



New Mexico Board of Medical Examiners
Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501
505-827-9933

031062

Payment Information Fee \$ 350
Visa ☒ Check _____
Master Card _____ Money Order _____
Credit Card No: _____
Expiration: _____

Physician Application

Please check one (✓)

☐ FCVS will provide core documents \$100
☒ NMBME will receive core documents \$350

Biographical Information:

Have you ever applied for licensure as a physician in NM? ☒ No ☐ Yes (If yes, please provide dates)

Name: GOPMAN SARAH B
Last First MI Maiden

Mail: [Redacted] Business Home
Please Circle One

State [Redacted] Zip/Postal Code [Redacted]
Telephone [Redacted] Fax Number [Redacted] Email Address @salad.unm.edu

Other Name(s) Used N/A (Please provide copies of legal documents showing name change.)

Social Security Number [Redacted] DEA Number [Redacted]

UPIN Number [Redacted] EIN Number _____

Date of Birth [Redacted] 1/68 Gender: ☐ Male ☒ Female

US Citizenship: ☒ By Birth ☐ By Naturalization

Place of Birth: Jefferson City, Missouri, USA Certificate # _____

If you are not a U.S. citizen, what is your current U.S. Immigration status? _____

Education: Portland State University (pre-med classes) 6/94 - 6/96
Premedical Education Stanford University Date of Graduation 6/14/91 (B.A. in Psychology only)
Medical Education Oregon Health Sciences Univ. Date of Graduation 6/4/00

Post Graduate Education:

Institution and Location University of New Mexico Health Sciences Dates 6/2000 - 6/2003
Albuquerque, New Mexico From Month/Year to Month/Year

Institution and Location _____ Dates _____
From Month/Year to Month/Year

Institution and Location _____ Dates _____
From Month/Year to Month/Year

Licensing Exam: (FLEX, LMCC, National Board or USMLE)

Exam Name USMLE - Part 1 Date Passed 6/1998
Month/Year

Exam Name USMLE - Part 2 Date Passed 11/1999
Month/Year

Exam Name _____ Date Passed _____
Month/Year

SPECIALTY AND SPECIALTY BOARD CERTIFICATION: List all specialties and specialty board certification.

Specialty

Board Certified

Date Certified (MM/DD/YY)

Family Medicine

Yes ☒ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

(will take exam 7-11-03
after completing residency)

LICENSURE: List all states or provinces in which you have held or now hold a license or permit to practice medicine.

Copy this page if needed.

Jurisdiction

License Number

Date Issued (MM/DD/YY)

Active

New Mexico (training license)

2000 R 40

6-23-00

☒ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

COMPLETE WORK HISTORY

List ALL work history, including postgraduate training, and military service AFTER your MD Degree in chronological order, starting with the most recent. Include all periods of unemployment or employment outside of medicine, military service (submit copies of discharge or separation documentation), private practice and names of all health facilities or hospitals in which you were employed or held privileges. Indicate name of facility if any, address and employment dates. All gaps in time must be explained on a separate page.

6/2000 - 6/2003
(Residency)

University of New Mexico Health Sciences Center - Dept. of Family Medicine

2400 Tucker NE Albuquerque, NM 87131 505-272-6609

Dates (MM/DD/YY)

Name of Facility or Business

Address

City/State/Zip

Office Telephone

Dates (MM/DD/YY)

Name of Facility or Business

Address

City/State/Zip

Office Telephone

Dates (MM/DD/YY)

Name of Facility or Business

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	Address	City/State/Zip	Office Telephone
Date (MM/DD/YY)	Name of Facility or Business		
	Address	City/State/Zip	Office Telephone

Questions

1. Have you been treated for mental illness during the past five (5) years? ☐ Yes ☒ No
2. Do you have any medical or mental condition that in any way impairs or limits your ability to practice medicine competently? ☐ Yes ☒ No
3. Have you been denied a license in another state? ☐ Yes ☒ No
4. Has there been any denial, restriction, suspension or loss/revocation of your DEA or controlled substance license? ☐ Yes ☒ No
5. Has any action, including any disciplinary action, limitation, restriction, order for competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board, DEA or state pharmacy board? ☐ Yes ☒ No
6. Have you ever resigned or withdrawn your application from a hospital staff or professional medical group for reasons other than relocation? ☐ Yes ☒ No
7. Have your hospital privileges ever been revoked or withdrawn for any reason other than relocation? ☐ Yes ☒ No
8. Has a hospital, clinic, medical society, HMO, PPO, IPA, PRO, or similar organization ever started disciplinary action against you? ☐ Yes ☒ No
9. Have you surrendered hospital privileges after disciplinary cases or investigations were started? ☐ Yes ☒ No
10. Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past five (5) years? (You may answer "No" if you are a voluntary participant in a board approved monitoring program) 
11. Have you been arrested, convicted of, or pled no contest to a crime? ☐ Yes ☒ No
12. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you? ☐ Yes ☒ No
13. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state? ☐ Yes ☒ No
14. Have you ever been reported to the National Practitioner Data Bank? ☐ Yes ☒ No
15. Have you ever withdrawn from, or been suspended, dismissed or expelled from a medical school or postgraduate training program or have you ever taken a leave of absence from such a school or program? ☐ Yes ☒ No
16. Have you ever been associated with, practiced or held a license in any other medical or health related field? ☐ Yes ☒ No

If you answered "Yes" to any of the above, please provide a complete written explanation with this application.



New Mexico Board of Medical Examiners

Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe, NM 87501

APPLICANT'S OATH

You must complete the Oath before a Notary Public.

I, SARAH B. GOPMAN, hereby certify under oath that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to this Board with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal, or foreign), court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the New Mexico Board of Medical Examiners any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the New Mexico Board of Medical Examiners or any of their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure, and practice thereunder.

