</b> <input type="checkbox"/> <b>NBOME</b> <input type="checkbox"/> <b>LMCC</b> <input type="checkbox"/> <b>FLEX</b> <input type="checkbox"/> <b>COMLEX</b> <input type="checkbox"/> <b>COMVEX</b> <input type="checkbox"/> <b>State Exam</b>  <b>USMLE STEP 3:</b> <input type="checkbox"/> <b>Exam \$288.00</b> <input type="checkbox"/> <b>Re-Exam \$85.00</b>  <b>EMINENCE:</b> <input type="checkbox"/> <b>Eminence 1: \$805.00</b> <input type="checkbox"/> <b>Eminence 2: \$2000.00</b>	
<b>SECTION 2A. APPLICANT INFORMATION</b>			
<b>Note: LEGAL NAME: (Do not use any initials unless they are a part of your name)</b> <u>Kristin</u> <u>A.S.</u> <u>Garelik</u> <b>FIRST NAME</b> <b>MI</b> <b>LAST NAME</b> <b>(SUFFIX: Jr., Sr. etc.)</b>  <b>DEGREE(S):</b> <input checked="" type="checkbox"/> <b>M.D.</b> , <input type="checkbox"/> <b>D.O.</b> , <input type="checkbox"/> <b>PH.D.</b> , <input type="checkbox"/> <b>OTHER DEGREE</b> _____  <b>Date of Birth:</b> _____ <b>Social Security Number</b> _____ <b>GENDER:</b> <input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>			
<b>SECTION 2B. OTHER NAMES USED: (Please print clearly)</b>			
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.			
<u>Kristin</u> <u>A.</u> <u>Stubben</u> <b>FIRST NAME</b> <b>MI</b> <b>LAST NAME</b> <b>(SUFFIX: Jr., Sr. etc.)</b>  _____ <b>FIRST NAME</b> <b>MI</b> <b>LAST NAME</b> <b>(SUFFIX: Jr., Sr. etc.)</b>  _____ <b>FIRST NAME</b> <b>MI</b> <b>LAST NAME</b> <b>(SUFFIX: Jr., Sr. etc.)</b>  <u>Alamogordo, Nm</u> <b>Place of Birth: State/Providence/Territory</b> <b>Country if not USA</b>			
<b>SECTION 2C. RACE &amp; ETHNICITY DESIGNATION: (Optional)</b>		<b>LANGUAGE(S) SPOKEN:</b>	
<input type="checkbox"/> <b>American Indian/Alaskan Native</b> <input type="checkbox"/> <b>Asian/South Asian</b> <input type="checkbox"/> <b>Black or African American</b> <input checked="" type="checkbox"/> <b>Caucasian/White</b> <input type="checkbox"/> <b>Hispanic or Latino</b> <input type="checkbox"/> <b>Other</b> _____ <input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander</b>		<b>Language(s) spoken other than English:</b> <u>French</u> <u>Spanish (some)</u> _____	

899 North Capitol Street, NE, 1st Floor Washington, DC 20002 – Main Number: (202) 724-4900 Fax Number: (202) 724-5145  
Board of Medicine – [www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed)

Confidential



Government of the District of Columbia  
Department of Health  
Health Regulation and Licensing Administration



BOARD OF MEDICINE

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SECTION 3A. PREFERRED MAILING ADDRESS

Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS. PLEASE PROVIDE A STREET 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.

HOME ADDRESS       BUSINESS ADDRESS

SECTION 3B. HOME ADDRESS

THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.

HOME ADDRESS: \_\_\_\_\_  
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT # \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_ HOME FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SECTION 3C. BUSINESS ADDRESS:

THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC.

BUSINESS NAME: GWU - MFA OB-GYN

BUSINESS ADDRESS: 2150 Pennsylvania Ave NW (6A-426) Washington, D.C. 20037  
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

SUITE # 6A-426       FLOOR# \_\_\_\_\_

BUSINESS PHONE NUMBER: (202) 741-2929      BUSINESS FAX: (202) 741-2850

EMAIL ADDRESS: \_\_\_\_\_

IMPORTANT MESSAGE TO ALL PHYSICIANS

Physicians are required to update name or address changes within 30 days of the change. It is imperative that you update your information in writing, by email [hpla.doh.dc.gov](mailto:hpla.doh.dc.gov) or fax (202) 724-5145 to the District of Columbia Health Professional Licensing Administration Processing Department. Submit your request to the Attention of the "Processing Center". Include your name, phone number and any other pertinent information that will assist us in ensuring that the information is updated to the appropriate record/file.

District of Columbia Health Professional Licensing Administration  
Attention: Processing Department – Board of Medicine  
899 North Capitol Street, N.E., 1st Floor  
Washington, D.C. 20002



Government of the District of Columbia  
Department of Health  
Health Regulation and Licensing Administration



BOARD OF MEDICINE

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**SECTION 4A. POST SECONDARY SCHOOLS ATTENDED**

List post secondary schools attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Date of Graduation mm/yyyy	Degree/Certificate
Eastern Virginia Medical School Norfolk, VA, USA	05/2008	M.D.
University of CA San Diego La Jolla, CA, USA	06/2001	B.S.

