

Dr. Bentley, Marc

MD 10568
License Number

4/27/2001
Issue Date

MARI J. BENTLEY
Name

Application Received 11/30/2000
Date

Fee Received 11/30/2000
Date

National Practitioners Data Bank Self Query

State Licensure Verified NONE

Reference Forms

F.C.V.S. Application

Chief Administrative Officer Comments

March 30, 2001. Completing her 4th year of Family Practice residency (6/30/01). Plans to serve in Blackstone Valley Community Health Care Program. Born in Libya. Has Master's Degree in Public Health. Credentials are in order. Very strong evaluations. No need for interview.

Milton W. Humolsky MD

Licensing Committee

[Signature]
Signature

[Signature]
Signature

Signature



State of Rhode Island Board of Medical Licensure and Discipline

Application for License to Practice Medicine

NOV 2000

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your license and reported to those that inquire about your license. Do not use nicknames, etc.

BENTLEY

Surname, Generational Indicators (i.e., Jr., Sr., II, III) and degree

MARI J MANSFIELD

First and Middle Name(s)

MANSFIELD

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First Middle Last):

2. Home Address

It is your responsibility to keep the Board apprised of all address changes.

[Redacted] Apartment Number

Number and Street

[Redacted] State Zip/Postal Code

City

State

Zip/Postal Code

Apartment Number

3. Business Address

MHRI 111 BREWSTER ST

Number and Street

Suite/Room Number

PAWTUCKET RI 02860

City

State

Zip/Postal Code

4. Preferred Mailing Address

Where all Board correspondence will be sent.

[Redacted] Apt./Suite/Room Number

Number and Street

Apt./Suite/Room Number

[Redacted] State Zip/Postal Code

City

State

Zip/Postal Code

5. Telephone Numbers

U.S./Canadian telephone numbers only.

[Redacted] Ext. [Redacted] [Redacted] [Redacted]

Business Phone

Home Phone

[Redacted] [Redacted] [Redacted] [Redacted]

Business Fax

Home Fax

6. Date and Place of Birth

[Redacted] [Redacted] [Redacted]

Month

Day

Year

[Redacted] State (U.S.-only)

City

State (U.S.-only)

[Redacted] Country

Country

7. Gender

Male Female

8. Social Security Number

[Redacted] U.S. Social Security Number

U.S. Social Security Number

12. Medical Licensure

List all states or countries in which you are now, or ever have been licensed to practice medicine or any other profession.

DOCUMENTATION:
Be certain to send a Reciprocity Release Form to each entity (See page 15).

State/Country: <u>Rhode Island</u> <u>(limited license)</u>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive

13. Board Discipline

List any final disciplinary actions by licensing boards in other states.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Check here if not applicable.

Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct):

<u>None</u>	Month: <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/>	Type of Discipline: _____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____

14. Hospital Privileges

List the name and address of all hospitals where you have ever held any type of privileges (e.g., courtesy, admitting, etc.).

NOTE:
This section is continued on the next page.

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	Year	Month	Year	Type of Privileges
<input type="text"/>					
Name of Hospital					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City		State	Zip/Postal Code		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	Year	Month	Year	Type of Privileges
<input type="text"/>					
Name of Hospital					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City		State	Zip/Postal Code		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	Year	Month	Year	Type of Privileges
<input type="text"/>					
Name of Hospital					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City		State	Zip/Postal Code		

14. Hospital Privileges

Continued from previous page.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

<input type="text" value="N/A"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	Type of Privileges
<input type="text"/>					
Name of Hospital					
<input type="text"/>				<input type="text"/>	<input type="text"/>
City				State	Zip/Postal Code
<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	Type of Privileges
<input type="text"/>					
Name of Hospital					
<input type="text"/>				<input type="text"/>	<input type="text"/>
City				State	Zip/Postal Code
<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	Type of Privileges
<input type="text"/>					
Name of Hospital					
<input type="text"/>				<input type="text"/>	<input type="text"/>
City				State	Zip/Postal Code
<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	Type of Privileges
<input type="text"/>					
Name of Hospital					
<input type="text"/>				<input type="text"/>	<input type="text"/>
City				State	Zip/Postal Code

15. Hospital Discipline

List any revocation of hospital privileges for reasons related to competence or quality of patient care that have been taken by the hospital's governing body or any other official of the hospital after procedural due process has been afforded.

Also report resignation from or the non-renewal of medical staff privileges or the restriction of privileges at a hospital during the course of an investigation.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Check here if not applicable.

<input type="text" value="N/A"/>	<input type="text"/>	<input type="text"/>	Type of Action
<input type="text"/>			
Name of Hospital			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Action
<input type="text"/>			
Name of Hospital			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Action
<input type="text"/>			
Name of Hospital			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Action
<input type="text"/>			
Name of Hospital			

16. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Have you ever been convicted of a violation of, or plead Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into a plea bargain related to a felony (including convictions for driving under the influence)? Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

_____	Month	Year
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

¹For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

17. Malpractice

Report all medical malpractice court judgments, medical malpractice arbitration awards and settlements in which payment was awarded or made to a complaining party since September 1, 1988 in any state in which you have held an active license since September 1, 1988. Be certain to read and initial the statement at the bottom of the section.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

<u>N/A</u> <input type="text"/>	Month	Day	Year	Amount Paid	Basis for Complaint
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____

mb I certify that I have read and understand the information provided on page 5 "Special Notice about Malpractice Information."
Initials

18. Questions

Check either Yes or No for each question.

If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter.

Attach a typed explanation on a separate 8 1/2 x 11 sheet of paper.

