

149617

State Medical Board of Ohio

med.ohio.gov 30 E. Broad St., 3rd Floor · Columbus, OH 43215-6127 · (614) 466-3934

Ohio Physician Licensure Application

1. Indicate License Type M.D. D.O. M.D. Telemedicine D.O. Telemedicine

2. Name: Indicate your full legal name. Please list any maiden names or other names used.

Last	First	Middle	Suffix
Hinchcliffe	Natalie	Eileen	
Maiden Name	All other names used		

3. Contact Information: Please complete all sections

Indicate which address you wish to use for mailings from the Medical Board. Practice Address Home Address

Practice Address

Street 1	2500 metroHealth Dr.	Phone Number	(216) 778.5731
Street 2		Fax Number	not known
City	Cleveland	State	OH
Zip Code	44109	email	nehinchcliffe@gmail.com

Home Address

Street 1	1297 West. 58th St	Phone Number	(305) 304-3351
Street 2	Apt 8	Fax Number	none
City	Cleveland	State	OH
Zip Code	44102	email	nehinchcliffe@gmail.com

4. Identification

Date of birth	Birth City	State	Country
09/18/1985	Key West	FL	USA
SSN	Gender		
REDACTED	<input type="radio"/> Male <input checked="" type="radio"/> Female		

Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. §666 and §3123.50, O.R.C.). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. §11101 and 45 C.F.R. pt. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760., 4762., or 4778. O.R.C. or as otherwise required by state or federal law.

Hinchliffe

PE#130867

OK
MA
7/25/16

5. Preliminary Education.

High School or equivalent: Key West High School

City Key West State FL Country USA

Date From 08/2000 Date To 05/2004

Undergraduate College 1 University of Florida

City Gainesville State FL Country USA

Date From 08/2004 Date To 05/2008 Degree Bachelor of Arts

Undergraduate College 2

City State Country

Date From Date To Degree

6. TOEFL- IBT. This section is only required to be completed by International Medical School Graduates.

The TOEFL, TWE, ECFMG's ENGLISH EXAM (PRIOR TO 7/1/98), ETC., ARE NOT EQUIVALENT AND CANNOT BE SUBSTITUTED FOR THE TOEFL-IBT.

Graduates of medical schools located outside the United States and Canada must achieve a score of at least 26 in Speaking and 26 in Listening with a total score of 90 on the TOEFL-IBT, regardless of citizenship or country of birth. Prior to July 2006 the Test of Spoken English was required with a minimum score of 40 (between 7/95 and 7/06) or 230 (prior to 7/95). The following are the only exceptions permitted under Ohio law:

- YES NO Have you completed two years of undergraduate college work in the United States?
- YES NO During the five years immediately preceding the date of your application have you:
Held a current medical license (i.e., unrestricted, training certificate, educational permit) in the United States **AND** Have you been actively practicing medicine (graduate medical education is included) in the United States?
- YES NO Have you completed a Fifth Pathway program?
- YES NO Have you passed the Clinical Skills Assessment exam given by the ECFMG on or after July 1, 1998?

If you answered 'NO' to all of the above, you are required to take the TOEFL-IBT. Please refer to the instructions for information on contacting the Educational Testing Service. The Board cannot waive this requirement.

7. Ohio Training Program.

YES NO Are you or will you be in an accredited training program in Ohio? If yes, please identify the program below.
Program Name

8. Military.

- YES NO Are you currently in the United States Military or Reserves or a Military Veteran?
- YES NO Are you the spouse of an individual currently serving in the United States Military or Reserves?

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9. Medical School: List all medical schools you have attended, including those from which you did not graduate in chronological order. Attach an additional sheet if necessary.

College of Osteopathic Medicine

1. School Name DES MOINES UNIVERSITY Date From 08/2009
 Address 3200 Grand Ave Date To 05/2013
 City DES MOINES State IA Zip Code 50312 Graduation Date 05/25/2013
 Country USA Degree Doctor of Osteopathic Medicine

2. School Name _____ Date From _____
 Address _____ Date To _____
 City _____ State _____ Zip Code _____ Graduation Date _____
 Country _____ Degree _____

10. Postgraduate Training: List all postgraduate programs you have attended, including those you did not complete. Copy and attach additional pages if necessary.

1. Hospital Name mount Sinai Beth Israel Date From 07/2013
 Address 10 Nathan D Periman Pl Date To 06/2016
 City New York State NY Zip Code 10003
 Country USA
 Department/Specialty: Family Medicine
 Successfully Completed? Yes No
 PGY 1 2 3 4 5 other
 PGT Internship Residency Fellowship Research other

2. Hospital Name _____ Date From _____
 Address _____ Date To _____
 City _____ State _____ Zip Code _____
 Country _____
 Department/Specialty: _____
 Successfully Completed? Yes No
 PGY 1 2 3 4 5 other
 PGT Internship Residency Fellowship Research other

3. Hospital Name _____ Date From _____
 Address _____ Date To _____
 City _____ State _____ Zip Code _____
 Country _____
 Department/Specialty: _____
 Successfully Completed? Yes No
 PGY 1 2 3 4 5 other
 PGT Internship Residency Fellowship Research other

4. Hospital Name
 Address
 City State Zip Code
 Country
 Department/Specialty:
 PGY 1 2 3 4 5 other
 PGT Internship Residency Fellowship Research other

Date From
 Date To

Successfully Completed?
 Yes No

5. Hospital Name
 Address
 City State Zip Code
 Country
 Department/Specialty:
 PGY 1 2 3 4 5 other
 PGT Internship Residency Fellowship Research other

Date From
 Date To

Successfully Completed?
 Yes No

11. Examination History: List each licensure examination you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, copy and attach an additional sheet.

