



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
**ELISABETH JOAN WOODHAMS**

**License No:**  
**MD449067**

**3119580\_LIC\_1\_06/14/2013**

MD449667

(01/2013)

<b>Regular Mailing Address</b> STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-762-1400/717-767-2381 Email: <a href="mailto:st-medicine@pa.gov">st-medicine@pa.gov</a>		<b>Courier Delivery Address</b> STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110	
<b>APPLICATION FOR A LICENSE TO PRACTICE MEDICINE          WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED          MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)</b>			
Submit the \$35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." <b>FEES ARE NOT REFUNDABLE.</b> Check or money order must be in U.S. funds. Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.			
<b>TO BE COMPLETED BY APPLICANT</b> 327481 (Please print or type)			
NAME:	Last Woodhams	First Elisabeth	Middle Joan
ADDRESS:	Street [REDACTED]		
City Chicago	State Illinois		ZIP 60618
DATE OF BIRTH:	Month [REDACTED] Day [REDACTED] Year [REDACTED]	SOCIAL SECURITY NUMBER: [REDACTED]	
EMAIL ADDRESS:	[REDACTED]@mail.com		
PHONE NUMBER:	[REDACTED]		
If your medical/licensure records are listed under another name or names, please list below:			
APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?	<input type="checkbox"/> YES - LICENSE NO. _____		<input checked="" type="checkbox"/> NO

MAY 9 2013

(01/2013)

APPLICATION FOR UNRESTRICTED LICENSE - AMERICAN														
NAME OF APPLICANT:		Last Woodhams			First Elisabeth			Middle Joan						
NAME & ADDRESS OF MEDICAL SCHOOL														
1. NAME OF MEDICAL SCHOOL:		University of Arizona College of Medicine												
ADDRESS OF SCHOOL:		1501 N. Campbell Ave, Tucson AZ 85724												
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:		Month	Day	Year
			8	25	2003		5	11	2007			5	11	2007
2. NAME OF MEDICAL SCHOOL:														
ADDRESS OF SCHOOL:														
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:		Month	Day	Year
EXAMINATION INFORMATION														
CHECK LICENSING EXAMINATION(S) PASSED:		<input type="checkbox"/> FLEX		STATE WHERE TAKEN			DATE TAKEN							
							COMPONENT 1: _____							
							COMPONENT 2: _____							
		<input type="checkbox"/> NATIONAL BOARD		PART I:		PART II:		PART III:						
		<input checked="" type="checkbox"/> USMLE		STEP 1: passed		STEP 2: passed		STEP 3: passed						
		<input type="checkbox"/> LMCC - CANADIAN												
		<input type="checkbox"/> STATE BOARD		INDICATE STATE WHERE TAKEN: _____										
ACGME POST GRADUATE TRAINING														
PGY 1 HOSPITAL:		Boston University Medical Center				FROM: (MM/DD/YYYY) 07/01/2007		TO: (MM/DD/YYYY) 06/30/2011						
PGY 2 HOSPITAL:						FROM: (MM/DD/YYYY)		TO: (MM/DD/YYYY)						
Other HOSPITAL:						FROM: (MM/DD/YYYY)		TO: (MM/DD/YYYY)						
Other HOSPITAL:						FROM: (MM/DD/YYYY)		TO: (MM/DD/YYYY)						

IF YOU NEED TO LIST ADDITIONAL POST GRADUATE TRAINING, PLEASE MAKE COPIES OF THIS FORM.

MAY 9 2013

(01/2013)

**LEGAL QUESTIONS**

You must answer the following questions.

If you answer "YES" to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in any jurisdiction? <u>If yes, list the jurisdiction(s) here:</u> State of Illinois	X	
2.	Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		X
3.	Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		X
4.	Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
5.	Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6.	Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7.	Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8.	Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <b>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Pennsylvania Department of State Professional Health Monitoring Program.</b>		
9.	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u> , <u>filing date</u> , and the <u>date you were served</u> .		X

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant

Elisabeth J. Woodhams, MD

Printed Name of Applicant

Date

MAY 9 2013

ACGME  
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(01/2013)