I hereby release, discharge, and exonerate the New Mexico Board of Medical Examiners, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the New Mexico Board of Medical Examiners. I authorize the New Mexico Board of Medical Examiners to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



[Signature] 3-29-03
Applicant Signature Date

County of Bernalillo

State of New Mexico

Subscribed and sworn to before me this 29th day of
March, 2003

[Signature]
Notary Public

My Commission Expires: 1-31-07



Student No: 494-90-7073

Record of: SARAH BETH GOPMAN

Course Level: Medical
Matriculated: Fall 1996

Date Issued: 10-JUL-00

ISSUED TO STUDENT Page: 1

Degree(s) Awarded: Doctor of Medicine 09-JUN-00
Major(s): Medicine

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	WKS
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INSTITUTION CREDIT:

Academic Year 1996-1997

IMED 707A	Basic Life Support	0.50	P	0.00	15
MSCI 611	Gross Anat/Imag/Emb	12.00	NH	24.00	11
MSCI 612	Cell Structure & Function	8.00	S	8.00	11
MSCI 711	Principles of Clinical Med I	4.00	H	12.00	15
MSCI 613	System Processes & Homeostasy	9.00	NH	18.00	11
MSCI 712	Principles of Clinical Med II	4.00	NH	8.00	11
MSCI 614	Biological Basis of Disease	9.00	H	27.00	9
MSCI 713	Principles of Clinical Med II	4.00	H	12.00	11
Total Earned Credits		50.50			

Academic Year 1997-1998

MSCI 622	Circulation	8.00	H	24.00	9
MSCI 624	Metabolism	5.00	NH	10.00	6
MSCI 714	Principles of Clinical Med IV	4.00	H	12.00	15
MSCI 621	Neuroscience & Behavior	8.00	NH	16.00	9
MSCI 623	Blood	4.00	H	12.00	5
MSCI 715	Principles of Clinical Med V	4.00	NH	8.00	12
JCON 717A	Transition to Clerkship	3.00	P	0.00	
MSCI 626	Human Development	6.00	NH	12.00	7
MSCI 716	Principles of Clinical Med VI	4.00	H	12.00	
Total Earned Credits		46.00			

Academic Year 1998-1999

IMED 721	Internal Medicine I	9.00	H	27.00	
JCON 722	Primary Care	9.00	H	27.00	
PSYC 720	Psychiatry	9.00	H	27.00	
SURG 720	Surgery I	9.00	H	27.00	
FAMP 720	Family Medicine	9.00	H	27.00	
IMED 720	General Internal Medicine I	9.00	H	27.00	
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	
JCON 719	Colloquia in Medical Science	2.00	P	0.00	
JCON 720	Child Health I	9.00	H	27.00	

***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	WKS
Institution Information continued:					
OBGY 720	Obstetrics/Gynecology	9.00	H	27.00	6
Total Earned Credits		74.00			

Academic Year 1999-2000

GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	12
INFD 709A	Infectious Disease - OHSU	6.00	H	18.00	4
JCON 721	Child Health II	6.00	NH	12.00	4
PULM 709A	Pulmonary MICU - OHSU	6.00	H	18.00	4
CARD 791A	Electrocardiography	1.00	AUD	0.00	16
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	16
JCON 709T	PCM-Peer Teaching	3.00	P	0.00	16
NEUR 721	Neurology	6.00	H	18.00	4
RADD 709A	Radiographic Diagnosis	6.00	H	18.00	4
DERM 709A	Clinical Dermatology	6.00	H	18.00	4
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	12
SURG 721	Surgery II	6.00	H	18.00	4
CARD 709A	Cardiology Consult - Univ Hos	6.00	H	18.00	4
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	13
JCON 718	Transition to Residency	3.00	P	0.00	1
Total Earned Credits		48.00			

***** TRANSCRIPT TOTALS *****
Total Earned Credits 218.50
***** END OF TRANSCRIPT *****

Lindsey N Nichols 3-29-03

State of NM
County of Bernalillo



OFFICIAL SEAL
Lindsey N. Nichols
NOTARY PUBLIC - STATE OF NEW MEXICO
My commission expires: 1-31-07

This is a true and correct copy of
the original document.

OREGON HEALTH SCIENCES UNIVERSITY





**Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe, NM 87501
(505) 827-5022**

acid from URM
w/ DGT from 2/27/03

I am applying for a medical license in the State of New Mexico. The New Mexico Board of Medical Examiners requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, to the New Mexico Board of Medical Examiners.

Sarah Beth Gopman

Applicant Signature

6.23-60-Present - 7/03

Dates of Previous Employment

The section below should be completed by the chief of staff or facility's administrative staff. Letters of Recommendation are *NOT* accepted in lieu of this form.

Joe Sparkman

Type or Print Name of person controlling this form

Program Director

Types

Graduate Medical Education UNM-SOM

Name of Institution

1 University of New Mexico MSC08 4770

Address

Albuquerque, NM 87131-0001

City / State / Zip

(505) 272-6225

Telephone Numbers

1. This evaluation is based on: ☐ Observation of applicant ☒ Review of personnel file
2. In your estimation, is there any reason why this applicant should not be licensed to practice? ☐ Yes ☒ No
3. To your knowledge, is there any mental or physical reason why this applicant should not be licensed? ☐ Yes ☒ No
4. To your knowledge, is there any derogatory/disciplinary information regarding this applicant? ☐ Yes ☒ No
5. Are the dates of privilege/employment provided by the applicant on this form accurate? ☒ Yes ☐ No

If not, please provide correct dates: Beginning Month/Year Ending Month/Year

If you answered "YES" to any of the above questions please provide a written explanation and/or any supporting documentation that may be relevant.

Signature of person completing this form _____

Date: _____

Signature of Notary (if applicable)

Index

My commission expires:

If there is no hospital or notary seal, this form is unacceptable

Please return this form directly to the address above.

Thank you for your cooperation.

New Mexico Board of Medical Examiners

New Mexico Board of Medical Examiners
 Second Floor, Lamy Building
 491 Old Santa Fe Trail
 Santa Fe NM 87501
 (505) 827-5022

RECEIVED

JUN 06 2003

NM BOARD OF
MEDICAL EXAMINERS**MEDICAL EDUCATION VERIFICATION**

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

Waiver for Release of Information

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: [Signature] Date of Birth: [Redacted] 1.68

Print or Type Name: Sarah Gopman Soc Sec # [Redacted]

Other Name(s) _____

Name of Medical School: Oregon Health Sciences University

Address: 3181 SW Sam Jackson Park Road, City Portland State OR 97239
L 102

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

Please complete this form and forward it to NMBME, 2nd Floor, Lamy Bldg, 491 Old Santa Fe Trail, Santa Fe, NM 87501. Please include dean's letter (if available) and a **COPY OF THE OFFICIAL TRANSCRIPT** (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations).

APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY

If name of institution was different from the above named institution when applicant attended, please enter name below:

Now known as Oregon Health & Science Univ

Enrollment and Participation: Our records indicate that

Gopman Sarah B
 (type or print the applicant's name): (Last Name) (First Name) (MI)

attended our medical school on the following dates (indicate the month, day and year in the section below):

ATTENDANCE DATES:	FROM	TO	FROM	TO
	<u>9/4/96</u>	<u>6/13/97</u>	<u>7/6/99</u>	<u>6/9/00</u>
	<u>9/8/97</u>	<u>6/26/98</u>	<u>1/1</u>	<u>1/1</u>
	<u>7/6/98</u>	<u>6/25/99</u>	<u>1/1</u>	<u>1/1</u>

The applicant attended 144 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check One V Was awarded a degree in MD on 6/9/2000
 mm dd yr
 ___ Was NOT awarded degree. Please explain reasons(s): _____

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. **All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.**

- | | | |
|-------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| 1. Did the applicant take any leaves of absence or breaks from his/her medical education? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Was the applicant ever placed on probation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Was the applicant ever disciplined or under investigation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Were any negative reports ever filed by instructors regarding the applicant | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

COMMENTS: _____

AFFIX INSTITUTIONAL SEAL HERE

International medical schools must attach a copy of the medical school diploma and a transcript or provide and explanation.

Signature: Cherie Honnell
Print Name: Cherie Honnell
Title: Registrar
Date: 6/2/03

**This form *will not be accepted* unless it is stamped with the institutional seal.
Thank you for helping us process this application for licensure.**



OREGON HEALTH
SCIENCES UNIVERSITY

OFFICE OF THE DEAN
SCHOOL OF MEDICINE

3181 S.W. SAM JACKSON PARK ROAD
MAIL CODE: L 102
PORTLAND, OR 97201-3098
TEL 503-494-8220
FAX 503-494-3400

Dean's Letter of Evaluation for Sarah Beth Gopman

INTRODUCTION

Sarah Beth Gopman has applied to your program for residency training and is expected to graduate from the Oregon Health Sciences University School of Medicine on June 9, 2000. This letter will help you to interpret her academic abilities and personal characteristics, as well as, to better appreciate important aspects of the medical education program. While grade point averages and numerical class ranking are not calculated for our students, it is hoped that this letter, the academic transcript and other letters of recommendation will enable you to make a thorough assessment.

UNDERGRADUATE RECORD

Sarah attended Stanford University, where she received a Bachelor of Arts degree in Psychology in 1991, with emphasis in Health and Development. She was a member of Psi Chi, the national psychology honor society, and also served as a research assistant in the psychology department, where she participated in experimental design, subject recruitment, data gathering, and manuscript preparation. During her junior and senior years, Sarah worked as a live-in staff member of the Native American student residence at Stanford, where she assisted with cultural programming and student counseling. She was also a member of *Ballet Folklorico de Stanford*, a traditional Mexican dance performance troupe. Her interest in Latin American culture led her to spend a summer living in a rural squatters' community in Mexico, learning about community development and perfecting her Spanish language skills.

Following graduation, Sarah moved to Washington, DC, where she worked as a bilingual counselor and health educator in a women's clinic. While living in Washington, DC, she also volunteered as a Spanish interpreter at a clinic serving recent El Salvadorian immigrants. At this time, she began pre-medical course work, which she completed at Portland State University in 1996. While at Portland State University, Sarah conducted research investigating the calcium release mechanism of the sarcoplasmic reticulum of muscle cells, for which she received an American Heart Association Summer Research Fellowship.

Ms. Gopman matriculated into the entering class on September 4, 1996.

PRECLINICAL RECORD

The preclinical curriculum consists of multi-disciplinary units in the basic medical sciences beginning with a focus on normal structure and function and concluding with an emphasis on disease processes and their management. The Principles of Clinical Medicine course addresses a spectrum of health care issues important to physicians and society, provides patient examination skills development, and a continuity clinical preceptorship experience throughout the first and second years.

Grades for the preclinical courses are as follows: Honors in 7, Near Honors in 7, and Satisfactory in 1.

**EVALUATION COMMENTS FROM PHYSICIAN PRECEPTORS IN
YEARS 1 & 2 INCLUDE:**

Y1Fall: Very personable, respectful of patients and staff. Good attention to psychosocial issues. Y1Win: Incorporates new knowledge and skills quickly-learning quickly. Very good bedside manner-improving consciousness of time-limits on visits, as appropriate. Thorough, conscientious-wonderful to work with. Y1Spr: Very sensitive, learns well, responds to challenges, bright and articulate. Improved tremendously-way beyond first-year level. Great to work with. Y2Fall: Mature, well rounded, very bright. Excellent grasp of basic science concepts and applies these to clinical medicine very well. Compassionate-will be outstanding physician. Y2Spr: Bright, personable, very sensitive to psychosocial issues. Excellent Spanish skills really came in handy. Absolute delight to have in clinic.

CLINICAL CLERKSHIP COMMENTS AS RECEIVED FROM DEPARTMENT

Primary Care	Honors	Summer 1998
<p>Dr. Ensminger felt that Sarah demonstrated a good understanding of common patient problems and demonstrated quite an interest in attending patients both in the hospital and clinical settings. Sarah saw the patients alone initially, and was very good at presenting patient histories and physical examinations, as well as developing her own management plan. Without question, Sarah had excellent self-learning skills. Sarah's general knowledge of community resources was very good, and she did an excellent job in designing and implementing her own research study.</p>		

Internal Medicine	Honors	Summer 1998
General Internal Medicine	Honors	Winter 1999
<p>Ms. Sarah Gopman is wonderful with patients and in her ability to place them at ease, because of her comfortable bedside manner. She is sensitive to her patients and communicates very well with them as she performs history and physical exams. She was highly organized and systematic in eliciting histories and demonstrated a strong ability to allow both her patients telling their own story in their own words as well as directing them as appropriate. Her physical exams were thorough and very organized. Her oral case presentation skills were excellent. They were concise, yet complete and highly organized. Her admission notes of new patients also became outstanding. One resident noted that they were so good that she used them in her preparation of her presentations in morning report. Her daily written progress notes were both complete and accurately reflected the considerations and plans of her team.</p>		