Examination	Date Taken (mm/yyyy)	Pass / Fail	No. of Attempts
USMLE Step 1	07/02/2011	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
USMLE Step 2 CK		<input type="radio"/> Pass <input type="radio"/> Fail	
USMLE Step 2 CS		<input type="radio"/> Pass <input type="radio"/> Fail	
USMLE Step 3		<input type="radio"/> Pass <input type="radio"/> Fail	
COMLEX Level 1	06/27/2011	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
COMLEX Level 2 CE	07/30/2012	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
COMLEX Level 2 PE	08/27/2012	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
COMLEX Level 3	08/12/2014	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
NBME Part I		<input type="radio"/> Pass <input type="radio"/> Fail	
NBME Part II		<input type="radio"/> Pass <input type="radio"/> Fail	
NBME Part III		<input type="radio"/> Pass <input type="radio"/> Fail	
NBOME Part I		<input type="radio"/> Pass <input type="radio"/> Fail	
NBOME Part II		<input type="radio"/> Pass <input type="radio"/> Fail	
NBOME Part III		<input type="radio"/> Pass <input type="radio"/> Fail	
LMCC Part I		<input type="radio"/> Pass <input type="radio"/> Fail	
LMCC Part II		<input type="radio"/> Pass <input type="radio"/> Fail	
FLEX Component 1		<input type="radio"/> Pass <input type="radio"/> Fail	
FLEX Component 2		<input type="radio"/> Pass <input type="radio"/> Fail	
FLEX Pre-1985		<input type="radio"/> Pass <input type="radio"/> Fail	

State Board Exam Medicine Date Taken 4/15/16 State taken for NA No. of Attempts 1 Pass Fail
 American Board of Family Medical Board

12. ECFMG and Fifth Pathway

Certificate Number Issue Date

School Name Date From

Address Date To

City State Zip Code Graduation Date

Country Degree

13. State or Professional Licensure: List all state and Canadian provinces where you currently hold or have ever held any type of medical/osteopathic license. You must complete the attached "Licensure Verification" form (Form #1) and forward it to all states in which you have held any healthcare license or certification. The verifying entity must forward all documentation directly to the Board. Some state boards charge a fee for this information. Contact the state board where you hold or held a license to determine their requirements. (Attach additional pages if necessary).

	State / Province	License Type	License Number	License Status		Issue Date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active	<input type="radio"/> Inactive	<input type="text"/>

14. Specialty Board Certification: Are you ABMS and / or AOA certified? Yes No

If Yes complete information below

Name of Board	<input type="text"/>	Certificate Number	<input type="text"/>	Issue Date	<input type="text"/>
Name of Board	<input type="text"/>	Certificate Number	<input type="text"/>	Issue Date	<input type="text"/>
Name of Board	<input type="text"/>	Certificate Number	<input type="text"/>	Issue Date	<input type="text"/>

MEDICAL BOARD

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15. Chronology of Activities: List ALL activities (medical, non-medical, and postgraduate training) in chronological order beginning with medical school graduation to the PRESENT date, using **MONTH** and **YEAR**. For any non-working time, you **MUST** state on the form exactly what your activities were, such as "vacation" or "seeking employment," as well as your permanent address. If you worked for a physician-staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. **DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM.** Be sure to indicate the percentage of working time spent in clinical /administrative duties.

Dates From To | Activity (medical, non-medical, postgraduate training)

FROM: Month Year
TO: Month Year
 In Progress

Activity/Employer Name (Non-Working*)
 Activity Address
 City State Zip Code
 Position / Department
 Percent Clinical Percent Administrative
 Employment Staff Privileges Administrative Other, Please describe below

Dates From To | Activity (medical, non-medical, postgraduate training)

FROM: Month Year
TO: Month Year
 In Progress

Activity/Employer Name (Non-Working*)
 Activity Address
 City State Zip Code
 Position / Department
 Percent Clinical Percent Administrative
 Employment Staff Privileges Administrative Other, Please describe below

Dates From To | Activity (medical, non-medical, postgraduate training)

FROM: Month Year
TO: Month Year
 In Progress

Activity/Employer Name (Non-Working*)
 Activity Address
 City State Zip Code
 Position / Department
 Percent Clinical Percent Administrative
 Employment Staff Privileges Administrative Other, Please describe below

Dates: From To | Activity: medical malpractice, non-working, post graduate training

FROM: Month Year

Activity/Employer Name (Non-Working*)

Activity Address

City State Zip Code

TO: Month Year

Position / Department

Percent Clinical Percent Administrative

Employment Staff Privileges Administrative Other, Please describe below

In Progress

Dates: From To | Activity: medical malpractice, non-working, post graduate training

FROM: Month Year

Activity /Employer Name (Non-Working*)

Activity Address

City State Zip Code

TO: Month Year

Position / Department

Percent Clinical Percent Administrative

Employment Staff Privileges Administrative Other, Please describe below

In Progress

16. Malpractice: List of all claims or suits for medical malpractice made against you. A claim is any formal or informal demand for payment to any person or organization. If you do not have any such claims or suits, this section will be blank. Please provide a detailed written description of the background and medical issues involved in each case. Attach additional sheets if necessary.

Name of patient involved: State action took place

Name of Court Case Number (if applicable):

Current status of claim: Open (pending) Closed (settled or judgment) Dismissed (no money paid out)

Amount of judgment or settlement: Amount paid on your behalf

Month and Year of incident Month and Year of lawsuit

Insurance carrier at the time

What is / was your status: Primary Defendant Co-defendant Other

Name of patient involved: State action took place

Name of Court Case Number (if applicable):

Current status of claim: Open (pending) Closed (settled or judgment) Dismissed (no money paid out)

Amount of judgment or settlement: Amount paid on your behalf

Month and Year of incident Month and Year of lawsuit

Insurance carrier at the time

What is / was your status: Primary Defendant Co-defendant Other

Ohio Addendum to Application
ADDITIONAL INFORMATION QUESTIONS

If you answer "YES" to any of the following questions, you are required to furnish complete details, including date, place, reason and disposition of the matter. All affirmative answers must be thoroughly explained on a separate sheet of paper. You must submit copies of all relevant documentation, such as court pleadings, court or agency orders, and institutional correspondence and orders. Please note that some questions require very specific and detailed information. Make sure all responses are complete.