1. During any Professional/Medical Education, were you ever dismissed, suspended, restricted, put on probation, or otherwise acted against or did you take a leave of absence for medical reasons? Yes No
2. During any Professional/Medical Education, were you ever requested to leave or did you leave, temporarily or permanently, prior to completion of training? Yes No
3. During any postgraduate training, were you ever dismissed, suspended, restricted, put on probation, or otherwise acted against or did you take a leave of absence for medical reasons? Yes No
4. During any postgraduate training, were you ever requested to leave or did you leave, temporarily or permanently, prior to completion of training? Yes No
5. Are there any charges or investigations pending, in any state, against you? Yes No
6. Have your staff privileges at any hospital, nursing home, or other health care facility or health care provider or HMO ever been reduced, revoked, or suspended or have you voluntarily surrendered your clinical privileges from any such unit or facility while under investigation in any state? Yes No
7. Have you ever had any disciplinary action(s) taken, or is any pending, against your: License to practice medicine, DEA Permit, State Controlled Substances Registration, Medicare Privileges, Medicaid Privileges, or are any complaints pending in any state? Yes No
8. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? Yes No
9. Have you ever failed to pass an examination for medical licensure? Yes No

Applicant: Print your complete last name: BENTLEY

19. Physician Honors and Peer Reviewed Publications (Optional)

List any information regarding professional or community service awards and/or information regarding publications in peer-reviewed medical literature within the most recent 10 years.

Do NOT submit your curriculum vitae to satisfy the requirements of this section.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Awards, Honors:

Publications:

20. Professional and Community Memberships (Optional)

List any professional and community memberships.

Do NOT submit your curriculum vitae to satisfy the requirements of this section.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Professional and Community Memberships:

AAFP

Applicant: Print your complete last name: BENTLEY

21. Affidavit of Applicant

Complete this section and sign in the presence of a notary public. Make sure that you and the notary public have completed all components accurately and completely.

I, Mari Bentley, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentality's (local, state, federal or foreign) to release to the Rhode Island Board of Medical Licensure and Discipline any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice medicine/surgery in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Board of Medical Licensure and Discipline of any change in the answers to these questions after this application and this affidavit is signed.

[Signature]
Signature of Applicant

11/22/00
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this 22 day of November 2000 by Mari Bentley (MD/DO) who is personally known to me or has produced a license as documentation and did/did not take an oath.

DeLores Burdick
Name of Notary Typed, Printed or Stamped

[Signature]
Signature of Notary

Notary No./Commission No.

7/24/01
My Commission Expires (MM/DD/YY)

22. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be clear, front view, full face without a hat or dark glasses. Full length photos, black and white or computer-generated photos will not be accepted.

Sign your name on the line provided, partly upon the page and partly upon the photograph.



Regarding page 10, Question 18, part 2

State of Rhode Island
Board of Licensure and Discipline
Room 205, Three Capitol Hill
Providence, RI 02908-5097

NOV 30 2000

November 21, 2000

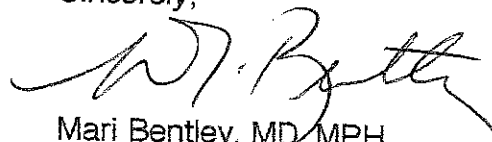
To the Board of Licensure and Discipline:

This is to certify that I, Mari Bentley, took a one year maternity leave of absence from the University of Massachusetts Medical School from July 1995 to June 1996. I remained in good standing during my leave and throughout my medical education.

If you have any questions, please feel free to contact me or Nancy Salmon, Registrar, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA, 01655. She can be reached by telephone at 508-856-2267.

Thank you.

Sincerely,



Mari Bentley, MD, MPH



National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

DCN# 5500000019816584
Process Date: 12/01/2000, 10:25
Page: 1 of 1

www.npdb-hipdb.com

To: BENTLEY, MARI J MANSFIELD

[REDACTED]
[REDACTED] [REDACTED]

From: Healthcare Integrity and Protection Data Bank
Re: Response to Your Request for Information Disclosure (Self-Query)

The enclosed information is released by the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers, collecting and releasing information related to adverse licensure actions, health care-related convictions and judgments, exclusions from Federal and State health care programs, and other adjudicated actions or decisions. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services, Office of Inspector General, and HRSA, Division of Quality Assurance. Regulations governing the HIPDB are codified at 45 CFR part 61.

Reports from the HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The HIPDB is a flagging system and a report may be included for a variety of reasons which do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Subjects of reports who obtain information about themselves from the HIPDB are permitted to share that information with anyone they choose.

If you require further assistance, please contact the NPDB-HIPDB web site at www.npdb-hipdb.com, or
The NPDB-HIPDB Help Line at
1-800-767-6732 (TDD: 1-703-802-9395).

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

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RESPONSE TO INFORMATION DISCLOSURE REQUEST

A. REQUESTOR IDENTIFICATION

Requestor Name: BENTLEY, MARI J MANSFIELD

Address: [REDACTED]

B. PAYMENT INFORMATION

Account Number: XXXXXXXXXXXXX8994

Exp. Date: 07/2003

Transaction Date: 12/01/2000

Transaction Number: 5500000019816584

Total Charge: \$ 10.00

C. SUBJECT ON WHOM DISCLOSURE IS REQUESTED

Subject Name: BENTLEY, MARI J MANSFIELD

Gender: FEMALE

Date of Birth: [REDACTED]

Other Name Used: MANSFIELD, MARI

Organization Name: MEMORIAL HOSP OF RI/FAMILY MED RESIDENCY

Organization Type: 301

Organization Type Desc: GENERAL/ACUTE CARE HOSPITAL

Work Address: 111 BREWSTER STREET
PAWTUCKET, RI 02860

Home Address: [REDACTED]

Social Security #: [REDACTED]

Professional School(s) & Grad. Year: BOSTON U. SCHOOL OF PUBLIC HEALTH (1993)

U. OF MASSACHUSETTS MEDICAL SCHOOL (1998)

Occupation/Field of Licensure (Code): ALLOPATHIC PHYSICIANS (MD) (010)

License #, State: LMD17963 RI

Drug Enforcement Administration Number (DEA)(s): [REDACTED]

National Provider Identification Number (NPI)(s):

Federal Employer Identification Number (FEIN)(s):

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

www.npdb-hipdb.com

DCN# 5500000019816584
Process Date: 12/01/2000, 10:25
Page: 2 of 2

Unique Physician Identification Number (UPIN)(s):



B SEARCH
RESULT

Based on the subject identification information provided by you in Section C above, a search of the HIPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section C is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Section 1128E of the Social Security Act. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the HIPDB is confidential and must be used solely for the purpose for which it was disclosed. Subjects of reports who obtain information about themselves from the HIPDB are permitted to share that information with anyone they choose.