Ms. Gopman's medical fund of knowledge was outstanding as demonstrated by the comments made by those that worked with her as well as her performance on the NBME-Medicine exam taken at the end of the clerkship where she performed at the 99th percentile nationally. She has a higher level of understanding disease processes and pathophysiology than most students and asks questions that reflect such high levels of understanding. She is highly self-motivated and performed literature searches on all of her patients in addition to her textbook reading, which resulted in her bringing articles to her team that she had read and even offering many presentations on multiple topics. She is a natural teacher and motivated everyone on her team by her research of important issues relating to the problems they were seeing and presentation of her findings. Her analytical skills are superior and she quickly grasps important inter-relationships between findings on her history, physical exam

Ms. Gopman demonstrated wonderful personal and professional attributes. She was always an integral member of her team and demonstrated a high level of professionalism. She cared greatly for her patients and stayed over night when her team was on call, though this is not a clerkship requirement. It was noted that she would bring up issues of importance in the care of her patients that others did not know about but yet directly impacted her patients' care. She is totally trustworthy, punctual, and wonderful team member. She accepts responsibility and critique well. In summary, Ms. Gopman performed in a truly outstanding fashion during her Medicine Clerkship and for this was awarded a highly deserved final grade of Honors.

Sarah did an outstanding job on her Surgery 720 rotation. Her fund of basic scientific knowledge was considered well above her level of training. Her preceptor noted that she was "intellectually superior to the majority of students at her level, both in knowledge base and analytic skills. Mature, poised, professional - interactive skills superior. Very perceptive and insightful. Thorough, meticulous. Defines learning issues and pursues them independently. Outstanding student in all respects." Her attendings on general surgery said that she was the "best student this year - excellent knowledge base; thorough, meticulous, professional". They went on to say that she is a "strong, intelligent student physician". Her attending in orthopedic surgery remarked that "Sarah was an outstanding student who went to great lengths to offer care and interest in patients. She was enthusiastic and her comments and questions were stimulating. She gave a presentation to me on calcaneal osteotomy that was excellent.

Ms. Gopman was said to be very professional in her history taking. She made excellent presentations of clinical material. Ms. Gopman was able to interface medical concerns with psychiatric illnesses. In developing rapport with patients, she was empathetic yet professional. In her Clinical work Ms. Gopman was professional, thoughtful, concerned, caring, responsible and thorough.

During the required clinical preceptorship (3.5 days per week) Sarah's history-taking and physical exam skills were excellent. Dr. Richard, Sarah's preceptor, noted that Sarah has a "good medical mind" for problem solving. Her oral presentations were informative, and she should continue to work on organization. Her written chart notes were excellent. She performed ancillary tasks (interpreting ECG's, x-rays, lab data, writing prescriptions) at an appropriate level. She worked well with the team and had an excellent relationship with office/clinical personnel. She was eager in participating in patient care outside the office setting (hospital, nursing home, etc.). Her ability to relate with patients and patients' families was excellent. Sarah did self education by researching topics. Her investigation of community resources for family medicine patients and their families was excellent, and her community project was informative. Sarah's knowledge and performance of preventive

health care was outstanding. During patient management rounds (0.5 days per week), Sarah did an excellent job of facilitating discussion and provided great handouts. Dr. Stebbins, the physician facilitator, noted that Sarah's presentations were excellent and that she has a strong knowledge base. She "researched her topics thoroughly," though she "tended to go into a lot of details." Dr. Stebbins noted that Sarah is "really bright" and that her presentations consistently improved throughout the rotation.

In summary, Sarah performed extremely well in the clerkship. She got along extremely well with patients and office personnel, performed excellent histories and physical exams, did self-learning by researching topics, and displayed "great knowledge and performance of preventive health care."

Child Health I

Honors

Spring 1999

Sarah did an outstanding job during her Peds 1 rotation, earning an Honors grade with a very high exam score. Her fund of knowledge and understanding of disease mechanisms, diagnosis and therapeutics were found to be "outstanding," "excellent." She displayed "a fine knowledge base," "read on all her patients," and "incorporated new info easily." Clinical judgment, problem solving and independent decision making were "excellent," "outstanding." She "showed good problem solving skills," "sought out and dealt with problems before they became uncontrollable," and she "anticipates beautifully." History taking was described as "outstanding," "thorough, excellent," "thoughtful, relevant," and "comprehensive." Physical examination was also "outstanding," "excellent," "great and improved through month." Written and oral communications were "outstanding," "excellent." She gave "stellar oral presentations," and "sounds like an experienced attending physician modeling an ideal presentation." She is an "excellent, concise, clear, and organized good communicator." Technical skills and ward procedures were "very good." Sarah's professional attributes (responsibility, ethics, reliability) were "outstanding;" she was "dependable, responsible, professional, always on time," "excellent in all categories." Sarah is "the most thorough, persistent, self-driven med student I have ever seen." Initiative, interest, perseverance and motivation were "outstanding," "excellent--self-motivated." She is "highly motivated, hard working, took initiative." Self-improvement and self-education were "outstanding," "excellent," "great--good initiative." She "works hard to improve skills." She "relates well to patients and families," and is "courteous, kind, respectful of patients and families." Interactions with the healthcare team were "outstanding," "excellent." She is "fun, interesting," has a "good sense of humor," and was "well-liked by all around." Her evaluators concluded: "This med student functioned as an intern. A pleasure to work with. Eager learner, insightful. Sarah was terrific. She has a positive attitude and was always eager to help the team in any way. She will be an excellent house officer. A powerhouse. I've never seen a more determined, hardworking person anywhere. Excellent student. Will be a superb house officer, hopefully in Pediatrics. Intelligent, mature, hardworking."

Obstetrics and Gynecology

Honors

Spring 1999

Sarah combines an excellent bedside manner with intelligence and superb clinical skills. She is a natural to be a physician. Her presentations are outstanding. She followed her patients very closely and is independent in her clinical thinking and a sensitive team player. We would love to recruit her to Ob/Gyn.