- Yes No 1. Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution?
- Yes No 2. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended or terminated, been put on probation, or been requested to withdraw from or resign privileges at any hospital, nursing home, clinic, health maintenance organization, or other similar institution in which you have trained, been a staff member, or held privileges, for reasons other than failure to maintain records on a timely basis, or failure to attend staff or section meetings?
- Yes No 3. Have you ever resigned from, withdrawn from, or terminated, or have you ever been requested to resign from, withdraw from, or otherwise been terminated from, a position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public?
- Yes No 4. Have you ever resigned from, withdrawn from, or have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from, a medical school, clinical clerkship, externship, preceptorship, residency, or graduate medical education program?
- Yes No 5. Have you ever transferred from one graduate medical education program to another?
- Yes No 6. Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification?
- Yes No 7. Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license, certificate or registration granted to you; placed you on probation; or imposed a fine, censure or reprimand against you?
- Yes No 8. Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body; or have you ever withdrawn any application for licensure, relicensure, or examination, in any state (including Ohio), territory, province, or country?
- Yes No 9. Have you ever, for any reason, been denied licensure or relicensure, application for licensure or relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country?
- Yes No 10. Have you ever been requested to appear before any board, bureau, department, agency, or other body, including those in Ohio, concerning allegations against you?

- Yes No 11. Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?
- Yes No 12. Have you ever been notified of any investigation concerning you by any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?
- Yes No 13. Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?
- Yes No 14. Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?
- Yes No 15. Have you ever pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders. Photocopies will not be accepted.
- Yes No 16. Have you ever been arrested, forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders. Photocopies will not be accepted.
- Yes No 17. Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? In addition, ask your malpractice insurance carrier(s) to provide a complete claims history report for the last 10 years to the State Medical Board of Ohio. If your current carrier has provided coverage for less than 10 years, ask your previous carrier to submit a claims history report to the Board.
- Yes No 18. Have you ever been denied professional liability insurance or coverage, or had such insurance or coverage canceled, limited, or restricted in any way?
- Yes No 19. Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?
- Yes No 20. Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced, or terminated by the Department of Defense, the Veteran's Administration, or any of their respective components?
- Yes No 21. Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Yes No 22. a) Within the last ten years, have you been diagnosed with or have you been treated for, bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No 22. b) Have you, since attaining the age of eighteen or within the last ten years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

If you answered YES" to any part of this question, please provide details on a separate sheet, including date of diagnosis or treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, and the reason for treatment. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

For purposes of questions 23 and 24 the following phrases or words have the following meaning:

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

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. 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 addiction, and alcoholism.

Yes No 23. Do you have, or have you been diagnosed as having, a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? **You may answer "NO" to this question** if you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Sections 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.

Yes No a) Are the limitations or impairment caused by your medical condition reduced or ameliorated because you receive ongoing treatment or received treatment in the past (with or without medication) or participate in a monitoring program?

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

Yes No b) Are the limitation or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

"Chemical substances" is to be construed to include alcohol, drugs, or medications including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescribers direction, as well as those used illegally.

Yes No 24. Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?

Yes No a) Are the limitations or impairment caused by your use of chemical substances reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

- Yes No b) Are the limitation or impairments caused by your use of chemical substances reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

For purposes of question 25 the following phrases or words have the following meaning:

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed healthcare practitioner.

- Yes No 25. Are you currently engaged in the illegal use of controlled substances?

- Yes No a) If "YES," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not using illegal controlled substances.

This form must be completed if you have responded yes to Additional Information Question #15 and/or #16.
Make additional copies of this form as needed.

Name of applicant

Date of incident

Location of Incident (City / State)

Were you arrested: If the incident was alcohol-related, did you submit to a breath, blood, urine or other test to determine the amount of alcohol in your body?
 Yes No

If Yes, type if test and result

What offense(s) were you charged with?

Were the charges amended?:

Yes No

If Yes, what were the final charges

Disposition:

Pending Charges Dismissed Charges Dropped Conviction

Plea

Other

You must provide a detailed written explanation of the event including a description of the event, what led up to the event and what was learned. This must be described in your own words. Do not reference attached documentation. If additional space is needed, attach a separate sheet. Submit copies of the police report/arrest record, a copy of the charges or ticket, a copy of the final court disposition and any other relevant documentation.

To Mail you application:

You cannot save data typed into this form. Please print 2 copies of your completed form. Keep one copy for your records and mail the other copy to:

State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, Ohio 43215

STATE OF OHIO

000 8 2 2016

State Medical Board of Ohio

med.ohio.gov

30 E. Broad St., 3rd Floor · Columbus, OH 43215-6127 · (614) 466-3934

Affidavit and Authorization for Release of Information: You must attach a recent (less than 6 months old) passport quality, color photograph of yourself to this form. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to this Board.

Affidavit and Authorization For Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Application for Physician Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Board 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 Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Board, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the board

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my licensure or permit to practice medicine.

Applicant's Signature (must be signed in the presence of a notary)

Hinchcliffe
Applicant's Printed Last Name

Natalie, E
Applicant's Printed First Name, Middle Initial and Suffix (e.g., Jr.)

7/19/2016
Date of Signature



Notary Public Signature

1/22/20
Date Commission Expires



LINDA HINCHCLIFFE
Notary Public - State of Florida
Commission # FF 946164
My Comm. Expires Jan 22, 2020
Bonded through National Notary Assn.