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

DCN# 5500000019816584
Process Date: 12/01/2000, 10:25
Page: 1 of 1

www.npdb-hipdb.com

To: BENTLEY, MARI J MANSFIELD

[REDACTED]
[REDACTED]

From: National Practitioner Data Bank

Re: Response to Your Request for Information Disclosure (Self-Query)

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners. Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), HRSA, Division of Quality Assurance.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges, or in making employment affiliation or licensure decisions. The NPDB is a flagging system and a report may be included for a variety of reasons which do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require further assistance, please contact the NPDB-HIPDB web site at www.npdb-hipdb.com, or
The NPDB-HIPDB Help Line at
1-800-767-6732 (TDD: 1-703-802-9395).

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www.npdb-hipdb.com

RESPONSE TO INFORMATION DISCLOSURE REQUEST

A. REQUESTOR IDENTIFICATION

Requestor Name: BENTLEY, MARI J MANSFIELD

Address: [REDACTED]

B. PAYMENT INFORMATION

Account Number: XXXXXXXXXXXXX8994

Exp. Date: 07/2003

Transaction Date: 12/01/2000

Transaction Number: 5500000019816584

Total Charge: \$ 10.00

C. SUBJECT ON WHOM DISCLOSURE IS REQUESTED

Subject Name: BENTLEY, MARI J MANSFIELD

Gender: FEMALE

Date of Birth: [REDACTED]

Other Name Used: MANSFIELD, MARI

Organization Name: MEMORIAL HOSP OF RI/FAMILY MED RESIDENCY

Organization Type: 301

Organization Type Desc: GENERAL/ACUTE CARE HOSPITAL

Work Address: 111 BREWSTER STREET
PAWTUCKET, RI 02860

Home Address: [REDACTED]

Social Security #: [REDACTED]

Professional School(s) & Grad. Year: BOSTON U. SCHOOL OF PUBLIC HEALTH (1993)
U. OF MASSACHUSETTS MEDICAL SCHOOL (1998)

Occupation/Field of Licensure (Code): ALLOPATHIC PHYSICIANS (MD) (010)
License #, State: LMD17963 RI

Drug Enforcement Administration Number (DEA)(s): [REDACTED]

National Provider Identification Number (NPI)(s):

Federal Employer Identification Number (FEIN)(s):

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

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www.npdb-hipdb.com

DCN# 5500000019816584
Process Date: 12/01/2000, 10:25
Page: 2 of 2

Unique Physician Identification Number (UPIN)(s):

**D. SEARCH
RESULT**

Based on the subject identification information provided by you in Section C above, a search of the NPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section C is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the NPDB is confidential and must be used solely for the purpose for which it was disclosed. Any person who violates the confidentiality provisions as specified in Title IV is subject to a civil money penalty of up to \$11,000 for each violation. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

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Rhode Island Board of Medical Licensure and Discipline

Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-3855

DEC - 1 2000

REFERENCE FORM

I am applying for a license to practice medicine in the State of Rhode Island. The Rhode Island Board of Medical Licensure and Discipline requires this reference form to be completed as part of my application process. This constitutes your authority to provide information about my character and professional abilities, favorable or otherwise, directly to the Rhode Island Board of Medical Licensure and Discipline at the above address.

Applicant Should Complete this Section Only:

MARI BENTLEY
Print/Type Full Name

[Redacted]
Social Security Number

[Signature] 11/28/00
Signature Date

[Redacted]
Date of Birth

EVALUATION

Based upon demonstrated performance and composite of evaluations by supervisors on file.

	Superior	Good	Fair	Poor	No Info.
Basic Clinical Knowledge	✓				
Professional Judgment	✓				
Clinical Competence and Skill	✓				
Reliability/Sense of Responsibility	✓				
Patient Management	✓				
Ethical Conduct	✓				
Physician-Patient Relationship	✓				
Medical Recordkeeping	✓				
Ability to Communicate Verbally	✓				
Overall Rating:	✓				

Recommendation:

- Recommended Highly without Reservation
 Recommended as Qualified and Competent
 Recommended with Reservation
 No Comment
 Not Recommended

Additional Comment (use reverse side if necessary):

You must affix your institution's official seal or have your signature notarized.

Please Affix
Hospital or
Notarial Seal Here

ARTHUR A. FRAZZANO, MD
Printed Name of Reference

[Signature] 11/28/00
Signature Date

CLINICAL ASSOCIATE PROFESSOR
Title
OF FAMILY MEDICINE - BROWN

RESIDENCY FACULTY
Relationship to Applicant

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Board of Medical Licensure and Discipline

Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-3855

DEC - 1 2000

REFERENCE FORM

I am applying for a license to practice medicine in the State of Rhode Island. The Rhode Island Board of Medical Licensure and Discipline requires this reference form to be completed as part of my application process. This constitutes your authority to provide information about my character and professional abilities, favorable or otherwise, directly to the Rhode Island Board of Medical Licensure and Discipline at the above address.

Applicant Should Complete this Section Only:

MARI BENTLEY
Print/Type Full Name
[Redacted]
Social Security Number

[Signature]
Signature
11/22/00
Date
[Redacted]
Date of Birth

EVALUATION

Based upon demonstrated performance and composite of evaluations by supervisors on file.

	Superior	Good	Fair	Poor	No Info.
Basic Clinical Knowledge		✓			
Professional Judgment	✓				
Clinical Competence and Skill		✓			
Reliability/Sense of Responsibility	✓				
Patient Management	✓				
Ethical Conduct	✓				
Physician-Patient Relationship	✓				
Ability to Work with other Hospital Staff	✓				
Appearance	✓				
Medical Recordkeeping	✓				
Ability to Communicate Verbally	✓				
Overall Rating:	✓				

Recommendation:

- Recommended Highly without Reservation
 Recommended as Qualified and Competent
 Recommended with Reservation
 No Comment
 Not Recommended

Additional Comment (use reverse side if necessary):

You must affix your institution's official seal or have your signature notarized.