327481

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING (Graduates of American/Canadian Medical Schools)							
SECTION 1 - TO BE COMPLETED BY APPLICANT							
NAME:		Last Woodhams		First Elisabeth		Middle Joan	
1.	If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.						
2.	Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.						
3.	Effective immediately, ALL applicants will be required to submit verification of any and all U.S. or Canadian postgraduate training completed (including ACGME or non-ACGME accredited). This is in addition to verifying the required PGY1 and PGY2 listed above. <u>Until all postgraduate training has been verified, the application will be considered incomplete and a license will NOT be issued.</u>						
4.	If training was completed at more than one hospital, duplicate this form and submit to each hospital.						
SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED							
If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.							
HOSPITAL WHERE TRAINING WAS COMPLETED:				Boston Medical Center			
NAME OF SPONSORING INSTITUTION:				Boston Medical Center			
LOCATED IN:		CITY Boston		STATE MA		ACGME ACCREDITED	
PGY LEVEL 1	FROM (MM/DD/YYYY) 07/01/2007	TO (MM/DD/YYYY) 06/30/2008	SPECIALTY Obstetrics and Gynecology			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
PGY LEVEL 2-4	FROM (MM/DD/YYYY) 07/01/2008	TO (MM/DD/YYYY) 06/30/2011	SPECIALTY Obstetrics and Gynecology			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.</p> <p>If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.</p>							
Signature of Program Director				Date 4/29/2013			
(Seal)				Notary Signature Sherrill D. Tarnell			
				Notary Commission Expiration Date: 9/13/2013			
<b>Regular Mailing Address:</b> STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1800/717-787-2381				<b>Courier Delivery Address:</b> STATE BOARD OF MEDICINE 2801 NORTH THIRD STREET HARRISBURG, PA 17110			

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

MAY 3 2013

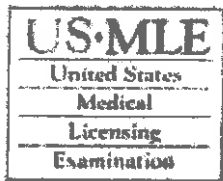
REC'D DIRECT

(01/2013)

327481

PENNSYLVANIA STATE BOARD OF MEDICINE												
VERIFICATION OF MEDICAL EDUCATION												
For Graduates of American/Canadian Medical Schools												
SECTION 1 - TO BE COMPLETED BY APPLICANT												
NAME:	Last	WOODHAM S			First	ELISABETH			Middle	JOAN		
NAME OF MEDICAL SCHOOL:		UNIVERSITY OF ARIZONA										
LOCATION:		TUCSON, AZ, USA										
Submit the verification of medical education form to your medical school and request that it be returned to the Board in an official school envelope.												
SECTION 2 - TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL												
NAME OF MEDICAL SCHOOL:		UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE										
NAME OF MEDICAL STUDENT:		Last	WOODHAM S			First	ELISABETH			Middle	JOAN	
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:					Month	07		Day	28		Year	2003
DATE OF GRADUATION:					Month	05		Day	12		Year	2007
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT												
SIGNATURE OF DEAN/REGISTRAR:					Glenn Thompson							
DATE:		Month	4		Day	24		Year	2013			
(Seal of School)					<p>Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.</p> <p><b>DO NOT RETURN THIS FORM TO THE APPLICANT</b></p>							
<p>Regular Mailing Address: STATE BOARD OF MEDICINE P.O. BOX 2849 HARRISBURG, PA 17105-2849 717-763-1400/717-787-2381</p>					<p>Courier Delivery Address: STATE BOARD OF MEDICINE 200 NORTH THIRD STREET HARRISBURG, PA 17101</p>							

APR 29 2013



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Dallas, TX 76039-3856 -- Telephone (817) 868-4000

Date: 04/15/2013

**Recipient:**

Pennsylvania State Board of Medicine  
ATTN: Tammy Dougherty  
2601 N Third Street  
Harrisburg, PA 17110

Examinee: Woodhams, Elisabeth  
Alt Name(s): Woodhams, Elisabeth Joan

Examinee ID#: 5-157-832-6  
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1					
	Test Date	Pass/Fail	Total	MP	Comments
	06/14/2005	Pass	206	(182)	
USMLE STEP 2					
Clinical Knowledge (CK)	Test Date	Pass/Fail	Total	MP	Comments
	07/26/2006	Pass	229	(182)	
Clinical Skills (CS)*	Test Date	Pass/Fail	Total	MP	Comments
	04/26/2007	Pass			
USMLE STEP 3					
MASSACHUSETTS	Test Date	Pass/Fail	Total	MP	Comments
	06/08/2010	Pass	226	(187)	