Subscribed and Sworn to before me on this 19 day of July, 2016

MEDICAL BOARD

JUL 22 2016



COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

Ohio State Medical Board
30 E. Broad St.
3rd Floor
Columbus, OH 43215-6127

Examinee: Hinchcliffe, Natalie E
NBOME ID: 987770

Date of Birth: 09/18/1985

<u>EXAMINATION</u>	<u>DATE COMPLETED</u>	<u>PASS / FAIL</u>	<u>3 - DIGIT STANDARD MINIMUM</u>		<u>2 - DIGIT STANDARD MINIMUM</u>		<u>NOTE</u>
			<u>SCORE</u>	<u>PASSING</u>	<u>SCORE</u>	<u>PASSING</u>	
Level 1							
	27-Jun-2011	Pass	569	400	--		
Level 2 Cognitive Evaluation (CE)							
	30-Jul-2012	Pass	590	400	--		
Level 2 Performance Evaluation (PE)							
	27-Aug-2012	Pass	Not Applicable		Not Applicable		
Level 3							
	12-Aug-2014	Pass	596	350	--		

MEDICAL BOARD

JUN 17 2016

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: June 13, 2016

1119055710885411

-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc.
8765 West Higgins Road Suite 200 Chicago IL 60631-4174
Phone: 773/714-0622 Fax: 773/714-0631

FCVS

FEDERATION
CREDENTIALS
VERIFICATION
SERVICE

Medical Professional Information Profile

This report provides credentialing information for

Name: **Natalie Eileen Hinchcliffe**

Social Security Number: **REDACTED**

Date of Birth: **September 18, 1985**

FID#: **217667054**

Recipient: **OH - State Medical Board of Ohio**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

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Note: *Your board may wish to review the unresolved items below marked by an "X"
Please review the Credentials Analysis Report for further details on the unresolved items*

Medical Professional Name: **Natalie Eileen Hinchcliffe**
 Date of Birth: **September 18, 1985**
 Social Security Number: **REDACTED**
 FID: **217667054**

I. FCVS Reports

II. FSMB and Other Reports

III. Identity

- A. Valid Original Passport OR Copy w/ Cert. of Identification

IV. Medical Education

- A. Pre-medical Schools

- B. Medical Schools

- Des Moines University - Osteopathic Medical Center
 - 1. Medical Education Form and Translation
 - 2. Medical Education Dean's Letter
 - 3. Medical Education Transcript and Translation
 - 4. Medical Education Diploma and Translation

- C. Fifth Pathway Program

- D. ECFMG Certification

V. Graduate Medical Education

- Icahn School of Medicine at Mount Sinai (Beth Israel) Urban
 - 1. GME Form

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- A. NBOME Transcript

End of report for: Natalie Eileen Hinchcliffe

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- A. Affidavit
 - B. Certified Birth Certificate or Original Passport or Cert. of Identification with Photocopy
 - C. Documentation to Support Name Variation
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IV. Medical Education

- A. Verification of Medical Education
 - B. Clinical Clerkships (if applicable)
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V. Graduate Medical Education

- A. Verification of Graduate Medical Education
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VI. Licensure Examination History (State Licensing Authorities Only)

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**Medical Professional
Information Profile**

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Section I

FCVS Reports

Identity

Medical Professional Name: **Natalie Eileen Hinchcliffe**

Documentation: Valid Original Passport OR Copy w/ Cert. of Identification

Gender: Female

Date of Birth: September 18, 1985

Place of Birth: FL, UNITED STATES

Social Security Number: **REDACTED**

FID: 217667054

Physical Description: Height: 5 ft. 2 in.

Weight: 100 lbs.

Eye Color: Brown

Hair Color: Brown

Contact Information

Mailing Address: 350 E 18TH ST APT 4W
NEW YORK, NY 10003-2836
UNITED STATESPermanent Address: 109 KEY HAVEN RD
KEY WEST, FL 33040-6221
UNITED STATESTelephone Numbers: Primary: (305) 304-3351 3043351
Secondary: (305) 304-3351
Fax: N/A
Other: (305) 304-3351

Pre-medical Education

(Provided by Applicant. Not verified with the primary source.)

Institution: University of Florida

Address: Gainesville, FL 32611-4000
UNITED STATES

Dates of Attendance: 08/--/2004 To 05/--/2008

Degree Conferred/Issued: Bachelor of Arts

ECFMG

There are none identified or not applicable.

Medical Education

Medical School: Des Moines University - Osteopathic Medical Center

Address: 3200 Grand Ave
Des Moines, IA 50312
UNITED STATES

Dates of Attendance: 08/10/2009 to 05/25/2013

Date Certificate Issued: 05/25/2013

Degree Conferred/Issued: Doctor of Osteopathic Medicine

Unusual Circumstances

Leave of Absence/Extension: **No**

Probation: **No**

Disciplined: **No**

Negative Reports: **No**

Limitations: **No**

Fifth Pathway

There are none identified or not applicable.

Graduate Medical Education

Institution: Mount Sinai Beth Israel Medical Center

Address: 16 East 16th Street, 5th Floor

New York, NY 10003

UNITED STATES

Training Level: 1

Program Type: Residency

Specialty: Family Medicine

Dates of Attendance: 07/01/2013 To 06/30/2014

Completed Successfully: Yes

Accreditation: ACGME

Training Level: 2

Program Type: Residency

Specialty: Family Medicine

Dates of Attendance: 07/01/2014 To 06/30/2015

Completed Successfully: Yes

Accreditation: ACGME

Training Level: 3

Program Type: Residency

Specialty: Family Medicine

Dates of Attendance: 07/01/2015 To 06/30/2016

Completed Successfully: Yes

Accreditation: ACGME

Unusual Circumstances

Leave of Absence/Extension: **No**

Probation: **No**

Disciplined: **No**

Negative Reports: **No**

Limitations: **No**

Licensure Examinations

NBOME - National Board of Osteopathic Medical Examiners NBOME - COMLEX Level 1	Date: 06/2011	Passed the Exam
NBOME - National Board of Osteopathic Medical Examiners NBOME - COMLEX Level 2 PE	Date: 08/2012	Passed the Exam
NBOME - National Board of Osteopathic Medical Examiners NBOME - COMLEX Level 2 CE	Date: 07/2012	Passed the Exam
NBOME - National Board of Osteopathic Medical Examiners NBOME - COMLEX Level 3	Date: 08/2014	Passed the Exam