**SECTION 4B. MEDICAL TRAINING AND MEDICAL PRACTICE -- POSTGRADUATE EXPERIENCE**

List experience covering the five (5) year period prior to the submission of the application (MONTH & YEAR) and all internship, residency, and fellowship training. Include letters from employing facilities, organizations, and training (internships, residencies, and fellowships). For "TRAINING AND PRACTICE DESCRIPTIONS", use the letter key code below. List experience in reverse chronological order, beginning with the most recent.

Organization/Institution	Start Date mm/yyyy	End Date mm/yyyy	Type of Position (Use Key Code Below)
University of CA San Diego La Jolla, CA, USA	07/2009	(06/2012)	C
University of CA San Diego La Jolla, CA, USA	06/2008	06/2009	B
Eastern Virginia Medical School Norfolk, VA, USA	04/2004	05/2008	F

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

- 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 4C. MEDICAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you have ever held a license (excluding training licenses) and provide letters of verification. Use additional sheet if necessary.

Are you currently applying for licensure in any other jurisdiction? <sup>yes</sup> ~~no~~ If yes please list: Maryland, Virginia

Jurisdiction	Issue Date mm/yyyy	Expiration Date mm/yyyy	License Number
California	10/2009	10/2013	A109654
Republic of Kenya	01/2011	12/2011	A019209



**Government of the District of Columbia  
Department of Health  
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**BOARD OF MEDICINE**

**NEW LICENSE APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)**

**SECTION 5A. PRACTICE TIME IN THE DISTRICT**

Please provide practice information

- (1.A) Do you plan to practice in the District of Columbia?  Yes  No
- (1.B) What type of medical practice?  Academic  Administrative  Clinical  Research

(1.C.) How many hours will you practice in the District of Columbia?	<less than 20 hours/week	>more than 20 hours/week
• ACADEMIC MEDICINE	✓	
• ADMINISTRATIVE MEDICINE	✓	
• CLINICAL MEDICINE		✓
• RESEARCH MEDICINE	✓	

- (2) Please indicate if you do or will practice in  Maryland  Virginia

**SECTION 5B. SPECIALTIES**

Please select the appropriate specialties.

If your practice is limited to a specialty, please indicate the code from the specialty code listed below Primary OB  
Secondary \_\_\_\_\_

**SPECIALTY CODE**

AC Academic Medicine	NU Nuclear Medicine	PMR Physical Medicine & Rehabilitation
ADM Administrative Medicine	OB Obstetrics & Gynecology	PR Preventive Medicine/Public Health
AI Allergy & Immunology	OC Occupational Health	PSY Psychiatry
AN Anesthesiology	OP Ophthalmology	RA Radiology
DE Dermatology	OMT Osteopathic Manipulative Treatment	REM Research Medicine
EM Emergency Medicine	ENT Otolaryngology	SU Surgery (General)
FM Family Medicine	PA Pathology	SU Surgery
GE Geriatrics	PED Pediatrics (General)	• SU/BT Burn/Trauma
HOS Hospitalist	PED Pediatrics	• SU/CS Cardiac Surgery
IN Internal Medicine (General)	• PED/AD Adolescent Medicine	• SU/CO Colon & Rectal Surgery
IN Internal Medicine	• PED/CA Cardiology	• SU/GE General Surgery
• IN/CA Cardiology	• PED/EN Endocrinology	• SU/NE Neurological Surgery
• IN/EN Endocrinology	• PED/GI Gastroenterology	• SU/OR Orthopedic Surgery
• IN/GI Gastroenterology	• PED/HEM Hematology	• SU/PL Plastic Surgery
• IN/HEM Hematology	• PED/NEO Neonatology	• SU/TH Thoracic Surgery
• IN/ID Infectious Disease	• PED/NEP Nephrology	• SU/TP Transplant
• IN/NEP Nephrology	• PED/NEU Neurology	• SU/UR Urology
• IN/NEU Neurology	• PED/ONC Oncology	• SU/VA Vascular
• IN/ONC Oncology	• PED/PCC Pulmonary Critical Care	
• IN/PCC Pulmonary Critical Care	• PED/PUD Pulmonary Disease	
• IN/PUD Pulmonary Disease	• PED/RH Rheumatology	
• IN/RH Rheumatology		Other: _____
MG Medicine Genetics		

**BOARD CERTIFICATION(S)**

Are you board certified in any specialty?  Yes  No (if yes please list in the provided space below)

Please list certifying organization(s)



Government of the District of Columbia  
 Department of Health  
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BOARD OF MEDICINE

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SECTION 5C. REQUIRED SCREENING QUESTIONS

Please answer questions A through O by placing an X in the appropriate boxes. If you answer "YES" to any question, you must provide full information and complete details on a separate sheet of paper attaching copies of all relevant documents such as final court orders or panel review decisions.