Please Affix
Hospital or
Notarial Seal Here

Charles B Eaton MD
Printed Name of Reference
Interim Chair
Title

Charles B Eaton
Signature
11/24/00
Date
Chair of Family Medicine
Relationship to Applicant

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Board of Medical Licensure and Discipline

Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-3855

REFERENCE FORM

I am applying for a license to practice medicine in the State of Rhode Island. The Rhode Island Board of Medical Licensure and Discipline requires this reference form to be completed as part of my application process. This constitutes your authority to provide information about my character and professional abilities, favorable or otherwise, directly to the Rhode Island Board of Medical Licensure and Discipline at the above address.

Applicant Should Complete this Section Only:

MARI BENTLEY
Print/Type Full Name

[Redacted]
Social Security Number

[Signature] 11/22/00
Signature Date

[Redacted]
Date of Birth

EVALUATION

Based upon demonstrated performance and composite of evaluations by supervisors on file.

	Superior	Good	Fair	Poor	No Info.
Basic Clinical Knowledge	✓				
Professional Judgment	✓				
Clinical Competence and Skill	✓				
Reliability/Sense of Responsibility	✓				
Patient Management	✓				
Ethical Conduct	✓				
Physician-Patient Relationship	✓				
Ability to Work with other Hospital Staff	✓				
Appearance	✓				
Medical Recordkeeping	✓				
Ability to Communicate Verbally	✓				
Overall Rating:	✓				

Recommendation:

- Recommended Highly without Reservation
 Recommended as Qualified and Competent
 Recommended with Reservation
 No Comment
 Not Recommended

Additional Comment (use reverse side if necessary):

Outstanding Physician

You must affix your institution's official seal or have your signature notarized.

Please Affix
Hospital or
Notarial Seal Here

John B. Murphy MD
Printed Name of Reference

[Signature] 11/22/00
Signature Date

Professor and Residency Dir.
Title
Brown University

Residency Director
Relationship to Applicant

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Board of Medical Licensure and Discipline

Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-3855

NOV 28 2000

REFERENCE FORM

I am applying for a license to practice medicine in the State of Rhode Island. The Rhode Island Board of Medical Licensure and Discipline requires this reference form to be completed as part of my application process. This constitutes your authority to provide information about my character and professional abilities, favorable or otherwise, directly to the Rhode Island Board of Medical Licensure and Discipline at the above address.

Applicant Should Complete this Section Only:

MARI BENTLEY
Print/Type Full Name

[Signature] 11/22/00
Signature Date

[Redacted]
Social Security Number

[Redacted]
Date of Birth

EVALUATION

Based upon demonstrated performance and composite of evaluations by supervisors on file.

	Superior	Good	Fair	Poor	No Info.
Basic Clinical Knowledge	✓				
Professional Judgment	✓				
Clinical Competence and Skill	✓				
Reliability/Sense of Responsibility	✓				
Patient Management	✓				
Ethical Conduct	✓				
Physician-Patient Relationship	✓				
Ability to Work with other Hospital Staff	✓				
Appearance	✓				
Medical Recordkeeping	✓				
Ability to Communicate Verbally	✓				
Overall Rating:	✓				

Recommendation:

- Recommended Highly without Reservation
 Recommended as Qualified and Competent
 Recommended with Reservation
 No Comment
 Not Recommended

Additional Comment (use reverse side if necessary):

You must affix your institution's official seal or have your signature notarized.

Please Affix
Hospital or
Notarial Seal Here

ARNOLD Goldberg MD
Printed Name of Reference

[Signature] 11/24/00
Signature Date

Medical Director of FCC
Title

Teacher - Advisor
Relationship to Applicant

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



BROWN UNIVERSITY
School of Medicine

NOV 29 2000

November 27, 2000

Rhode Island Board of Medical Licensure
Room 205
Three Capitol Hill
Providence, RI 02908

Re: Mari Bentley, M.D.

To Whom It May Concern:

I am pleased to recommend Mari Bentley, M.D. for licensure in Rhode Island. Dr. Bentley is a resident of the Family Medicine Residency Program at Brown University / Memorial Hospital of Rhode Island. She has made satisfactory progress, and is expected to complete the residency program in June 2001. To successfully complete the Family Practice Residency Program our residents are expected to meet all the requirements of the American Board of Family Practice. At that time, she will be board eligible.

In addition to her abilities as a physician, she is an individual of high moral and ethical character who relates well to her patients and colleagues. I have no reservation about recommending her to you.

Sincerely,

A handwritten signature in dark ink, appearing to read 'John B. Murphy', written over the word 'Sincerely,'.

John B. Murphy, M.D.
Residency Director

JBM: mfb

DEPARTMENT OF FAMILY MEDICINE

111 Brewster Street
Pawtucket, Rhode Island 02860 401-729-2213 FAX: 401-729-2923

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service
Federation Place
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Telephone: (817) 868-4000
Fax: (817) 868-4099

29 2001

Physician Information Profile



This report is compiled exclusively for:

Name: Mari Josephine Mansfield Bentley
SSN: [REDACTED]
DOB: [REDACTED]
Recipient: Rhode Island Board of Medical Licensure & Discipline

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

The Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. The Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

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Section I

FCVS Reports

Physician Information Report

Identity:

Name: **Mari Josephine Mansfield Bentley**
 Other Name Used: **Mary Josephine Mansfield**

Gender: **Female**

Date of Birth: [REDACTED]

Place of Birth: [REDACTED]

SSN: [REDACTED]

Current Address: [REDACTED]

Permanent Address: **Same**

Telephone Numbers: Bus: [REDACTED]
 Fax: **N/A**
 Home: [REDACTED]
 Other: [REDACTED]

Physical Description: Height: **5' 00"**
 Weight: **114 lbs**
 Eye Color: **Blue**
 Hair Color: **Blond**

Physical Marks: Description: **N/A**
 Location: **N/A**

Premedical Education (Reported by physician. Not verified by FCVS):

Institution: **Harvard University, Cambridge, MA 02138**

Dates of Attendance: **09/1984 - 06/1988**

Dates of Attendance: **06/1991 - 08/1992**

Degree Awarded: **Bachelor of Arts**

Institution: **Boston University School of Public Health, Boston, MA 02118**

Dates of Attendance: **09/1990 - 05/1993**

Degree Awarded: **Master of Arts**

Medical Education:

Current, valid ECFMG **N/A**

ECFMG Number: **N/A**

Date Issued: **N/A**

Medical School: **University of Massachusetts Medical School
 55 Lake Avenue North
 Worcester, MA 01655-0138**

Dates of Attendance: **08/23/1993 - 06/07/1998**

Graduation Date: **06/07/1998**

Degree Awarded: **Doctor of Medicine**

Unusual Circumstance: **Leave**
 See Form

Post Graduate Medical Education:

Institution: **Memorial Hospital of Rhode Island-Brown University**
 Department of Family Practice
 111 Brewster Street
 Pawtucket, RI 02860

Post Graduate Year: **1-2**
Program Type: **Residency**
Department: **Family Medicine**
Dates of Attendance: **06/24/1998 - 06/30/2000**
Completion: **Yes**
Accreditation: **ACGME**

Post Graduate Year: **3**
Program Type: **Residency**
Department: **Family Medicine**
Dates of Attendance: **06/30/2000 - 06/30/2001**
Completion: **In Process**
Accreditation: **ACGME**

Unusual Circumstance: **None**

Fifth Pathway:

N/A

Examination History:

Transcripts Enclosed For: **USMLE Step 1**
 USMLE Step 2
 USMLE Step 3

Board Action:

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

Omission / Discrepancy Report

Physician Identification:

Name: Mari Josephine Mansfield Bentley
DOB: [REDACTED]
SSN: [REDACTED]
Packet ID: 17294
Request ID: 5877421

REPORT OF OMISSIONS

There are no omissions in this physician's FCVS file.

REPORT OF DISCREPANCIES

There are no discrepancies in this physician's FCVS file.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile: **Medical Education**
Issue: The applicant and medical school report that Unusual Circumstances are present during attendance at U Massachusetts Med Sch.
Follow-Up: This information is provided as information only.

Miscellaneous 2:

Section of Profile: **Continuity of Education**
Issue: There is a gap of approximately 2 years between premedical education at Harvard University (ends 06/1988) and Boston Univ Sch of Public Health (begins 09/1990).
Follow-Up: This information is provided as information only. No follow up performed.

Miscellaneous 3:

Section of Profile: **Continuity of Education**
Issue: The attendance dates reported for Boston Univ School of Public Hlth and Univ of Mass Med Sch overlap from 05/1993 to 08/1993.
Follow-Up: This information is provided as information only. No follow up performed.

End of report for Mari Josephine Mansfield Bentley

Packet Id: 17294

Request Id: 5877421

Report Created By: ACT

Board Action Databank Search

State Queried For: **Rhode Island Board of Medical Licensure & Discipline**

Physician's Name: **Bentley, Mari Josephine Mansfield**

Date of Birth: **[REDACTED]**

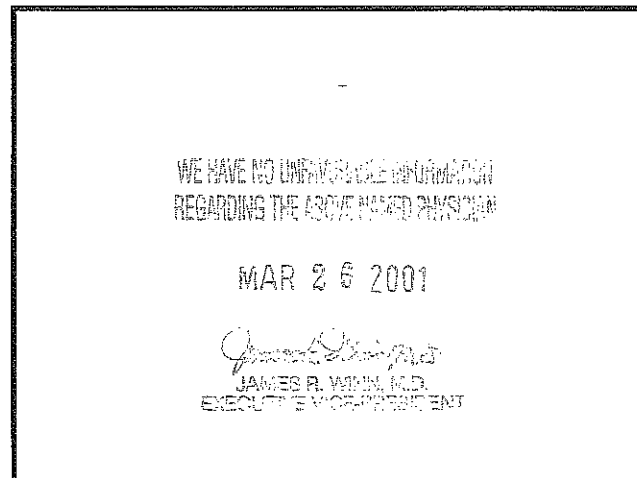
Medical School: **022030 - U Massachusetts Med Sch**

Year of Graduation: **1998**

Social Security Number: **[REDACTED]**

ECFMG Number: **N/A**

Results:



Section II

Identity

AFFIDAVIT AND RELEASE

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

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

I authorize every person, hospital, clinic, government agency (local, state, federal or foreign), institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, or true and correct copies of documents or records.

I hereby release, discharge and hold harmless the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, records or documents of any and all liability. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

M. J. Bentley
Applicant's Signature (must be signed in the presence of a notary)

BENTLEY
Applicant's Printed Last Name

MARI J. MANSFIELD
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

12/12/00
Date of Signature (must correspond to date of notarization)



State of Rhode Island, County of Providence

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 12th day of December, 2000.

Notary Public signature: *Deborah Burdick*

My commission expires: July 24, 2001

Notary:
The physician has been instructed to sign the front of the photograph.
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
CERTIFICATE OF MARRIAGE

(State number file) ,
CAMBRIDGE
(City or town making return)

1 Place of Marriage

This certificate must be delivered to the person before whom the marriage is to be contracted before he proceeds to solemnize the same

Registered No.

City or Town _____ Date of Marriage _____ Intention No. 958
(Do not enter name of village or section of city or town) (Month) (Day) (Year)