Board Action

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

End of report for: Natalie Eileen Hinchcliffe FID: 217667054

The Credentials Analysis Report is a comparative report of a medical professional's credentials as reported to FCVS by the applicant and the primary source (Medical School, Post Graduate Training program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

Medical Professional Identification

Medical Professional Name: **Natalie Eileen Hinchcliffe**

Date of Birth: **September 18, 1985**

Social Security Number: **REDACTED**

FID: **217667054**

Omissions

Omission 1:

Section of Profile: **Medical Education**

Omission: **The Verification of Medical Education Form from Des Moines University - Osteopathic Medical Center does not contain all the required elements.**

Action Taken: **See the Credential/Degree presented field for the pre-medical requirements of this institution.**

Discrepancies

There are no discrepancies identified.

Miscellaneous Information

There is no miscellaneous information identified.

End of report for: Natalie Eileen Hinchcliffe

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS by the medical-professional applicant.

Medical Professional Name: **Natalie Eileen Hinchcliffe**
Date of Birth: **September 18, 1985**
Social Security Number: **REDACTE**
FID#: **217667054**

Start Date	End Date	Activity	Location	Overlap Explanation	Program Length Explanation
08/2009	05/2013	Medical Education Record	Des Moines University - Osteopathic Medical Center, 3200 Grand Ave Des Moines, IA 50312 UNITED STATES		
07/2013	06/2016	GME Record	Mount Sinai Beth Israel Medical Center, 16 East 16th Street, 5th Floor New York, NY 10003 UNITED STATES		

End of report for: Natalie Eileen Hinchcliffe

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Section II

FSMB and Other Reports

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:7/6/2016

PRACTITIONER INFORMATION

Name: Natalie Hinchcliffe
DOB: 9/18/1985
Medical School: Des Moines University Osteopathic Medical Center
Des Moines, Iowa, UNITED STATES
Year of Grad: 2013
Degree Type: DO

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
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PRACTITIONER PROFILE

Prepared for: FCVS As of Date:7/6/2016
Practitioner Name: Natalie Hinchcliffe

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

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Section III

Identity

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

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, 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 Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



BRENDA A. CHISOLM
Notary Public, State of New York
No. 01CH502287
Qualified in New York County
Commission Expires March 29, 2024

[Handwritten Signature]

Applicant's Signature (must be signed in the presence of a notary)

Applicant's Printed Last Name
Chencliffe

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
Natalie, E

Date of Signature (must correspond to date of notarization)
5/24/2016

BRENDA A. CHISOLM
Notary Public, State of New York
No. 01CH502287
Qualified in New York County
Commission Expires March 29, 2024

State of New York, County of Queens

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 24 day of May, 2016.

Notary Public Signature: Brenda A. Chisolm

My Notary Commission Expires: 3/29/19

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 868-5000

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CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: Hinchcliffe Natalie Eileen
Last First Middle

FCVS ID Number: 364585

Notary – Please complete the section below:

State of New York County of Queens

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 24, of (Month) May, (Year) 2016.

Notary Public Signature: Brenda A. Chisolm

Commission Expiration Date* (Month) 3 / (Day) 29 / (Year) 2019

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd., Suite 300
Euless, TX 76039-3856

364585 *PP*

217667054

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Section IV

Medical Education

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

**Federation Credentials
Verification Service**
400 Fuller Wisser Road
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: Des Moines University - Osteopathic Medical Center

Address Line 1: 3200 Grand Avenue

Address Line 2:

City: Des Moines

State/Province: IA

Zip Code (Postal Code): 50312-4198

Country: US

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

N/A

Premedical Education:

Years of education required for admission to your medical school:

Credential/degree presented by the applicant for admission to your medical school: 0, BA-Bachelors & pre reqs required for admission

Enrollment and Participation: Our records indicate that Hinchcliffe, Natalie Eileen

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 179 weeks of medical education on the following dates: **From:** 08/10/2009 **To:** 05/25/2013

Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Osteopathic Medicine on 05/25/2013

Was NOT awarded a degree because: (please explain - additional page if necessary) Month Day Year

Attestation

Affix Institutional Seal Here

If no seal is available, this form must be notarized.

Watermark
for FCVS internal use only.

**ELECTRONIC
SEAL VERIFIED**

Name: Tracy Bean

Signature: Tracy Bean

Title: Student Records Assistant

Date of Signature: 06/01/2016

Fax: (515) 271-7025

Phone: (515) 271-1479

Email: Tracy.bean@dmu.edu

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

No

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved:

From Date:

To Date:

Personal/Family _____

Academic remediation _____

Health _____

Financial _____

Participation in joint degree Program (e.g., MD/PhD)

Participation in non-research special study

(e.g., fellowship, international experience) _____

Participation in non-degree research _____

Other:

Other:

Please Specify:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

No

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

From Date:

To Date:

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other:

Please specify a reason:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

No

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

No

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

No

If YES, please provide detailed documentation/information about the nature of the limitations or special requirement:

Medical School

**Medical Professional Name: Natalie Eileen Hinchcliffe
Des Moines University - Osteopathic Medical Center**

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? Yes **No**Were you ever placed on probation? Yes **No**Were you ever disciplined or placed under investigation? Yes —Were any negative reports for behavioral reasons ever filed by instructors? Yes **No**Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? Yes **No**

End of report for: Natalie Eileen Hinchcliffe

**PROVIDED BY
APPLICANT**

September 28, 2012

**Re: Natalie E. Hinchcliffe
Applicant for Residency
Medical Student Performance Evaluation**

Dear Program Director:

I am very pleased to write on behalf of **Natalie E. Hinchcliffe**, a member of the D.O. Class of 2013 at Des Moines University - College of Osteopathic Medicine, who is applying for a residency at your institution. Natalie matriculated at Des Moines University on August 10, 2009.