A.	Have you ever been arrested, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor (including driving under the influence or while impaired, but excluding minor traffic violations)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B.	Have you ever been licensed in any healthcare field in any state or jurisdiction? If yes, please list profession(s) & jurisdiction(s). HEALTH PROFESSION(S) _____ JURISDICTION(S) _____ <u>medical license</u> _____ <u>California</u> _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C.	Have you been a defendant or respondent to a claim for damages or a malpractice action?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
D.	Have you ever voluntarily surrendered a license or registration certificate (or allowed it to lapse) after formal charges had been brought against you or while you were under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
E.	Have you ever surrendered your clinical privileges (voluntary or involuntary) 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"/>
F.	Have you ever been terminated or resigned (voluntary or involuntary) from a clinical or professional training program for any reason?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
G.	Has any licensing authority taken adverse action against your medical/osteopathy license or privileges or informed you of any pending charges?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
H.	Has any licensing authority, health facility, or peer review board informed you of any pending charge(s) or investigation(s) against you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
I.	Are you presently or have you ever been under a corrective action plan imposed by an employer, medical facility or educational program?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
J.	Do you have a medical condition or have you become aware of any medical condition that currently impairs or limits your ability to practice medicine safely or that could affect your performance or impact your ability to practice your profession?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
K.	Are you currently being treated, or within the past five (5) years have you been treated, for a physical or mental condition that, but for the treatment, could impair your ability to practice your profession?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
L.	Have you ever engaged in the excessive use of alcohol, controlled substances or prescription drugs or have you received treatment or therapy for abuse of alcohol or drugs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
M.	Within the last ten (10) years, have you voluntarily resigned, asked to resign, been terminated, or disciplined by any employer due to practice or moral turpitude issues?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
N.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
O.	Have you ever had a professional liability policy cancelled or not renewed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>



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**SECTION 5A. 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.

- 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.*
- Character reference form**  
*Please have form completed by each employer/training program within the past five years (No more than 3 required. Must be completed by an MD or DO).*
- AMA/AOA Profile** *The profile should be submitted from the issuing institution.*
- FCVS (if applicable)** *N/A*
- Verification(s) of licensure** – *These should be provided in a sealed envelope from the issuing jurisdiction(s) for each license identified in Section 4C.*
- All undergraduate, graduate, medical, and professional school transcripts.**  
*Transcripts should be provided in a sealed envelope from the issuing institution for each school that you attended and listed in Section 4A.*
- Documentation of all experience covering the five (5) year period prior to the submission of the application and all internships, residencies, and fellowship training.**  
*Proof of experience should be submitted as a letter on official letterhead from the overseeing institution/organization.*
- Examination scores** –*In a sealed envelope from the examination contractor or administrator.*
- ECFMG Certificate (if Foreign applicant)** *N/A*
- FMGEMS Certificate (if Fifth Pathway applicant)** *N/A*
- Eminence application package (if Eminence 1 or 2 applicant)** *N/A*
- Criminal Background Check (CBC)** -*To access form and instructions go to [www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed) or contact the CBC unit at 202.727.9855.*

**SECTION 6B. CONTROLLED SUBSTANCE REGISTRATION**  
 Will you be applying for a DC controlled substance license?

- YES**
- NO**

*If yes, please visit the Pharmaceutical Control Division at [www.hpla.doh.dc.gov/pcd](http://www.hpla.doh.dc.gov/pcd) or contact Karin Barron at 202.724.8938/Yvonne Briscoe-Hall at 202.442-5877*

**SECTION 6C. PAYMENT/MAILING INFORMATION**  
 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 YOUR APPLICATION PACKAGE AND CHECK TO:**  
 Health Professional Licensing Administration  
 Board of Medicine – Processing Center –  
 899 North Capitol Street, NE (First Floor)  
 Washington, DC 20002



BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)

SECTION 7A.

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

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)

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.

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:

- Fines, penalties, or interest assessed pursuant to *D.C. Official Code Title 8, Chapter 8* (Litter Control Administrative Act of 1985);
- Fines or interest assessed pursuant to *D.C. Official Code Title 8, Chapter 9* (Illegal Dumping Enforcement Act of 1994);
- Fines, penalties, or interest assessed pursuant to *D.C. Official Code Title 2, Chapter 18* (Civil Infractions Act of 1985);
- Past due taxes;
- Past due District of Columbia Water and Sewer Authority service fees; or
- Fines or penalties assessed pursuant to *D.C. Official Code Title 50, Chapter 23* (Traffic Adjudication)?