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

APR 16 2013

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

CDS

v051221

26551179

Page 1 of 2

**ELISABETH J. WOODHAMS MD**

Chicago IL 60618 | | @gmail.com

**EDUCATION**

Trinity College

Hartford, CT

B.S. Honors in Neuroscience

May 2003

Thesis: fMRI Study of Anatomical Changes in Obsessive Compulsive Disorder Before and After Cognitive Behavioral Therapy

University of Arizona College of Medicine

Tucson, AZ

Doctor of Medicine

May 2007

University of Chicago

Chicago, IL

Masters of Science for Clinical Professionals

June 2011 - present

**TRAINING**

Boston University Medical Center, Boston MA

Administrative Chief Resident

March 2010 – June 2011

Residency Training Program

June 30 2007 – June 30 2011

University of Chicago, Chicago IL

Fellow, Family Planning

July 1 2011 – present

Physicians for Reproductive Health and Choice

Fellow, Leadership Training Academy

August 2012 – present

**LICENSURE**

Licensed Physician and Surgeon, State of Illinois (License No. 036.127467)

Licensed, Controlled Substance IIN, II, III, IV, V, IIIN (License No. 336.088745)

USMLE Step 1, Steps 2CS and CK, Step 3 passed

Active Candidate, ABOG Written Exam passed

**HONORS**

Best Overall Resident - Medical Student Teaching Award, Boston University School of Medicine

June 2010, June 2011

Medical Student Teaching Award, Boston University School of Medicine

June 2008, June 2009, June 2010, June 2011

Gold Humanism Award, Boston University School of Medicine

May 2009

Alvin T. Kirmse, M.D. Award for Excellent in Obstetrics and Gynecology,

University of Arizona College of Medicine

May 2007

The Neuroscience Prize, Trinity College

May 2003

Long Walk Scholars Award, Trinity College

May 2003

Faculty Honors, Trinity College

May 2000, May 2001, May 2002, May 2003

**RESEARCH**

Fellowship in Family Planning, University of Chicago

Understanding African American adolescent males' perception of responsibility in pregnancy prevention:  
a mixed methods study

Society of Family Planning funded grant, \$70,000 (0% salary support)

Reproductive health correlates of unwanted first sexual experience in young men

Society of Family Planning funded grant, \$30,000 (0% salary support)

MAY 9 2013



Department of Anthropology, Trinity College  
Research Assistant

May – July 2004

Examined impact of road construction on disease transmission in small villages in Ecuador as part of a five-year, \$2 million NIH sponsored grant. Duties included extensive literature searches, project organization, and abstract and short paper writing.

## POSTERS

*Rates of Intrauterine Device Discontinuation After Abortion vs. Interval Placement*  
Woodhams E., Borgatta L. Poster presentation; Association of Reproductive Health Professionals, Atlanta, GA

September 2010

*Tuboovarian Abscess after Hysteroscopy in a Patient with Preexisting Endometriomas*  
Woodhams E., Irisari L. Poster presentation; 27<sup>th</sup> Global Congress of Minimally Invasive Gynecology, Las Vegas, NV

November 2008

*Behavior Therapy for Medication Nonresponders with Obsessive Compulsive Disorder*  
Tobin, D., Woodhams E. Poster presentation; Association for Advancement of Behavioral Therapy, Reno NV

November 2002

## PUBLICATIONS

Woodhams, E, Gilliam M. (2012). Barrier Methods. Contraception for Adolescent and Young Adult Women. Gilliam M, Whitaker AK. Springer Publishing. NY. 1<sup>st</sup> edition. In publication.  
Woodhams E, Gilliam M. Contraception. Annals of Internal Medicine. 2012 Oct;157(7):ITC4-1.

## REFEREED PRESENTATIONS

Woodhams EJ, Cosey-Gay F, Mistretta S, Martins S, Gilliam MG (2013). Understanding African American adolescent males' responsibility for pregnancy prevention: a focus group study. 2013 North American Forum on Family Planning. Seattle, WA.

Woodhams E, Holmquist S. (2013). "Systems Based Practice – the reproductive health clinic as a teaching tool." 2013 Association of Professors of Obstetrics and Gynecology Martin L Stone, MD Faculty Development Seminar. Maul, HI.