Medical Student Performance Evaluation Content

- ▶ *Pre-medical Background*
What had attracted us to Natalie as a potential medical student?
- ▶ *Academic Performance in Medical School*
Academic Rank, GPA, Board Scores, Elective Course Work
- ▶ *Teaching Experience and Its Value*
- ▶ *Campus and Community Service Involvement*
- ▶ *Global Health/International Experience during Medical School*
- ▶ *Gold Humanism Honor Society Membership*
- ▶ *Performance in Clinical Clerkships*
- ▶ *Summation*
- ▶ *Supplement 1: Student Activities*
- ▶ *Supplement 2: Clinical Clerkship Performances*
- ▶ *Supplement 3: Recent History of DMU-COM Students' Performance on COMLEX Level 1 and 2-CE Board Examinations*



3200 Grand Avenue
Des Moines, Iowa 50312-4198

515.271.1400
www.dmu.edu

Pre-medical Background

What had initially attracted us to Natalie as a potential medical student? Natalie graduated *cum laude* from the University of Florida (UF) in Gainesville, Florida, in 2008 with a Bachelor of Arts degree with a major in Women's Studies. Recognition of her achievements was further accorded through her election to membership in the prestigious Phi Beta Kappa Honor Society. Prior to medical school, Natalie gained valuable **clinical experience** as a Medical Assistant with Bradley Makimaa, D.P.M. at Southernmost Foot and Ankle in Marathon, Florida. She gained additional exposure as a Volunteer at Gainesville Physical Therapy, at Kids on the Move Pediatric Physical Therapy, at a Planned Parenthood Clinic and through shadowing experiences with George Peterson, M.D., an Obstetrician/Gynecologist in Key West. She also served as a Volunteer with the Planned Parenthood Education Department, which enabled her to become better educated about sexually transmitted diseases, HIV/AIDS, contraceptives and stigmas surrounding various types of sexually transmitted diseases. While an undergraduate, Natalie accrued valuable **teaching experience** as a Teaching Assistant in the Diseases of Eating Course at UF. She also gained significant **research experience** as a Research Assistant with Dr. Adrie W. Bruijnzeel, Ph.D., Associate Professor of Psychiatry in the College of Medicine at the University of Florida, probing the effect of corticotropin-releasing factors on nicotine withdrawal. Natalie's **spirit of humanism** was further evidenced through her service as a Mentor for an "at risk" elementary student through CHAMPS – Collegiates Helping as Mentors in Public Schools. In addition, she was a member of the American Medical Student Association (AMSA) as well as a participant in the National Youth Leadership Forum on Medicine.

Academic Performance in Medical School

Academically, Natalie's performance in medical school has been very strong. At DMU-COM, academic ranks denote students' performance after their first two years of mainly didactic course work. Natalie ranks 87th (Second Quartile) in a high-achieving class of 214 students with a GPA of 90.73%. In addition, she has passed both the COMLEX Level 1 and Level 2-CE examinations administered by the National Board of Osteopathic Medical Examiners. Her strong Level 1 score of 569 is well above the national mean of 515. Although we don't yet know the national mean for the Level 2-CE exam for the Class of 2012, her even stronger score of 590 is far above the 5-year average for the national mean, 505. A summary of Natalie's academic and COMLEX performances is seen below.

Class Rank:	87/214 (Second Quartile)
GPA:	90.73%
COMLEX Level 1:	569 (National Mean: 515)
COMLEX Level 2-CE:	590 (National Mean 5-yr Avg: 505)
COMLEX Level 2-PE:	No results yet

These data demonstrate that Natalie can far exceed the academic standards of external evaluating agencies, as well as those of this University.

In further reflecting on her very strong academic performance, it's significant to note that Natalie has been the type of student we all covet who has actively sought ways to enhance her medical education experience beyond the confines of the prescribed curriculum. To facilitate these student interests, the faculty within the College of Osteopathic Medicine has developed over thirty elective courses that provide students opportunities to individualize and enhance their medical education experience. Natalie has taken good advantage of these opportunities. During her very first semester here, when many students were struggling to handle the intensity of the curriculum, she enrolled in our elective Problem-based Learning (PBL) Biochemistry course. This course, which is taken in addition to the regular Biochemistry/Molecular Genetics

offering, is designed to foster teamwork and to develop critical thinking and problem solving skills using a small-group, discussion format. Subsequently, Natalie completed three additional electives – Complementary and Alternative Medicine (CAM), Reproductive Health Choices and The Healer’s Art, as well as the Introduction to Pediatrics and Human Simulation elective experience. Natalie enrolled in these additional offerings because she recognized the value that these venues would add to her educational experience and preparation for a career as an osteopathic physician.

Teaching Experience and Its Value

During her second year here, Natalie was chosen to serve as a laboratory Teaching Assistant (TA) in the Osteopathic Manual Medicine (OMM) and Physical Diagnosis courses for first-year students, as well as a small-group Facilitator for our Stress Management Program. She viewed these teaching opportunities as a great way to solidify her knowledge base and reinforce those clinical skills that she had acquired as a first-year student. She also recognized that these experiences would provide great opportunities to further enhance teaching skills she had begun to develop while an undergraduate, a benefit that will serve her patients well throughout her career. In addition, these endeavors enabled Natalie to “make a difference” in the learning experiences of others, a common goal among our TAs and a significant factor contributing to the extraordinary sense of humanism and camaraderie that exists among our students. Here at DMU, students help fellow students learn, rather than compete against each other. These teaching experiences should be valuable assets for Natalie not only in the realm of patient education, but also in helping to train future medical students, interns and junior residents as her own post-graduate clinical training progresses during residency.