Yes No

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (*D.C. Law 11-118, D.C. Code §47-2881 et seq.*)

SECTION 7B. 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

Kristin Gorelik  
\_\_\_\_\_  
PRINT NAME

04/03/12  
\_\_\_\_\_  
DATE

★ ★ ★

Board of Medicine  
899 North Capitol St., NE 1<sup>st</sup> Flr.  
Washington, DC 20002

**DC Department of Health**  
**Board of Medicine Character Reference Form**

(202)-724 4900

Please print/type name and location of setting completing this form (Should match setting listed on chronological page of application)

UCSD - internship & residency  
La Jolla, CA

Kristin Gorelik

Please clearly print/ type name of Applicant

The District of Columbia Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the board so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the D.C. Board of Medicine any information, files or records requested by the board in connection with the processing of my application.

Signature of Applicant *Kristin Gorelik*

Item #1 must be completed, or form may be invalid

1. Date and type of service: This individual served with us as intern and resident  
from 06/2008 to current (projected 06/2012). If you are responding for a training program, please provide the number of months of postgraduate training awarded \_\_\_\_\_.

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				✓
Clinical judgment				✓
Relationship with patients				✓
Ethical/professional conduct				✓
Interest in work				✓
Ability to communicate				✓

3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a state regulatory agency or board, employer hospital or health care facility? Yes ; (if yes, please explain on a separate sheet) No

4. Recommendation: (please indicate with check mark)  
 • Recommend highly and without reservation ; Recommend as qualified and competent   
 • Recommend with some reservation (explain) \_\_\_\_\_  
 • Do not recommend (explain) \_\_\_\_\_

5. Of particular value to us in evaluating any candidate regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

6. The above report is based on: (please indicate with check mark)  
 • Close personal observation ; General impression ; A composite of evaluations ;  
 • Other: \_\_\_\_\_

Date (Required): 7-11-12

Signed by: *Christine Miller*  
 Print or type name: Christine Miller MD  
 Title: Residency Program Director





**AMA Physician Profile**

**Name and Mailing Address:**

KRISTIN ANNE STUBBEN MD

**Primary Office Address:**

MC8433  
200 W ARBOR DR  
SAN DIEGO CA 92103-1911

**Phone:** UNKNOWN

**Birthdate:**

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

**Practice Specialties Self Designated by the Physician\*:**

**Primary Specialty:** OBSTETRICS & GYNECOLOGY

**Secondary Specialty:**

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

**AMA membership:** MEMBER

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

**Current and/or Historical Medical School:**

EASTERN VA MED SCH, NORFOLK, VA

**Degree Awarded:** Yes

**Degree Year:** 2008



**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 CA SAN DIEGO MED CTR  
**Sponsoring State:** CALIFORNIA  
**Program Name:** UNIVERSITY OF CALIFORNIA (SAN DIEGO) PROGRAM  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Dates:** 06/2008 - 06/2012 (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>
CALIFORNIA	MD	10/02/2009	10/31/2013	ACTIVE	UNLIMITED	02/15/2012

**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>
1750510525	07/14/2009	NOT RPTD	NOT RPTD	NOT RPTD	03/03/2012

**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.

Table with 4 columns: DEA Number \*, Schedule, Expiration Date, Last Reported. Values: 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:

Table with 5 columns: Duration, Effective, Expiration, Reverification Occurrence, Last Reported.

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

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2012 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 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.**

*Veridoc*

**Williams, Aisha (DOH)**

---

**From:** support@veridoc.org  
**Sent:** Monday, March 26, 2012 3:15 PM  
**To:** Stokes, Antoinette (DOH); Williams, Aisha (DOH)  
**Subject:** License Verification Statement - GORELIK, KRISTIN (M.D.)  
**Attachments:** v110504AA.pdf



**Verification of Licensure Status**

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

Validate Verifications

Physician: GORELIK, KRISTIN

Transaction ID: 110504

Confirmation Number: 22558170167715710212



## MEDICAL BOARD OF CALIFORNIA

Licensing Program  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(916) 263-2382 FAX (916) 263-2944  
[www.mbc.ca.gov](http://www.mbc.ca.gov)



March 26, 2012

**TO WHOM IT MAY CONCERN:**

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN: KRISTIN ANNE STUBBEN GORELIK  
LICENSE NUMBER: A109654  
ISSUED: October 02, 2009  
EXAM TYPE: A Written Examination ✓  
EXPIRATION DATE: October 31, 2013  
STATUS: RENEWED/CURRENT  
BOARD DISCIPLINE: No

This license information was last updated on: 03/23/2012

Further public records pertaining to the above licensee may be available from the Board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov).