## LECTURES AND PRESENTATIONS

"Election 101: Health Care Reform, Clinical Practice Legislation, and Why you still need to vote (even in Illinois)," *Grand Rounds, Dept OB/GYN University of Chicago* October 2012  
"Disparities in Teen Reproductive Health," Pritzker School of Medicine, University of Chicago July 2012  
"Abortion: Jeopardy," & "Pain Management & Abortion," *TEACH II, Dept OB/GYN, Stritch School of Medicine Loyola University* March 2012  
"Contraception Basics: Jeopardy," *TEACH I, Dept OB/GYN, Stritch School of Medicine, Loyola University* October 2011, 2012  
"Feticide and Second Trimester Abortion," *Grand Rounds, Dept OB/GYN, Boston Medical Center* May 2010  
"Sharing the Burden: Male Hormonal Contraception," *Grand Rounds, Dept OB/GYN, Boston Medical Center* April 2010  
"Management of Retained Placenta in Second Trimester Abortion" *Grand Rounds, Dept OB/GYN Boston Medical Center* March 2009  
"The History of Abortion," *Grand Rounds Dept OB/GYN, Boston Medical Center* February 2009  
"Abortion for Labor and Delivery Nurses," *Dept of Nursing, Boston Medical Center* February 2009  
"Second Trimester Abortion" *Medical Students for Choice Annual Meeting, St Louis, MO* November, 2008

## TEACHING

MAY 9 2013

## Pritzker School of Medicine

*"Reproductive Health: Clinical and Public Health Aspects of Contraception and Abortion:" pre-clinical elective for medical students*

Course co-instructor

March 2012 – June 2012

## Medical Students for Choice

National Coordinator, Western Region

Student Advisory Council

Board of Directors

Committee for Development of Strategic Plan

Organizer of Regional Meeting

Regional Coordinator

School Coordinator

June 2003 – May 2007

May 2006 – May 2007

May 2005 – May 2007

May 2006 – May 2007

November 2006

May 2005 – May 2006

May 2004 – May 2005

## EXPERIENCE

## American Congress of Obstetricians and Gynecologists, Washington, DC

## LARC Fellow, Advocacy Division

September 2012

Worked on promoting long-acting reversible contraception advocacy. Duties included blogging, visits with legislators on the hill regarding LARC coverage, reviewing professional education documents, attending committee meetings, and collecting information regarding state Medicaid coverage of LARC devices.

## Medical Students for Choice, University of Arizona College of Medicine

## Research Committee

August 2006 – May 2007

Analyzed data from 2006 National Annual meeting of Medical Students for Choice to determine if medical students interested in obstetrics and gynecology change their intent to provide abortions after the conference.

## Arizona Family Planning Council, Phoenix, AZ

## Research Assistant

May 2004 – July 2004

Designed and implemented survey regarding EC supply and provision by all Arizona pharmacies. Duties included literature search, survey construction, pharmacy communication and paper writing.

## SERVICE

## Medical Students for Choice

National Coordinator, Western Region

Student Advisory Council

Board of Directors

Committee for Development of Strategic Plan

Organizer of Regional Meeting

Regional Coordinator

School Coordinator

June 2003 – May 2007

May 2006 – May 2007

May 2005 – May 2007

May 2006 – May 2007

November 2006

May 2005 – May 2006

May 2004 – May 2005

## Medical Students at Planned Parenthood, University of Arizona College of Medicine, Tucson, AZ

## Student Volunteer

August 2003 – May 2007

Attended abortion clinics twice a month at local Planned Parenthood. Acted as patient advocate, attended informed consent session, conducted lab work, assisted procedure and supported the recovery room.