Campus and Community Service Involvement

In addition to her interest and involvement in helping fellow students learn, Natalie’s spirit of humanism has been expressed through her involvement in a wide range of significant, extra-curricular endeavors. She has been an active member of a number of pre-professional clubs and organizations on campus. She has also accepted significant leadership responsibilities as the First-year Liaison and then President (during her second year) of both Medical Students for Choice and the Gay Straight Alliance. She has also served as the Secretary of the Global Health Student Group and a Founding Member of the Global Health Advisory Council. In addition, she has been involved in a host of community and campus service endeavors. For example, as a member of the Osteopathic Finish Line (OFL), Natalie has helped our OMM faculty provide treatments at area athletic events. She has also been a member of the Team of Physicians for Students (TOPS) and has assisted our clinicians in administering free physical examinations to students in local schools. In addition, she has served as a Volunteer with a number of events, including the annual DMU Senior Health Fair, the Planned Parenthood Book Sale, DMU’s Homeless Camp Outreach (HCO) program and the Cystic Fibrosis Fundraiser, to name but a few. On campus, she has also been actively involved with the COM Admissions Office, serving as an Admissions Ambassador who speaks informally with candidates during their interview day. In addition, she was a recipient of an Above and Beyond Award at the COM Rite of Passage Ceremony near the conclusion of her second year for helping to organize DMU’s first Safe Zone Training program for students and employees. Natalie also earned a Gold TOUCH (Translating Osteopathic Understanding into Community Health) Award from the American Osteopathic Association (AOA) for contributing over 100 hours of community service during the 2010-11 academic year.

A listing of Natalie’s activities while she has been a student at DMU, as well as Honors and Awards that she has received, is outlined on her Student Activity Supplement that is appended

to this letter. These endeavors endorse her interest in the medical profession and illuminate her spirit of humanism and commitment to community service involvement.

Global Health/International Experience during Medical School

Natalie has also gained an appreciation of international medicine and a heightened awareness of cultural distinctiveness during DMU-sponsored Medical Mission Trips to Guatemala (2010) and Honduras (2011). These trips whetted her appetite for more global health experiences. Thus, she has an 8-week clerkship in International Health pending through Makerere University at Mulago Hospital in Uganda and Gonja Lutheran Hospital in Tanzania in the Spring of 2013. She will spend 4 weeks at each site. This experience will enable Natalie to achieve an enhanced awareness of international medicine and its opportunities and challenges, as well as a heightened appreciation of cultural distinctiveness.

Gold Humanism Honor Society Membership

Natalie's spirit of humanism, which has been detailed above, has been recognized through her selection for membership in the DMU-COM Chapter of the Gold Humanism Honor Society, an endeavor of the Arnold P. Gold Foundation to promote humanism in medicine through recognition of outstanding exemplars of humanism and professionalism. At DMU-COM, nominations of worthy students are sought from students and faculty. A joint faculty/student committee selects those nominees deemed most worthy for membership. Natalie was among 29 students in her class who were honored through induction into this prestigious honor society.

Performance in Clinical Clerkships

A Clinical Clerkship Supplement provided by the COM Office of Clinical Affairs is appended to provide an overview of Natalie's clinical rotations completed to date and others that have been scheduled. Although clinical rotations at the university are formally recorded as "pass" or "fail", preceptors are asked to rate the students on a series of evaluative statements related to their "Professionalism" and "Clinical Skills." We employ a 1-5 rating scale in which 5 = Exceptional, 4 = Advanced, 3 = Meets Expectations, 2 = Below Expectations, and 1 = Unacceptable. Natalie's performance in her clinical clerkships has been very strong. On the 5-point rating scale, her average ratings for all rotations completed through August 26, 2012, are:

Professionalism: 4.51/5 Clinical Skills: 4.36/5

Preceptors are also asked to provide written comments related to the student's performance. Comments made by the preceptors, as well as the ratings of Natalie's performance in each rotation, are included in the Supplement.

Additional rotations will be scheduled up until the week of her anticipated graduation date, which is May 25, 2013. At that time, Natalie is expected to receive the degree, Doctor of Osteopathic Medicine.

Summation

On the basis of her performance to date at Des Moines University - College of Osteopathic Medicine, I am very pleased to recommend **Student Doctor Natalie E. Hinchcliffe** for a residency. Natalie is a bright, talented, hard-working and dedicated student whose academic performance here has been very strong. In addition, she has shown great initiative in seeking to grow, to enhance her medical education experience and learning. Thus, she has completed multiple elective courses within the College. Natalie has also travelled to reach her goals. Thus, she has participated in the Summer Institute for Medical Students at the Betty Ford

Center in California, a program in addictions and barriers to recovery. She is currently on an APA HIV Psychiatry Clerkship at Vanderbilt University. On campus, Natalie has also served as a laboratory Teaching Assistant in Physical Diagnosis and OMM as well as a small-group Facilitator in Stress Management. These teaching experiences have enabled her to reinforce her medical knowledge base, hone her clinical skills and enhance her teaching/facilitation skills while helping fellow medical students learn. In addition to teaching, Natalie has further nurtured her humanistic side through extensive involvements in a wide array of significant service endeavors. Natalie's spirit of humanism has been recognized through her induction into the Des Moines University chapter of the Gold Humanism Honor Society. She has also accepted a number of significant leadership responsibilities. In the clinical arena, Natalie's performance in clinical clerkships has also been very strong.

If I can be of further help in evaluating Natalie, a very strong candidate and very fine person, please contact me at 515-271-1513.

Sincerely,

A handwritten signature in black ink, appearing to read "David Plundo".

David Plundo, DO, MPH, FACOFP
Acting Dean
College of Osteopathic Medicine

DP/nlh

Student Activity Supplement: Hinchcliffe, Natalie E.