Curtis J. Worden  
Chief of Licensing

**OFFICIAL ACADEMIC RECORD**

**NAME:** Kristin A. Stubben

**SOCIAL SECURITY NUMBER:**

**DEGREE PROGRAM:** M.D.

**DATE OF MATRICULATION:** 08/16/04

**DEGREE GRANTED BY EVMS:** MD 05/17/08

MI	FALL	2004	GRADE	MIII	DURATION	GRADE/DATE
MMC101	Med Molecular/Cell Biol			PSY300	Psychiatry Clerkship	6 weeks 08/11/06
ANT110	Histology			FAM300	Fam. Medicine Clerkship	6 weeks 09/22/06
ANT101	Anatomy		P	INT300	Int. Medicine Clerkship	12 weeks 12/15/06
MI	SPRING	2005	GRADE	OBG300	Ob/Gyn Clerkship	8 weeks 02/23/07
BIO100	Biochemistry			PED300	Pediatric Clerkship	8 weeks 04/27/07
ANT120	Neuroscience			SUR300	Surgery Clerkship	8 weeks 06/22/07
PSY102	Human Development			MIIV	DURATION	GRADE/DATE
PHY101	Physiology			GER400	Geriatric Clerkship	2 weeks 07/27/07
ITP100	Intro to Patient (Full Yr.)			OBG400	Advanced Ob/Gyn	4 weeks 08/24/07
MI	FALL	2005	GRADE	OBG412	Advanced Clinical Research	4 weeks 09/21/07
MIC202	Micro/Immunology			INT463	Nephrology/Renal Trans	2 weeks 10/05/07
MI	SPRING	2006	GRADE	ANS401	Clinical Anesthesia	2 weeks 10/19/07
PRM202	Pharmacology(Full Yr.)			SUR999	Transplant Surgery	2 weeks 11/09/07
PAT200	Pathology (Full Yr.)			SUR999	Burn Surgery	2 weeks 11/23/07
ITP200	Intro to Patient(Full Yr.)			OBG999	High Risk Obstetrics	4 weeks 01/25/08
PSY201	Psychopathology			ERM999	Emergency Medicine	4 weeks 03/14/08
ITD260	Pathophysio (Full Yr.)			OBG998	Ultrasound Genetics	4 weeks 04/18/08
EBS201	Epidemiology & Biostat			PED426	Child Abuse/Pediatrics	2 weeks 05/02/08

ALS200 Advanced Life Support

Certified 08/20/06

\* Graded with Pass/Fail only

**MAR 27 2012**

DATE

*Jennifer Gray*  
REGISTRAR

With a raised impression seal this is an official transcript



University of California, San Diego

TRANSCRIPT OF ACADEMIC RECORD

IDENTIFICATION NUMBER:
DATE AND TIME PRINTED: 03/27/12 01:51 A
PAGE: 01

STUDENT NAME: Kristin Anna Stubben

SOCIAL SECURITY NUMBER:

STUDENT LEVEL : Undergraduate

COLLEGE : Thurgood Marshall (frmly Third)
DEPARTMENT(S) : Biology
MAJOR(S) : Biochemistry and Cell Biology

TERM GRADE POINTS : 51.40 TERM GPA
TERM HONORS : Provost Honors

Fall Qtr 1998 Undergraduate
CHEM 6BL Intr Inorganic Chem Laborator 3.00
CHEM 140A Organic Chemistry 4.00
PHYS 1A Mechanics 5.00
THHS 1 Hist/Thea 1: Classoi-Renaissn 4.00
TERM CREDITS PASSED : 18.00 TERM GPA CRED : 3.00
TERM GRADE POINTS : 51.70 TERM GPA : 3.00

UCSD DEGREES AWARDED
AWARD : Bachelor of Science CONFERRED: 06/15/01
TERM : Spring Qtr 2001

COLLEGE: Thurgood Marshall (frmly Third)
DEPT : Biology
MAJOR : Biochemistry and Cell Biology
MINOR, AREA STUDY, OR PROGRAM OF CONCENTRATION:
Minor: Health Care-Soc Issues
Degree Awarded with GPA of

Winter Qtr 1999 Undergraduate
BIBC 100 Structural Biochemistry 4.00
BICD 100 Genetics 4.00
CHEM 140B Organic Chemistry 4.00
PHYS 1B Electric, Magnetism&Thermodyn 5.00
TERM CREDITS PASSED : 17.00 TERM GPA CRED : 3.00
TERM GRADE POINTS : 51.70 TERM GPA : 3.00

TRANSFER CREDIT
NV Cmty Col Southern Nev Las Vegas ATTENDED: 09/96 - 12/96
TRANSFER CREDIT: 12.00

Advanced Placement Credit ATTENDED: 05/97 - 05/97
TRANSFER CREDIT: 32.00

Spring Qtr 1999 Undergraduate
CHEM 143A Organic Chemistry Laboratory 4.00
COHI 108 Develop/Communication/Childre 4.00
PHYS 1C Diffusion, Radiation&Mod Phys 5.00
TERM CREDITS PASSED : 13.00 TERM GPA CRED : 3.00
TERM GRADE POINTS : 40.60 TERM GPA : 3.00