3 FULL NAME GROOM [REDACTED]		12 FULL NAME BRIDE Mari Mansfield	
3A SURNAME AFTER MARRIAGE Bentley		12A SURNAME AFTER MARRIAGE Bentley	
4 AGE 26	5 OCCUPATION Teacher	13 AGE 21	14 OCCUPATION student
6 RESIDENCE NO. [REDACTED] STREET [REDACTED] CITY OR TOWN [REDACTED] STATE [REDACTED]		15 RESIDENCE NO. [REDACTED] STREET [REDACTED] CITY OR TOWN [REDACTED] STATE [REDACTED]	
7 NUMBER OF MARRIAGE First (1st, 2nd, 3rd, etc.)	8 WIDOWED OR DIVORCED	16 NUMBER OF MARRIAGE First (1st, 2nd, 3rd, etc.)	17 WIDOWED OR DIVORCED
9 BIRTHPLACE Madison Wisconsin (City or town) (State or country)		18 BIRTHPLACE Tripoli Libya (City or town) (State or country)	
10 NAME OF FATHER [REDACTED]		19 NAME OF FATHER [REDACTED]	
11 MAIDEN NAME OF MOTHER [REDACTED]		20 MAIDEN NAME OF MOTHER [REDACTED]	
21 THE INTENTION OF MARRIAGE by the above-named persons was duly entered by me in the records of the City of Cambridge according to law, this 26th day of October 1987. Certificate issued NOV 5 1987 by Joseph E. Connerton (Month) (Day) (Year) (City or Town Clerk or Registrar)			
22 I HEREBY CERTIFY that I joined the above-named persons in marriage at No. 795 Massachusetts Avenue St. Cambridge on November 9, 1987. (Name of city or town) (Month) (Day) (Year) (If marriage was solemnized in a church, give its NAME instead of street and number)			
Signature John E. Flynn (Print or type name) 18 Yerxa Road	Official station Justice of the Peace (Minister of the Gospel, Clergyman, Priest, Rabbi, or Justice of the Peace)		
Residence No. _____ St., City or Town of Cambridge, MA			
23 Certificate received by city or town clerk November 9, 1987 by Joseph E. Connerton (Month) (Day) (Year) CLERK OR REGISTRAR			

DATE: NOV 9 1987
A TRUE COPY ATTEST:

Joseph E. Connerton
Joseph E. Connerton
City Clerk

Ana McFadden

From: Mari Bentley [REDACTED]
Sent: Thursday, March 22, 2001 6:23 PM
To: Ana McFadden
Subject: Re: my maiden name

Dear Ms. McFadden,

I received your fax and I'm sorry about the confusion about my first name. My maiden name was indeed Mary Josephine Mansfield, and when I got married I changed the spelling of my first name to Mari. Unfortunately, I realized later that my marriage certificate did not reflect my correct maiden name (it shows Mari before and after the marriage). The only credential I have that uses my maiden name is my college diploma. After college I used my married name.

I hope this clarifies things. I look forward to hearing from you.

Sincerely,

Mari Bentley, MD, MPH

EXPLANATION OF ALTERNATE NAME FORM

Use this form to explain the use of any name(s) not supported by the identity document(s) submitted with your application. Do not write on the back of this form. If additional space is required, please make a photocopy(ies). Be certain to sign the form in the space provided at the bottom of the page.

Documented Name	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> BENTLEY </div> <small>Last Name (Surname) and Generational Suffix</small>
Passport	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> MARI JOSEPHINE MANSFIELD </div> <small>First and Middle Name(s)</small>
FVCS	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> BENTLEY </div> <small>Last Name (Surname) and Generational Suffix</small>
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> MARI JOSEPHINE MANSFIELD </div> <small>First and Middle Name(s)</small>
	Explanation of Use of Name: <hr/> <hr/> <hr/>
✓	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> MANSFIELD </div> <small>Last Name (Surname) and Generational Suffix</small>
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> MARY JOSEPHINE </div> <small>First and Middle Name(s)</small>
	Explanation of Use of Name: <hr/> <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;">My maiden name</div> <hr/>
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <small>Last Name (Surname) and Generational Suffix</small>
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <small>First and Middle Name(s)</small>
	Explanation of Use of Name: <hr/> <hr/> <hr/>
Signature (Required) ✓	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80%; text-align: center;"> </div> <div style="border-bottom: 1px solid black; width: 15%; text-align: center;"> 2/19/01 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Date </div>

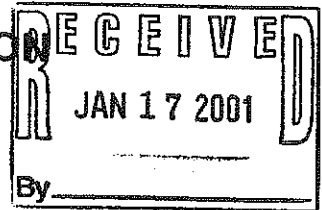
PACKET ID:

Section III

Medical Education

VERIFICATION OF MEDICAL EDUCATION

(This form must be completed by the medical school)



INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. **Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.**

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. **If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).**

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: University of Massachusetts Medical School

Complete Address: 55 Lake Avenue North
Street Address

Worcester, MA 01655
Street Address
City State Zip Code(Postal Code)

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

Enrollment and Participation: Our records indicate that Bentley, Mari M.
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of _____ weeks of continuous on-campus education on the following dates (mm/dd/yy):

From	To
<u>8, 23, 1993</u>	<u>6, 10, 1994</u>
<u>8, 22, 1994</u>	<u>5, 26, 1995</u>
<u>7, 8, 1996</u>	<u>6, 17, 1997</u>
<u>7, 7, 1997</u>	<u>6, 7, 1998</u>
<u> </u>	<u> </u>

This individual (check one):

was awarded the degree of M.D. on 06, 07, 98
was NOT awarded a degree (please attach an explanation)

VERIFICATION OF MEDICAL EDUCATION (continued)

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please circle the appropriate response. "Yes" responses to any of these questions requires a written explanation.

Questions	Response	
Did this individual ever take a leave of absence or break from their medical education?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was this individual ever placed on probation?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was this individual ever disciplined or under investigation?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Were any negative reports regarding this individual ever filed by instructors?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Were any limitations or special requirements imposed on the individual because of questions or academic incompetence, disciplinary problems or any other reason?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Premedical Education: Does your school have a premedical education requirement? Yes No

If yes, include where your records indicate the individual completed his/her premedical education and the basic science courses taken (attach additional pages if necessary):

Premedical Institution(s): Harvard University
Cambridge, MA

Check Courses Taken: Physics Biology/Zoology
 Organic Chemistry Inorganic Chemistry

Certification: By my signature, I, Nancy L. Salmon, certify that the above information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.

Nancy L. Salmon

Signature: _____

Title: Registrar

Date of Signature: 1-11-2001

Telephone: (508) 856-3927

Fax: (508) 856-1899

Email: @umassmed.edu

**AFFIX INSTITUTIONAL SEAL
HERE**

(If your institution does not have an official seal, this form must be notarized).

SEAL
VERIFIED

November 1, 1997

Re: Mari Mansfield Bentley

Dear Program Director,

Mari Mansfield Bentley, a member of the Class of 1998, is applying to your program for a housestaff position in Family Medicine. The following information, based on all academic and personal data available to the Office of Student Affairs, constitutes this school's Dean's Letter, and is presented on her behalf.