## LANGUAGES

English – native language

Spanish – speak with proficiency

MAY 9 2013

**ELISABETH J. WOODHAMS**

**PAGE 4**

**MEMBERSHIPS**

ACOG Junior Fellow

SFP Junior Fellow

ARHP



## WOODHAMS, ELISABETH JOAN - SELF-QUERY RESPONSE

### A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: WOODHAMS, ELISABETH JOAN  
Date of Birth: [REDACTED] Gender: FEMALE  
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)  
Work Address: [REDACTED] CHICAGO, IL 60618  
Social Security Number: [REDACTED] NPI: 1235304403  
License: PHYSICIAN (MD), 036.127467, IL, OBSTETRICS & GYNECOLOGY  
Professional School(s): UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE (2007)  
BOSTON UNIVERSITY MEDICAL CENTER (2011)  
UNIVERSITY OF CHICAGO (2013)

### B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]  
NPDB Charge: \$8.00\* NPDB Bill Reference Number: N31030727  
HIPDB Charge: \$8.00\* HIPDB Bill Reference Number: H31030727  
\* Each charge will appear separately on your credit card statement.  
Transaction Date: 04/30/2013 Additional Paper Copies Requested: 0

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 04/30/2013

#### The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- No Reports Found -----

the DataBank

P.O. Box 10832  
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

5500000081367135  
Process Date: 04/30/2013  
Page: 1 of 1

To: WOODHAMS, ELISABETH JOAN

CHICAGO, IL 60618

From: National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank  
Re: Response to Your 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 and Section 1921 of the Social Security Act and the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

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.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity.

Section 1128E of the Social Security Act was established by Section 221 (a) of Public Law 104-191, The Health Insurance Portability and Accountability Act of 1996, as amended. This legislation established the HIPDB to combat fraud and abuse in 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. The HIPDB collects and releases 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.

Regulations governing the NPDB are codified at 45 CFR part 60 and Section 1921 and the HIPDB are codified at 45 CFR part 61. Responsibility for operating the NPDB resides with the U.S. Department of Health and Human Services, Health Resources Services Administration, Division of Practitioner Data Banks. Responsibility for operating the HIPDB resides with the U.S. Department of Health and Human Services, Office of Inspector General, and the Health Resources Services Administration, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment affiliation, contracting or licensure decisions. NPDB/HIPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a Federal or State health plan and an adverse licensure action). The NPDB-HIPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB and HIPDB 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 and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-8732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

MAY 9 2013

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**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

Pat Quinn  
Governor

2013 MAY 28 PM 2 41  
Manuel Flores  
Acting Secretary

Jay Stewart  
Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

Board of Medicine  
P O Box 2649  
Harrisburg PA 17105-2649

Licensee: ELISABETH J WOODHAMS  
License Number: 036.127467  
Profession: LICENSED PHYSICIAN AND SURGEON  
Date of Issuance: 04/05/2011  
Expiration Date: 07/31/2014  
License Status: ACTIVE  
License Method: ACCEPT EXAM-USMLE  
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



  
Jay Stewart #7

Director

Division of Professional Regulation

 May 22, 2013  
Date

Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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**

June 13, 2013

Pennsylvania State Board of Medicine  
Attn: Tammy Dougherty  
PO Box 2649  
Harrisburg, PA 17105

Re: Board Action Query Dated: June 13, 2013  
Your Reference Number: TSH  
FSMB Batch Number: BQ2276463

The following is a report of the search results from the Board Action Data Bank as of June 13, 2013  
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of June 13, 2013

Item	Name	DOB	School	Yr/Grad	Request ID
3	MORTON, TIFFANY LYNN		021020	2007	26752087
LICENSE HISTORY State Board NORTH CAROLINA					
2	WOODHAMS, ELISABETH JOAN		003010	2007	26752085
LICENSE HISTORY State Board ILLINOIS MASSACHUSETTS					
1	YORK, DANIELLE MARIE		021020	2010	26752083
LICENSE HISTORY State Board No License Information Available					

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.



Person Info

Name: ELISABETH JOAN WOODHAMS

Address Info

Street Address: [REDACTED]

Email: [REDACTED]@GMAIL.COM

Phone [REDACTED]

Fax [REDACTED]

City: Boston

State: MA

Zipcode: 02130

Country: 82

County: Suffolk

Are you submitting a name change with this renewal?

N

Have you met your current CE requirements?

Y

Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

Y

Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?

Y

If you answered yes to the above questions, please provide the profession and state or jurisdiction.

Massachusetts, Illinois

Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?

N

Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

N

Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?

N

Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.

N

Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

N

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?

N

Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

N

Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

N

Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

N

Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?

If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?

Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?

Y

If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:

Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?

N

If you answer "No", please provide an explanation or reason for an exemption request.

not currently practicing in PA

Date Submitted: Tuesday, November 25, 2014

Education Info

No education records

Employment Information

No employment records



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