ACADEMIC EVENTS
SUBJECT A REQT SATISFIED 09/01/97
AMER HIST& INST REQT SATISFIED 09/01/97

Fall Qtr 1999 Undergraduate
BIMM 100 Molecular Biology 4.00
BIPN 100 Mammalian Physiology I 4.00
ETHN 123 Asian American Politics 4.00
TERM CREDITS PASSED : 12.00 TERM GPA CRED : 3.00
TERM GRADE POINTS : 40.00 TERM GPA : 3.00

COURSE INFORMATION
Fall, Qtr 1997 Undergraduate
AMES 10 Fortran for Engineers 4.00
CHEM 6A General Chemistry 4.00
ERC 10 Freshman Honors Seminar .00
MATH 20C Calculus/Science & Engineerin 4.00
MMW 1 Prehistory&Birth/Civilization 4.00
TERM CREDITS PASSED : 12.00 TERM GPA CREDITS : 3.00
TERM GRADE POINTS : 37.20 TERM GPA : 3.00

Winter Qtr 2000 Undergraduate
BILD 2 Multicellular Life 4.00
PSYC 181 Drugs And Behavior 4.00
STPA 181 Elements/Internationl Medicin 4.00
TERM CREDITS PASSED : 12.00 TERM GPA CRED : 3.00
TERM GRADE POINTS : 44.00 TERM GPA : 3.00
TERM HONORS : Provost Honors

Winter Qtr 1998 Undergraduate
BILD 1 The Cell 4.00
CHEM 6B General Chemistry 4.00
ERC 20 Frshmn Honors Sem:Intrnl Them 1.00
MATH 20C Calculus/Science & Engineerin 4.00
MMW 2 The Great Classical Tradition 6.00
TERM CREDITS PASSED : 19.00 TERM GPA CREDITS : 3.00
TERM GRADE POINTS : 89.00 TERM GPA : 3.00
TERM HONORS : Provost Honors

Spring Qtr 2000 Undergraduate
BICD 110 Cell Biology 4.00
BISP 199 Independent Study 4.00
CHEM 140C Organic Chemistry 4.00
PSYC 168 Psychological Disorders/Child 4.00
TERM CREDITS PASSED : 12.00 TERM GPA CRED : 3.00
TERM GRADE POINTS : 28.00 TERM GPA : 3.00

Spring Qtr 1998 Undergraduate
CHEM 6C General Chemistry 4.00
LITR 2C Composition and Conversation 4.00
MMW 3 The Medieval Heritage 6.00
TERM CREDITS PASSED : 14.00 TERM GPA CREDITS : 3.00

Sum Ses I 2000 Undergraduate
PHIL 183 Bio-Medical Ethics 4.00
TERM CREDITS PASSED : 4.00 TERM GPA CRED : 3.00

CONTINUED ON PAGE 02

Health Professional Licensing
Board of Medicine - Processing Ctr
attn: K. Gorelik application
899 N. Capitol St., NE (1st floor)
Washington DC 20002

This official university transcript is printed on security paper and does not require a raised seal.

Certified to be a correct transcript of record. Student in good standing unless otherwise indicated. Transcript void if altered.



Signature of William R. Haid

William R. Haid
University Registrar
Admissions and Enrollment Services

INFORMATION CONCERNING INTERPRETATION OF THIS TRANSCRIPT AND ITS AUTHENTICITY MUST BE PRINTED ON REVERSE SIDE

THE FACE OF THIS DOCUMENT HAS A WHITE UNIVERSITY OF CALIFORNIA, SAN DIEGO BACKGROUND • THE WORD VOID APPEARS WHEN PHOTOCOPIED





IDENTIFICATION NUMBER  
DATE AND TIME PRINTED: 03/27/12 01:51 A  
PAGE: 02

STUDENT NAME: Kristin Anne Stubben

SOCIAL SECURITY NUMBER:

-----CONTINUED FROM PAGE 01-----

TERM GRADE POINTS : 18.00 TERM GPA : 4.00

Sum Ses II 2000 Undergraduate

BIBC 102 Metabolic Biochemistry 4.00  
TERM CREDITS PASSED : 4.00 TERM GPA CRE S: 0  
TERM GRADE POINTS : 18.00 TERM GPA :

Fall Qtr 2000 Undergraduate

BICD 150 Endocrinology 4.00  
BIMM 120 Bacteriology 4.00  
BISP 195 Intro to Teaching in Biology 4.00  
TWS 25 Third World Literatures 4.00  
TERM CREDITS PASSED : 16.00 TERM GPA CRE S: )  
TERM GRADE POINTS : 28.00 TERM GPA :

Winter Qtr 2001 Undergraduate

BICD 145 Lab in Molecular Medicine 4.00  
SOCL 40 Sociology/Health Care Issues 4.00  
USP 143 The US Health Care System 4.00  
TERM CREDITS PASSED : 12.00 TERM GPA CREI S: )  
TERM GRADE POINTS : 45.20 TERM GPA : )  
TERM HONORS : Provost Honors