Mari graduated *cum laude* from Harvard University in 1988 with a Bachelor of Arts in Social Studies and received a Masters of Public Health from Boston University in 1993. As an undergraduate, she received the John Harvard Award for Academic Achievement as well as the Harvard College Award for Academic Achievement. Following graduation, she worked in international family planning and volunteered for three years as a medical assistant at a family planning clinic. Mari has an international background, is fluent in Spanish and French, and conversant in German and Egyptian colloquial Arabic.

Mari entered this medical school in 1993. Because we are on an Honors/ Pass/ Fail grading system, I cannot give you a precise statement of her class standing. Mari has done very well academically, earning Honors in Human Anatomy, Histology, Neuroanatomy, Physiology, Pathology, Microbiology, Behavioral Science/ Psychiatry, Epidemiology/ Preventive Medicine, and Near Honors in Biochemistry, the first year clerkship in Family and Community Medicine, Pathophysiology, and Physical Diagnosis II during her preclinical years. Mari's score of 220 on Step 1 of the U.S. Medical Licensing Examination (formerly National Boards) placed her at the 76th percentile. In addition to her academic work, Mari played a leadership role in an area Free Clinic, which provides healthcare to those who could otherwise not afford it, where she co-ordinated medical student participation and trained other students in Pap smear and venipuncture techniques. Mari also acted as a volunteer interpreter for Spanish-speaking patients at UMass, served as interim vice-president on the Student Body Committee, and delivered student input on curriculum reform at Second Year Curriculum Committee meetings. During a one-year maternity leave of absence, Mari continued her volunteer work at the free clinic and additionally saw patients one day a week in a rural family practitioner's office.

Mari's first clinical experience was a clerkship in Surgery, where she was considered "a very good, enthusiastic and dependable student, whose overall work was rated at the superior level. The residents felt that her knowledge correlated well with her level of training. She was highly dependable and all her assignments were completed promptly. She displayed good team work and superior interpersonal relations. Her great enthusiasm combined with her hard work gave her excellent rating. During her cardiothoracic rotation it was noted that she had an excellent basic knowledge base supported by enthusiasm and dependability. She had good manual skills. She asked appropriate questions and was very pleasant to work with. During her pediatric surgery rotation we found her to be highly enthusiastic and conscientious with a tireless work ethic. She integrated very well with the activities of the team. Her written and oral presentations were all excellent. She functioned very comfortably in the role of a physician."

In Internal Medicine, Mari's clerkship coordinator described her as "exceptional in the area of medical knowledge. One evaluator wrote: 'Mari had an excellent fund of knowledge which she applies well to develop plans of management. A very caring student physician, she worked well with all members of the health care team.' Another wrote: 'She demonstrated a great fund of knowledge and professional demeanor. Exceptional write-ups and oral presentations as well a great ability to develop differential diagnoses. She was extremely hard working and dependable.' A third described her as 'a caring compassionate and hard-working student physician.' Her ambulatory preceptor describes her as a 'warm compassionate and eager student. Very well received by my patients. She is thorough and organized ... will make a fine primary care physician.'"

Mari's performance in Psychiatry was considered Outstanding. Her preceptor described her as "one of the most thoughtful, genuinely caring students I have ever worked with. Very skillful interpersonally. She would make a great psychiatrist or any specialist of medicine. Another evaluator wrote: 'Mari demonstrated all the qualities necessary to be an excellent psychiatrist, including strong intuitive abilities, empathy, awareness of psychological conflict and defenses, solid interpersonal skills, and devotion to patient care.' Ms. Bentley performed at the 'above expected' to 'outstanding' level on the final observed

standardized interview, and she wrote an excellent case summary which included an exceptional discussion of diagnostic issues, treatment planning and prognosis."

Mari's performance in Obstetrics and Gynecology was again rated as Outstanding. Comments from site evaluators included: "Ms. Bentley was an excellent student who was very interested in obstetrics and gynecology and manifested this by being very focused, energetic, pleasant, and enthusiastic about all aspects of her clinical experience. Her workups were thorough and succinct and her quiet, warm personality was very endearing to patients. She worked exceptionally well with her peers and House Officers. The Attending physicians were very impressed with her maturity and professional poise. Ms Bentley performed exceptionally well in Journal Club where she critiqued an article. Her presentation was erudite and analytical. The committee felt that Ms. Bentley merited Honors."

In Pediatrics, Mari earned a grade of Above Expected Performance and was described by her site evaluators as "a delightful, mature, experienced woman who brings all of her life skills to her rotations. She has great interpersonal skills, volunteers to translate, is empathetic and an enthusiastic learner. She has acquired good clinical skills including organization, good physical examination skills and good to outstanding written and oral presentation skills. She quietly and steadily is an effective advocate for her patients... and a good critical thinker. She appropriately questions information she is given and uses that information for her patients' benefit. As a residency director, I can say she will be a real asset to whatever primary care residency can attract her!"

Mari ended her third year with a rotation in Family Medicine, during which she was considered Outstanding. Her preceptor described her as "a joy to work with. From the first day she was here she fit right into the practice. I trust her completely with my patients and several patients have suggested that I hire her. She has the clinical skill, confidence and empathy of a much more advanced practitioner. I would love to have her come back and join my practice after she's done with residency. In support of an 'Exceptional' rating on most domains [her preceptor] noted that Mari was 'very skilled at procedures including pap smears, shave biopsy, immunizations and venipuncture.' Her differential diagnoses were 'very complete showing good intuition and common sense regarding which diagnosis is most likely.' Her oral case presentations were 'very clear, concise and complete.' Finally, her medical knowledge was rated at the 'Exceptional' level. It was remarked that her 'knowledge base was far above the average third year student, even considering it's the end of the third year.' Regarding psycho-social issues Mari was noted to be 'even more aware (of these issues) than I am and I like to think that I'm pretty good.'" Mari's Written Exam was "above expected;" her OSCE and Preventive Medicine Exercise were considered "outstanding."