SPECIAL ACTIVITIES

Sarah has a strong commitment to providing medical care to underserved individuals. She has volunteered at Salud Medical Clinic in Woodburn, Oregon, serving Spanish-speaking migrant farm workers and their families. Currently, she helps provide medical services to homeless and low-income teens and adults at the Wallace Medical Concern, an urban free clinic.

Sarah is also active in the Family Medicine Interest Group, and received a national Family Medicine Interest Group Leadership Award in 1998 for a project in which medical students visited rural high schools in Oregon to encourage students to consider health careers. During her senior year, Sarah was selected as a student facilitator for Principles of Clinical Medicine, a course for first and second year medical students which addresses issues in patient care, medical ethics, and the patient-physician relationship.

In addition to medicine, Sarah enjoys silversmithing, dance, creative writing, and being active in the Jewish community.

Sarah was elected to **Alpha Omega Alpha**.

SUMMARY

Students at Oregon Health Sciences University School of Medicine are recommended as candidates for postdoctoral training in four categories based upon an evaluation of their overall performance. This final assessment is based on a relative weighting of 33% for performance in the preclinical curriculum and 66% performance in the core clinical clerkships. The categories include: Outstanding (22), Excellent (21), Very Good (20), and Good (20). Following careful consideration by the Residency Advisory committee, Sarah Gopman has been recommended as an Outstanding candidate.

Sincerely,



Molly Osborne, M.D., Ph.D.
Associate Dean for Student Affairs



Edward J. Keenan, Ph.D.
Associate Dean for Medical Education

Student No: [REDACTED]

Date Issued: 02-JUN-03

Record of: SARAH BETH GOPMAN

Page: 1

Course Level: Medical
Matriculated: Fall 1996Degree(s) Awarded: Doctor of Medicine 09-JUN-00
Major(s): Medicine

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	WKS
----------	--------------	------	-----	-----	-----

INSTITUTION CREDIT:

Academic Year 1996-1997

IMED 707A	Basic Life Support	0.50	P	0.00	15
MSCI 611	Gross Anat/Imag/Emb	12.00	NH	24.00	11
MSCI 612	Cell Structure & Function	8.00	S	8.00	11
MSCI 711	Principles of Clinical Med I	4.00	H	12.00	15
MSCI 613	System Processes & Homeostasy	9.00	NH	18.00	11
MSCI 712	Principles of Clinical Med II	4.00	NH	8.00	11
MSCI 614	Biological Basis of Disease	9.00	H	27.00	9
MSCI 713	Principles of Clinical Med II	4.00	H	12.00	11
Total Earned Credits		50.50			

Academic Year 1997-1998

MSCI 622	Circulation	8.00	H	24.00	9
MSCI 624	Metabolism	5.00	NH	10.00	6
MSCI 714	Principles of Clinical Med IV	4.00	H	12.00	15
MSCI 621	Neuroscience & Behavior	8.00	NH	16.00	9
MSCI 623	Blood	4.00	H	12.00	5
MSCI 715	Principles of Clinical Med V	4.00	NH	8.00	12
JCON 717A	Transition to Clerkship	3.00	P	0.00	
MSCI 626	Human Development	6.00	NH	12.00	7
MSCI 716	Principles of Clinical Med VI	4.00	H	12.00	
Total Earned Credits		46.00			

Academic Year 1998-1999

IMED 721	Internal Medicine I	9.00	H	27.00	
JCON 722	Primary Care	9.00	H	27.00	
PSYC 720	Psychiatry	9.00	H	27.00	
SURG 720	Surgery I	9.00	H	27.00	
FAMP 720	Family Medicine	9.00	H	27.00	
IMED 720	General Internal Medicine I	9.00	H	27.00	
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	
JCON 719	Colloquia in Medical Science	2.00	P	0.00	
JCON 720	Child Health I	9.00	H	27.00	
OBYG 720	Obstetrics/Gynecology	9.00	H	27.00	6

***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	WKS
----------	--------------	------	-----	-----	-----

Institution Information continued:					
Total Earned Credits		74.00			

Academic Year 1999-2000

GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	12
INFD 709A	Infectious Disease - OHSU	6.00	H	18.00	4
JCON 721	Child Health II	6.00	NH	12.00	4
PULM 709A	Pulmonary MICU - OHSU	6.00	H	18.00	4
CARD 791A	Electrocardiography	1.00	AUD	0.00	16
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	16
JCON 709T	PCM Peer Teaching	3.00	P	0.00	16
NEUR 721	Neurology	6.00	H	18.00	4
RADD 709A	Radiographic Diagnosis	6.00	H	18.00	4
DERM 709A	Clinical Dermatology	6.00	H	18.00	4
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	12
SURG 721	Surgery II	6.00	H	18.00	4
CARD 709A	Cardiology Consult - Univ Hos	6.00	H	18.00	4
GMED 709C	Community Volunteer Med Clini	0.00	AU	0.00	13
JCON 718	Transition to Residency	3.00	P	0.00	1
Total Earned Credits		54.00			

***** TRANSCRIPT TOTALS *****
 Total Earned Credits 224.50
 ***** END OF TRANSCRIPT *****

OREGON HEALTH & SCIENCE UNIVERSITY



Cherie Honnell
 Director of Financial Aid & Registrar

New Mexico Board of Medical Examiners
Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe NM 87501
(505) 827-5022

RECEIVED

FEB 27 2003

NM BOARD OF
MEDICAL EXAMINERS

POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECT to the New Mexico Board of Medical Examiners, 2nd Floor Lamy Bldg, 491 Old Santa Fe Trail, Santa Fe, New Mexico 87501. Your prompt response will be appreciated.

Name: Sarah Beth Gopman M.D.

Signature

Date (Month/Day/Year)

(DO NOT DETACH)

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that Sarah Gopman, M.D. undertook and satisfactorily completed a full term approved program of 32 months in the University of New Mexico HSC Albuquerque, NM 87131-0001
(number) (Full name and complete address of Hospital)
in the field of Family Practice from 06/23/2000 to 06/30/2003 (Anticipated)
Date: Mo/Day/Yr Date/Anticipated Date

and that this program was approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada. X Yes No

1. Was applicant ever placed on probation, restricted, or limited? Yes X No If yes, please attach written explanation
2. Was there any reason not to continue applicant in the training program? Yes X No
3. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes X No

Ability to practice medicine is to be construed to include all of the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addition and alcoholism.

4. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes X No If yes, please attach written explanation.
5. Were applicant's final evaluations in every category rated satisfactory? X Yes No (If no please attach written explanation.)

Signature of person completing this form

Date

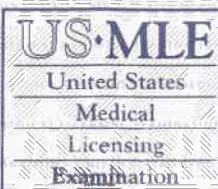
Signature of Notary (if applicable)

Date

My commission expires:

If there is no hospital or notary seal, this form is unacceptable.
Please return this form directly to the address above
Thank you for your cooperation.

New Mexico Board of Medical Examiners



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

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 07/31/2003



New Mexico State Board of Medical Examiners
ATTN: Imelda Gallegos, Applications Manager
Lamy Bldg., Second Floor
491 Old Santa Fe Trail
Santa Fe, NM 87501

Examinee: **Gopman, Sarah**
USMLE ID#: **5-044-993-3**
DOB: **[REDACTED] 1968**
Alt Name(s): **Gopman, Sarah Beth**

Results for all 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. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	6/9/1998	PASS	223	(179)	89	(75)	
STEP2	Test Date	Pass/Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	11/23/1999	PASS	244	(170)	92	(75)	
STEP3	Test Date	Pass/Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
State Board							
NEW MEXICO	6/27/2003	PASS	255	(182)	99	(75)	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

Patent 5636874



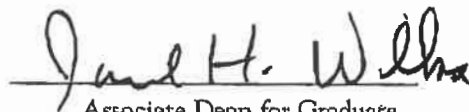
THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Certificate Awarded to

Sarah B Gopman, MD

In recognition of successful completion
of the accredited program as

**Resident in Family Practice
June 2000 - June 2003**

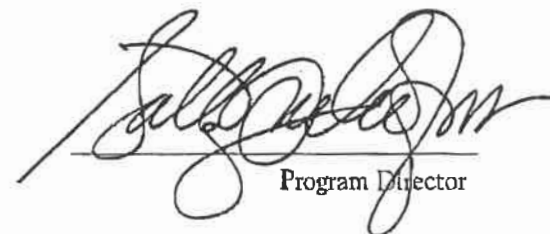


Associate Dean for Graduate
Medical Education

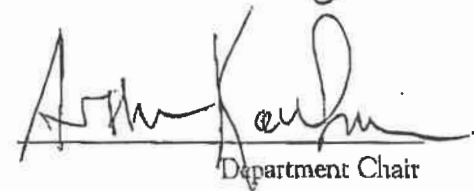


Dean, School of Medicine





Program Director



Department Chair



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Department of Family and Community Medicine
2400 Tucker Ave. NE
Albuquerque, NM 87131-5241
PHONE: (505) 272-2165
FAX: (505) 272-8045

FAX TRANSMITTAL FORM

TO: Barbara

DATE: 8-7-03
FAX #: 505-827-2377
PHONE #: _____

FROM: Sarah Gopman

TOTAL # OF PAGES
2
FAX #: (505) 272-1348
PHONE #: 505-540-7394

INSTRUCTIONS/REMARKS: Residency completion certificate
re. my permanent license application.

IF THERE IS ANY PROBLEM OR QUESTION REGARDING THIS
TRANSMISSION, PLEASE CONTACT THE SENDER AT THE PHONE
NUMBER LISTED ABOVE.

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

Name and Mailing Address:

SARAH BETH GOPMAN MD
3021 MARBLE AVE NE
ALBUQUERQUE NM 87106-2042

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 1968

Birthplace: JEFFERSON CTY, MO UNITED STATES OF AMERICA

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

Practice Specialties Self Designated by the Physician:

Primary Specialty: FAMILY PRACTICE

Secondary Specialty:

AMA membership: NON MEMBER

Following Data Provided by the Primary Sources

Medical School:

OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201 (VERIFIED)

Reported Year of Graduation: 2000 (VERIFIED)

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

Institution: UNIV OF NM SCH OF MED

Specialty : FAMILY PRACTICE

State: NEW MEXICO

06/2000 - 06/2003
(VERIFIED)

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

License(s): State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
NEW MEXICO	MD	06/23/2000	06/30/2003	ACTIVE	RESIDENT	03/10/2003

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

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.

Federal Drug Enforcement Administration:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority 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:

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

Certificate:

Certificate Type:

Effective:

Expiration:

Last Reported:

Note: For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

Additional Information:

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

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

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources
Attn: Physician Profile Unit
515 N. State Street
Chicago, IL 60610
312 464-5199
312 464-5900 (fax)

**The Federation of State Medical Boards
of the United States, Inc**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

April 22, 2003

Attn: Charlotte Kinney
New Mexico State Bd. of Med. Examiners
Lamy Bldg 2nd FL
491 Old Santa Fe Trail
Santa Fe, NM 87501

Re: Board Action Query Dated: April 22, 2003
Your Reference Number:
FSMB Batch Number: BQ786474

The following is a report of the search results from the Board Action Data Bank as of April 22, 2003 for practitioners submitted batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of April 22, 2003

Item	Name	DOB	School	Yr/Grad
5	Gonman, Sarah B	1968	038010	2000



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

Office of the Associate Dean for Graduate Medical Education

2000R40

2003-0539

RECEIVED
MAY 04 2000
NM BOARD OF
MEDICAL EXAMINERS

April 26, 2000

Livingston Parsons, Jr., MD
President
Board of Medical Examiners
491 Old Santa Fe Trail
Second Floor, Lamy Bldg
Santa Fe, N.M. 87501

RE: Sarah Gopman, MD

Dear Dr. Parsons

The above mentioned physician will be serving a residency at the University of New Mexico Health Sciences Center in the department of Family Practice from 06/23/2000 through 06/30/2001.

Please issue a training license for that period.

Sincerely,

Joe Sparkman
Program Manager
Graduate Medical Education

2
1
5
4

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150

NEW MEXICO BOARD OF MEDICAL EXAMINERS

APPLICATION FOR POST GRADUATE TRAINING LICENSE



06/23/2000 - 06/30/2001

Personal Information:

Name: Gopman, Sarah B.
Last First MI Maiden
Social Security Number: [REDACTED]
Birth Date: 1/68 Place of Birth: Jefferson City, Missouri Country: USA
Address: [REDACTED] Zip Code: 97219
Telephone: (503) [REDACTED] Home Phone: (503) [REDACTED]

Medical School Information:

School Attended: Oregon Health Sciences University
Address: 3181 SW Sam Jackson Park Road, L102 Portland, OR
Street City State Zip Code
Country: USA Date of Graduation: 06/09/00

National Examination: Indicate Which Applies, If None Check None.