Spring Qtr 2001 Undergraduate

BIBC 103 Biochemical Techniques 4.00  
CHEM 140C Organic Chemistry 4.00  
ETHN 101 Ethnic Images in Film 4.00  
TERM CREDITS PASSED : 12.00 TERM GPA CREI S: )  
TERM GRADE POINTS : 14.80 TERM GPA :

-----SUMMARY-----

GRADE OPTION	UC-CRDTS ATTN	UC-CRDTS COMPL	CRDTS PSSD	UC-GPA CRDTS	UC F	RAI VT	A
Letter	182.00	154.00	188.00	154.00	:	.80	: 34
P/NP	21.00	21.00	53.00	.00	:	.00	: 10
TOTAL	183.00	175.00	219.00	154.00	:	.80	: 34

-----END OF STUDENT LEVEL-----

-----END OF TRANSCRIPT-----

Health Professional Licensing  
Board of Medicine - Processing Ctr  
attn: K. Gorelik application  
899 N. Capitol St., NE (1st floor)  
Washington DC 20002

This official university transcript is printed on security paper and does not require a raised seal.



Certified to be a correct transcript of record. Student in good standing unless otherwise indicated. Transcript void if altered.

William R. Hald  
University Registrar  
Admissions and Enrollment Services

INFORMATION CONCERNING INTERPRETATION OF THIS TRANSCRIPT AND ITS AUTHENTICITY MUST BE PREPRINTED ON REVERSE SIDE

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March 27, 2012

Health Professional Licensing Administration  
Board of Medicine - Processing Center  
899 North Capitol Street, NE (1st floor)  
Washington, D.C. 20002

Re: Kristin Anne Stubben Gorelik, M.D.

To whom it may concern:

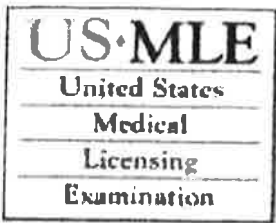
This is a letter to confirm that Dr. Kristin Gorelik is completing a four-year categorical residency in Obstetrics and Gynecology at the University of California, San Diego. She began her residency in June 2008 and would have successfully completed her residency training by June 30, 2012. A review of the faculty evaluations indicates that she is considered above average to superior in all categories. Dr. Gorelik is graduating from the UCSD Department of Reproductive Medicine in good standing.

If you have any additional questions or need further clarification, please do not hesitate to contact me

Sincerely,

A handwritten signature in blue ink, appearing to read "Kito Bryant", with a long horizontal flourish extending to the right.

Kito Bryant, M.P.A.  
UCSD Department of Reproductive Medicine  
OB/GYN Residency Coordinator  
200 West Arbor Drive, Mailcode 8433  
San Diego, CA 92103-8433  
619-543-6922 (direct)  
619-543-3703 (fax)  
kbryant@ucsd.edu  
<http://obgynresidency.ucsd.edu>



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76039-3856 -- Telephone (817) 868-4041

Date : 03/26/2012

**Recipient:**

District of Columbia Board of Medicine  
ATTN: Antoniette Stokes  
899 North Capitol St NE  
1st Floor  
Washington, DC 20002

**Examinee:** Gorelik, Kristin  
**Alt Name(s):** Gorelik, Kristin Anne Stubben  
Stubben, Kristin Anne

**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	
	06/16/2006	Pass					
USMLE STEP 2							
<b>Clinical Knowledge (CK)</b>							
	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
	07/14/2007	Pass					
<b>Clinical Skills (CS)*</b>							
	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
	12/10/2007	Pass					
USMLE STEP 3							
CALIFORNIA	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
	12/02/2008	Pass					

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

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

### 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](http://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".

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



Licensee - Kristin A.S. Gorelik (MEDICINE)



General | Licenses | Education | Employment | Public Info | **Supp. Info.**

Photo Name: Kristin A.S. Gorelik.jpg

**Criminal Background Check Results**

FBI Result Date: 04/16/2012

FBI Positive:

FBI Negative:

State Result Date: 04/17/2012

State Positive:

State Negative:

TCN:

Double-click on a field to edit it in a larger window.

SECTION 4B. ADDENDUM

Description of "other" (position code F) experience within the past 5 years:  
- Was enrolled in medical school for M.D. degree from 08/2004 – 05/2008.