During her fourth year, Mari received a rating of Outstanding in an elective Subinternship in the Medicine Intensive Care Unit (MICU) at Newton Wellesley/ Tufts MC as well as in an elective in Adolescent Medicine at UMass. Mari also received Above Expected Performance in electives in combined Gynecologic Oncology and in Urology. Evaluators' comments included: "A superb medical student who will be an outstanding physician. She can do it all." [Subinternship in MICU]; "Very fine performance. Mari was excellent with patients and extremely helpful in general. Volunteered to present a topic ... did a fine job." [Comb GYN Onc/Urology]; "Excellent fund of knowledge; eager to learn ... Concise, accurate and complete history and physical examinations skills. Focused, fluent oral presentations and written documentation. Clinical skills and judgment consistent with first year residency ... warm and personable, yet professional in her approach to patients and staff." [Adolescent Medicine]

In summary, Mari is a hard-working, conscientious, mature student who is an effective advocate for her patients. She has a warm personality which is very endearing to her patients. She is very skilled at procedures and her work-ups were thorough and accurate. Mari has an exceptional fund of knowledge as well as the ability to use that knowledge to develop sophisticated differential diagnosis and management plans. Mari's oral and written skills are excellent and she was noted to work exceptionally well with all members of her health care team -- a "real team player." Mari came to medical school with an MPH and organizational skills derived from her experience in international family planning. She has language skills in four languages in addition to English and was active in school and community service while in school. Her interest in Family Medicine stems from her desire to enter a field in which she can provide comprehensive care through a variety of roles - from preventive medicine through being an educator and a resource to her patients. She is particularly impressed by the versatility which the field demands, both in the ages and problems of patients presented and in the responses required of the practitioner. Based on a review of Mari's record by a committee of the faculty, I am highly pleased to recommend her as an excellent and potentially outstanding candidate for a housestaff position in Family Medicine.

Sincerely,

Mai-Lan Rogoff, M.D.
Associate Dean for Student Affairs

UNIVERSITY OF MASSACHUSETTS



*The Board of Trustees, in accordance with the recommendation
of the President of the University,
the Chancellor of the University of Massachusetts at Worcester,
and Faculty of the Medical School*

honourably confer upon
MARI MANSFIELD BENTLEY

The Degree of
Doctor of Medicine

Mary F. Adams
Reg. Str. 1-11-01

With all the Rights, Privileges and Dignities appertaining to that Degree

**SEAL
VERIFIED**

*Given at Worcester
June 7, 1908*

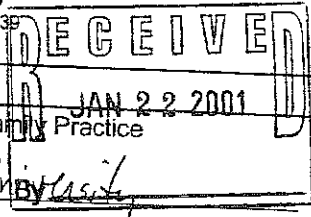
Sam. Loring
CHANCELLOR, WORCESTER CAMPUS

William W. Briggs
PRESIDENT OF THE UNIVERSITY

Robert S. Kavan
CHAIR BOARD OF TRUSTEES

Section IV

Postgraduate Training



Verification of Postgraduate Medical Education

Institution: **Memorial Hospital of Rhode Island-Brown University**
 Address: 111 Brewster Street
 Pawtucket, RI 02860

Attention: Department of Family Practice
 University: Brown University

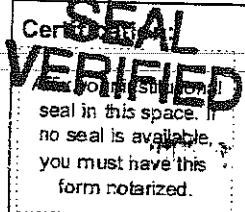
Verification For: Name: **Bentley, Mari Josephine Mansfield**
 SSN: [REDACTED]
 DOB: [REDACTED]
 Physician's Name on Record (If different from above):

Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed.
 PGY: 1
 Department: Family Medicine
 From: 6/24/98 To: 6/30/99
 Internship
 Residency
 Fellowship
 Research
 Successfully Completed?: Yes No In Progress
 Accredited by: ACGME AOA Not Accredited Other:

If the postgraduate year is currently in progress report the expected completion date in the "To" field.
 Report Internships, Residencies and Fellowships separately.
 PGY: 2
 Department: Family Medicine
 From: 6/30/99 To: 6/30/00
 Internship
 Residency
 Fellowship
 Research
 Successfully Completed?: Yes No In Progress
 Accredited by: ACGME AOA Not Accredited Other:

Use one section per department. If the department is rotating or transitional, please provide a schedule of rotations.
 PGY: 3
 Department: Family Medicine
 From: 6/30/00 To: 6/30/01 Anticipated
 Internship
 Residency
 Fellowship
 Research
 Successfully Completed?: Yes No In Progress
 Accredited by: ACGME AOA Not Accredited Other:

Unusual Circumstances: Circle the correct response. Omitted responses require written explanation.
 Did this individual ever take a leave of absence or break from their training? Yes No
 Was this individual ever placed on probation? Yes No
 Was this individual ever disciplined or placed under investigation? Yes No
 Were any negative reports ever filed by instructors? Yes No
 Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes No
 Please explain any "Yes" response from above:



Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. This section MUST be signed by the Program Director (M.D. only).
 Name: John Muechy Signature: [Signature]
 Title: Residency Director Date of Signature: 1/10/01
 Tel: 401 729 2236 Fax: 401 729 2923 E-Mail:

Section V

Examination History/Score Transcripts



BROWN UNIVERSITY
School of Medicine

November 29, 2000

Board of Medical Licensure & Discipline
Room 205, 3 Capitol Hill
Providence, RI 02908-5097

To Whom It May Concern:

I have known Dr. Mari Bentley for the past 2 1/2 years of her residency with the Department of Family Medicine at Memorial Hospital of Rhode Island. I am pleased to serve as a character reference for her licensure in Rhode Island. She is an excellent resident, committed to high quality patient care, and will be a welcome addition to the medical community.

Please feel free to contact me if you require any further information.

Sincerely,

A handwritten signature in cursive that reads 'Charles B. Eaton'.

Charles B. Eaton, M.D., M.S.
Interim Chair
Department of Family Medicine
Brown Medical School

CBE:ir

DEPARTMENT OF FAMILY MEDICINE

111 Brewster Street
Pawtucket, Rhode Island 02860 401-729-2213 FAX: 401-729-2923
State of Rhode Island and Providence Plantations