USMLE	<input checked="" type="checkbox"/>	FLEX	<input type="checkbox"/>
National Boards	<input type="checkbox"/>	LMCC	<input type="checkbox"/>
ECFMG	<input type="checkbox"/>	State	<input type="checkbox"/>
SPEX	<input type="checkbox"/>	None	<input type="checkbox"/>

Are you licensed in any other state or states? Yes ☐ No ☒ (If yes, list states and corresponding license numbers).

State/Province	License Number	Date Issued (MM/DD/YY)

Field(s) of Post Graduate Training: Family Medicine

Current year of Post Graduate Training: 1

Hospital(s) where training will be conducted in NM: UNM Affiliated Hospitals, Albuquerque, N.M.

Date of entry into post graduate program in New Mexico: 06/23/00

Length of post graduate program: three yrs. Location: UNM Affiliated Hospitals

1. Are you at the present time known by any other name? If so, what name? N/A
2. Have you been licensed under another name(s)? If so, what name(s)? N/A
3. Have you during the past five (5) years been treated for mental illness?
Hospitalized for mental illness? Yes ☐ No ☒
4. Do you have a physical impairment that would affect you ability to practice medicine? Yes ☐ No ☒
5. Have you ever been denied a license by or withdrawn an application for a license from a state licensing board? Yes ☐ No ☒
6. Has any state licensing board started disciplinary action against your license? Yes ☐ No ☒
7. Have you ever resigned or withdrawn your application from a hospital staff or professional medical group? Yes ☐ No ☒
8. Have your hospital privileges ever been revoked or withdrawn for any reason? Yes ☐ No ☒
9. Has disciplinary action ever been started against you by a hospital staff, county medical society, HMO, PPO, IPA or PRO? Yes ☐ No ☒
10. Have you surrendered hospital privileges after disciplinary cases or investigations were started? Yes ☐ No ☒
11. Have you, during the past five (5) years, had personal or legal problems with narcotics, alcohol or other dangerous drugs? [REDACTED]
12. Have you ever been charged with a violation of a federal, state or local statute? Yes ☐ No ☒
13. Have you had a malpractice settlement or judgement against you? Yes ☐ No ☒
14. Do you have any malpractice or medically related claims or lawsuits pending against you? Yes ☐ No ☒

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS,
YOU MUST SUBMIT A WRITTEN EXPLANATION ON A SEPARATE PAGE.

AFFIDAVIT

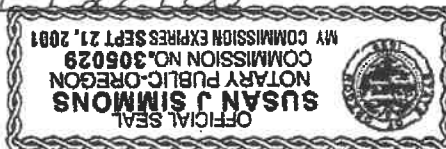
I certify that the information I have provided is correct, and that any changes of my address, telephone number(s) and changes of status in the post graduate training program shall be provided to the New Mexico Board of Medical Examiners through the University of New Mexico Medical School.

Signature [Signature]

Date 04/22/00

Notarized By: Susan J. Simmons

Notary Expiration Date: 09/21/01



For Board Use Only

Approved By: [Signature]
Signature of Secretary/Treasurer

5/9/00
Date

Resident Number: _____

New Mexico Interim Permit Number: _____

1/1
Date

Revised 2/2000



Mohler, Barbara L., BME

✓ 2003-0539

From: Sarah Gopman [REDACTED]@gmail.com]
Sent: Wednesday, June 27, 2012 1:53 AM
To: explain, med, BME
Subject: Information Regarding Notice of Intent to File Claim

Since my last NM Medical License renewal three years ago, I have been notified of two tort claims against the University of New Mexico from patients with whom I, among many other physicians, was involved in care, however I believe the claims resulted from perceived harm related to procedures performed in both cases, and in neither case was the procedure performed by me.

I received notice of the first intent to file a claim on 11-19-09, involving a patient named [REDACTED], a woman who I believe is in her early 30s (access to her medical record for verification of her age is not permitted due to the claim). I diagnosed her with pregnancy on 2-10-09. She had no vaginal bleeding or cramping at that time and was scheduled for a routine first trimester ultrasound, which was subsequently performed by another physician, noting an intrauterine pregnancy. Several days later on 3-15-09 the patient presented to the University of New Mexico Hospital ER with abdominal pain, was diagnosed with a heterotopic pregnancy (one in the uterus and one in the fallopian tube), had a surgery to remove the ectopic gestation, miscarried the intrauterine pregnancy, and was taken back to the OR on 3-20-09 for an exploratory laparotomy due to abdominal distention and pain, however only ascites of unknown etiology was found. I did not perform any of these procedures. The next time I saw her after the positive pregnancy test was on 5-12-09, when the patient complained of ongoing abdominal pain following her surgeries, but had an unremarkable exam, and an abdominal ultrasound was ordered, which was normal. The patient did not return for follow up with me as scheduled and also did not keep a follow up appointment with the ob/gyn team who had performed her surgeries. She evidently was seen at Lovelace some time later and had another surgery which sounds like it was a lysis of adhesions on 8-3-09 due to ongoing abdominal pain. The following physicians were also mentioned in the attorney's letter of intent to file a claim: Sharon Phelan, Christina Ring, Riana Mariah North, Naomi Swanson, Michelle Diaz, Sarah Linn Hammill, Matthew Brennan, and Betsy Taylor. I do not know the outcome of the notification regarding intent to file a claim, but have never been called on for subpoena or to testify, and have received no additional requests for information since the first notification.