**Enforcement Closed Case Log**

Kristin Gorelik, PA - Renewal disclosure - malpr - negligent vacuum assisted delivery; Date 2/10/17 -  
Closure ltr sent 3/9/2017. Bd closed. To Bd 2/22/17; Date 2/22/17 – Last Activity  
03/09/2017

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
<b>Gorelik, Kristin A.S.</b>							
<b>CONTROLLED SUBSTANCE</b>	GWU - Medical Faculty Associates Washington DC 20037	Practitioner - Physician	CS1200416		07/13/2012	12/31/2018	Active
<b>MEDICINE AND SURGERY</b>	2150 Pennsylvania Ave Washington DC 20037		MD040655	<b>Alert</b>	04/27/2012	12/31/2018	Active

**Current Hold/Alert Exists**

All Licenses held by - Gorelik, Kristin A.S.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
<b>MEDICINE AND SURGERY</b>	2150 Pennsylvania Ave Washington DC 20037		MD040655	<b>Alert</b>	Active
<b>CONTROLLED SUBSTANCE</b>	GWU - Medical Faculty Associates Washington DC 20037	Practitioner - Physician	CS1200416		Active



**Person**

First Name: Kristin  
Middle Name: A.S.  
Last Name: Gorelik  
Suffix:  
Date of Birth:   
Place Of Birth:   
Gender: F  
SSN:   
Address Line:   
Address Line 2:   
Address Line 3:   
Address Line 4:   
Date Deceased:   
Registration Code: 65237187

**License**

License Number: MD040655  
License Type: MEDICINE AND SURGERY  
Renewal Id:  
Profession: MEDICINE  
Sub Type:  
Date This Status: 04/27/2012  
Status: Active  
Effective Date: 01/01/2017  
Reason Changed: License Issuance  
Expiration Date: 12/31/2018  
Issue Date: 04/27/2012  
from Country:  
State/Prov:  
Application Recd Date:  
Obtained By: Waiver of Examination  
Reinstatement App Recd Date:  
Date Last Renewal: 12/13/2016  
Disciplinary Limit Flag: N  
Last Reprint Date:

**Facility**

Full Name: Kristin A.S. Gorelik  
PersonId: 197940  
Owner/Manager:  
Address Line1:   
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
Gorelik		Merged

Employers for License
No Data

License Bond
No Data

Specialties			
Authority Code Label	Is Primary	Issue Date	Expiration Date
Obstetrics & Gynecology	N	04/17/2012	

Employment
No Data

Requirements		
Name	Status	Date
No Data		

Education			
School Name	School Type	Date Graduated	Degree Certificate
Eastern Virginia Medical School	College / University	05/01/2008	Doctorate
University of California, San Diego	College / University	06/01/2001	BS

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

Prerequisites			
Name	License	License	Status
No Data			

<b>Schedules</b>	
No Data	

<b>CBC Override</b> <span>Details</span>	
Date to Override:	Comments:
No Data	

<b>Initial/Renewal Question Answers</b>	
Group Name	Group Response
No Data	

<b>Criminal Background Check</b> <span>Details</span>			
FBI Result	FBI Result Date	State Result	State Result Date
Negative	04/16/2012	Negative	04/17/2012

	Type	Number	
No Data			

<b>Inspection</b>			
No Data			

<b>Exam</b>			
Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

<b>Person Photo ID</b>	

<b>Person Or Facility Document</b>			
Date Uploaded	Description	Category	Amendments
01/31/2015		Person	N

License



Profession : MEDICINE

License Type : MEDICINE AND SURGERY

License Number : MD040655

Status : Active

from Country :

State/Prov :

Obtained By : Waiver of Examination

Issue Date : 04/27/2012

Sub Type :

Date Last Renewal : 12/13/2016

Disciplinary Limit Flag : N

Expiration Date : 12/31/2018

License Additional Add/Edit



Lic Deg Suffix

Last CE Audit Date

Doing Business As

Loa Expire Date mm/dd/yyyy

Old License Number

Loa Issue Date mm/dd/yyyy

Returned Material

Board Approve Date mm/dd/yyyy

Material Returned Date mm/dd/yyyy

Transfer Code

Board Id

Do CE Audit?

Select Email Other Use License Address For Mailing

Email Merge   
Address

### License Address Fields



Zipcode*	<input type="text" value="20037-"/>
City*	<input type="text" value="Washington"/> <input type="text" value="Washington"/>
County	<input type="text" value="District of Columbia"/> <input type="text" value="District of Columbia"/>
Unlisted	<input type="checkbox"/>
Address Line1	<input type="text" value="2150 Pennsylvania Ave"/> <a href="#">Map It</a>
Address Line2	<input type="text" value="Suite 6A"/>
Address Line3	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text" value="(202) 741-251"/>
Phone Unlisted	<input type="checkbox"/>
Fax	<input type="text"/>
Cell Phone	<input type="text"/>
State*	<input type="text" value="DC"/>
Country*	<input type="text" value="United States"/>

[Copy Person Address Fields](#)

**Summary**

Name	Address	License Type	License Number	License Status
Kristin A.S. Gorelik	2150 Pennsylvania Ave Suite 6A Washington DC 20037	MEDICINE AND SURGERY	MD040655	Active

**License Summary**

Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD040655	Active			Waiver of Examination	04/27/2012

**Remarks List**

Date Last updated	Remarks	Updated By
07/18/2012 09:27:00 AM	7/18/12 Maryland Board of Physicians arw	

**Edit Remark**

7/18/12  
Maryland Board of Physicians  
arw

Save Clear

Back