

May 20, 2016

Shana Melody Miles, MD
5750 Bou Ave #1304
Rockville MD 20852

Dear Dr. Miles:

Our office is in receipt of your application for a Physician license. A review of your file indicates the following is needed to complete your application:

✓ Certification of Post-Graduate Medical Education form completed by the program director after completion of one year of the program. We did receive the PGE from Walter Reed but the dates were from 7/1/12 to 6/30/12 and it wasn't signed by the current program director. Please have a new one filled out and mailed back to me.

Section III #4 and #5 were not answered. Please provide your answers.

✓ #4: Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?

#5: Have you ever been allowed to withdraw your staff privileges from a hospital or institution?

We have received your fingerprint cards. They have been sent to the Nebraska State Patrol for processing. Therefore, the criminal background check has not been completed.

If you have not done so already, please make sure that you have paid the \$28.75 fee to the Nebraska State Patrol for processing. **Please be aware that standard processing time is 8-10 weeks for the background check. Please refrain from contacting the Patrol regarding status of prints.**

A final review of your application for licensure eligibility will not occur until the above referenced materials are received. All supporting documentation required to complete your application must be submitted within 150 days of the date of this letter. If such documentation is not submitted within this time, your application and supporting documentation will be destroyed and a refund will be processed, less the administrative fee of \$25.00.

Sincerely,

Heidi A Weiland, Specialist
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
402-471-2118
Heidi.Weiland@Nebraska.gov

Weiand, Heidi

From: S Miles <smiles8642@gmail.com>
Sent: Friday, May 20, 2016 3:04 PM
To: Weiand, Heidi
Subject: RE: Nebraska Physician Application

For questions 4/5 answers are both no.

The program director was different during my intern year, do you want my current program director to sign the form?

Thank you for your help.

From: Weiand, Heidi
Sent: 5/20/2016 3:58 PM
To: 'smiles8642@gmail.com'
Subject: Nebraska Physician Application

Please find attached deficiency letter

Thank you-

*Heidi Weiand
Health Licensing Specialist
Licensure Unit
PO Box 94986
Lincoln NE 68509
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📠 402-742-8355*