I received notice of the second intent to file a claim on 5-31-12 regarding a patient named [REDACTED] a 34 year old woman whom I diagnosed with a 9 week twin gestation on 3-7-12. She subsequently was seen in OB Triage at University of New Mexico Hospital several times with vaginal bleeding, and was informed of the concern that she might lose the pregnancy, and that this was not preventable. For one of those visits, I was consulted regarding management, and as the pregnancy was desired and the patient was hemodynamically stable with light vaginal bleeding, expectant management was recommended. She returned to OB Triage several days after the time I was consulted, and was noted to have heavier bleeding and a dilated cervix, so was admitted for management of miscarriage with known placenta previa, which had been diagnosed later in the pregnancy at a follow up ultrasound. I was not involved with that hospitalization, however the patient was admitted for expectant management per her preference (she evidently declined D&C), and miscarried the fetuses at 15 weeks gestational age. She evidently had a postpartum hemorrhage which required resuscitation, including intravenous pressors administered by the anesthesiologist, and I believe she had local injury to tissue in her hand which was possibly from infusion of the pressor through a peripheral line because a central line was not available at the time. Again, I was not involved at all in that hospitalization. No specific physicians were mentioned in the attorney's letter of intent to file a claim, however the notice was sent to 45 different clinicians at the hospital, of which I was one. I have not been contacted for any further information and do not know the status of the claim currently.

Sincerely,
Sarah Gopman, MD

	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>UPDATE DATE</u>
Gopman, Sarah B			
2003-0539	Since your last renewal, has your application for licensure in any jurisdiction been investigated or denied, or are any current applications pending investigation or being challenged?	N	6/29/2006
	Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature	N	6/29/2006
	Since your last renewal, have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	N	6/29/2006
	Since your last renewal, have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for medical records?	N	6/29/2006
	Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?	N	6/29/2006
	Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?	N	6/29/2006
	Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	6/29/2006
	Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	6/29/2006
	I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.	Y	6/29/2006
	Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?	N	6/29/2006
	Since your last renewal, have you been denied professional liability insurance coverage?	N	6/29/2006
	Have you been treated for mental or significant medical illness during the past five years? If yes, please have your treating physician provide the NM Medical Board with a letter regarding your diagnosis and treatment.	N	6/29/2006
	Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	N	6/29/2006
	Since your last renewal, have you been reported to the National Practitioner Data Bank?	N	6/29/2006
	Clinic(s):	5	6/29/2006
	Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have you been named as a defendant in any criminal proceedings or subject to investigation by a governmental entity that could result in sanctions or licensure adverse actions?	N	6/29/2006
	Since your last renewal, have you been involved in a settlement, medical malpractice claim or suit, or have you received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a seperate sheet of paper each case. <p> . Name, age, sex of patient/claimant. . Date(s) and type of treatment and/or surgery, which led to the allegations against you. . Nature of allegations in claims/suits. Specify whether a suit was ever filed. . Names of other practitioners and hospitals, if any, involved in claims or suit. . Disposition or current status of claim or suit (be specific). . Name of Insurance carrier defending you. . Name of defense attorney.	N	6/29/2006
	Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (If you are currently a voluntary participant in a Board approved monitoring program you may answer "No")	N	6/29/2006
	Since your last renewal, have any complaints been filed against you with any licensing agency?	N	6/29/2006
	Since your last renewal, has your license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, denied or are any currently held licenses pending investigation or being challenged?	N	6/29/2006
	Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	6/29/2006
	City(s)/Town(s):	3	6/29/2006
	If you practice in New Mexico please indicate number of work location(s): Office(s):	5	6/29/2006
	Hospital(s):	1	6/29/2006
	Rural:	1	6/29/2006
	Other:	Not	6/30/2006

1/7/2014

Gopman, Sarah B

QUESTION TEXT	ANSWER	UPDATE DATE
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	6/15/2009
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	6/15/2009
1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	6/15/2009
2. Since your last renewal have you been denied professional liability insurance coverage?	N	6/15/2009
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	6/15/2009
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	6/15/2009
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	6/15/2009
7. Have you ever been named as a defendant in any criminal proceedings?	N	6/15/2009
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	6/15/2009
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	6/15/2009
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	6/15/2009
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	6/15/2009
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	6/15/2009
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	6/15/2009
21. If yes do you hold Lifetime Certification?	N	6/15/2009
22. If yes do you hold Time Limited Certification?	Y	6/15/2009
12. b. Are any currently held licenses pending investigation or being challenged?	N	6/15/2009
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	6/15/2009
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	6/15/2009
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet of paper for each case. . Name, age, sex of patient/claimant. . Date(s) and type of treatment and/or surgery, which led to the allegations against you. . Nature of allegations in claims/suits. Specify whether a suit was ever filed. . Names of other practitioners and hospital, if any, involved in claims or suit. . Disposition or current status of claim or suit (be specific). . Name of insurance carrier defending you. . Name of defense attorney.	N	6/15/2009
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	6/15/2009
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	6/15/2009
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	6/15/2009
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment.	N	6/15/2009

	<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
Gopman, Sarah B	2003-0539				
1.		Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	6/27/2012	
2.		Since your last renewal have you been denied professional liability insurance coverage?	N	6/27/2012	
3.		Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	6/27/2012	
4.		Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	6/27/2012	
5.		Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	6/27/2012	
6.		Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	6/27/2012	
7.		Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	6/27/2012	
8.		Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of	N	6/27/2012	
9.		Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either form: N	N	6/27/2012	
10.	a.	Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical rec	N	6/27/2012	
10.	b.	Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	6/27/2012	
11.		Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	6/27/2012	
12.	a.	Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	6/27/2012	
12.	b.	Are any currently held licenses pending investigation or being challenged?	N	6/27/2012	
13.		Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	6/27/2012	
14.		Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there cu	N	6/27/2012	
15.		Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the follow	Y	6/27/2012	
16.		Since your last renewal have you been reported to the National Practitioner Data Bank?	N	6/27/2012	
17.		Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	6/27/2012	
18.		In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected	N	6/27/2012	
19.		I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	6/27/2012	
20.		Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	6/27/2012	
21.		If yes do you hold Lifetime Certification?	N	6/27/2012	
22.		If yes do you hold Time Limited Certification?	Y	6/27/2012	

Gopman, Sarah B

Medical Doctor

2003-0539

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	06/08/2015
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/08/2015
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/08/2015
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/08/2015
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/08/2015
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	06/08/2015
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	06/08/2015
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	06/08/2015
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	06/08/2015
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	06/08/2015
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/08/2015
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	06/08/2015
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	06/08/2015
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/08/2015
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/08/2015
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	06/08/2015
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	06/08/2015
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/08/2015
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		06/08/2015
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and		06/08/2015
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	06/08/2015
19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration.	Y	06/08/2015
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	06/08/2015