Community Medicine

- TOPS School Physicals
- DMU Senior Health Fair
- Osteopathic Finish Line
- Cystic Fibrosis Fundraiser
- Albia High School Physicals

Teaching Assistant

- Physical Diagnosis
- Osteopathic Manual Medicine
- Stress Management Small-group Facilitator

Global Health/International Experience

- Honduras Medical Service and Public Health Trip, one week 2011
- Guatemala Medical Service trip, Two weeks, 2010

Honors/Awards

- Kelly K. Wifler Memorial Scholarship, 2011
- Above and Beyond Award for helping organize Des Moines University's first Safe Zone Training for students and employees, 2011
- Gold TOUCH Award for completing over 100 hours of community service in the 2010-2011 school year
- Betty Ford Summer Institute for Medical Students Scholarship, 2011
- Most Engaging Poster, "Serving the Indigenous Maya," Presented at Annual Heartland Global Health Consortium, 2010
- Phi Beta Kappa Inductee upon graduation from University of Florida, 2008

Medical Experience

- Medical Assistant, Southernmost Foot and Ankle: August 2008-May 2009

Research/Presentations/Publications

- Bliton K, Kimbell J, Fredrickson L, Nehls J, and Hinchcliffe N. "Serving the Indigenous Maya." Annual Heartland Global Health Consortium, 2010. Poster Presentation.

Clubs/Organizations

- Medical Students for Choice
- Gay Straight Alliance
- Global Health Interest Group

Offices/Committees

- First-year Liaison, Medical Students for Choice
- President, Medical Students for Choice
- First-year Liaison, Gay Straight Alliance
- President, Gay Straight Alliance
- Secretary, Global Health Interest Group
- Founding Member, Global Health Advisory Committee

Elective Courses

- Problem Based Learning (PBL) Biochemistry
- Complementary and Alternative Medicine (CAM)
- Reproductive Health Choices
- The Healer's Art
- Introduction to Pediatrics and Human Simulation *experience*

Other

Conferences Attended

- Medical Students for Choice Regional Conference, 2012
- Iowa Safe Schools Governors Conference, 2011, 2012
- Medical Students for Choice National Conference, December 4-5, 2010
- *On the Issues: Health Care and the Future of Family Planning*, Iowa initiatives, 2010
- Annual Heartland Global Health Consortium, 2010
- Iowa Pride Network Conference for LGBT Youth, 2010

Community Service/ Volunteer

- Surgical Skills Workshop IUD, MVA Instructor 2011, 2012
- Safe Zone Panelist 2011, 2012
- Safe Zone Skit Actor
- Homeless camp outreach
- Planned Parenthood Book sale volunteer (2009, 2010)
- One Iowa Phone Bank Calls to Protect Equality

- Cystic Fibrosis Fundraiser
- Student Ambassador
- Meeting with HealthPASS students (college students of a minority background on week-long event at DMU to increase diversity of enrollment at DMU)
- Pre-orientation Bus Tour for new students
- Volunteer at Creative Visions, Human Development Institute (provides education and assistance to economically vulnerable individuals and families)
- Campus recycling
- Kiddies Halloween party volunteer for DMU families 2009, 2010
- Diwali Celebration Volunteer
- Medical Students for Choice Fundraiser for Iowa Coalition Against Domestic Violence

Lobby Work

- Prevention First with Planned Parenthood to preserve funding towards contraception and preventative women's health services
- Lobby Day with One Iowa to protect marriage equality

Writing

- *GSA and MSFC welcome Dr. Freund on National Coming Out Day*; published in the DMU student newsletter *The Innominate*
-Shared Dr. Freund's information on how to create a LGBT friendly practice

Shadow Experience

- Dr. Melita Schuster, DO Family Medicine 2010
- Dr. Moews, DO Family Medicine 2011

Supplement 2 - Clinical Rotations: Hinchcliffe, Natalie E.

08/01/2011 - 08/28/2011 General Pediatrics (Required)

Blank Children's Hospital

Richard Robus MD

***Rating: Professionalism Clinical Skills**

4.00 4.00

Faculty: Compassionate; good rapport with patients and families; detailed exam and history; very mature student performing above her level of training; pediatrics was her first clinical rotation and she showed confidence and great bedside manner; I had the opportunity to coach her through a pelvic exam in an adolescent female patient and she put her at ease throughout the procedure; she would be a great pediatrician; very good 1st rotation; very interested in pediatrics and in learning; good H&P skills; very thorough; went above and beyond with every patient to provide the very best care possible; reliable-can ask her to complete tasks I would usually only ask a resident to do; obviously care for her patients; well-read; great knowledge base; great job working with staff and families and worked well with children; concise and complete presentations; differentials and plans were well thought out; asked good questions and exhibited self-directed learning by reading on issues seen in clinic Residents: Constantly seeking to improve on anything she was doing-be it presenting at rounds or interacting with patients; was open to and volunteered for many new responsibilities and opportunities; attention to detail on H&Ps and presentations; very eager to learn; came early to attend c-sections; asked great questions; very good fund of knowledge; polite with staff and families; very hard working; set self apart from peers with level of commitment; came early often to get great grasp on her patients; very pleasant to work with; good clinical knowledge base; GREAT on 1st rotation; very enthusiastic and willing to learn; good relationship with patients and their families; organized, engaged, enthusiastic, punctual, and hard-working; very interested to read about topics and to share her new knowledge with others; demonstrated positive attitude about learning/seeking new knowledge and skills; extremely self-motivated; overall functions above level of training; very dependable and thorough

Faculty: Efficiency; tailoring exam & history to the acute care setting; continue to expand fund of knowledge; speak up even more-you have a lot of information to share with others; continue to read and ask questions. Residents: Work on confidence, but feel this will come with more experience; continue to seek out knowledge building experiences; efficiency--this will come with time and experience (you are still ahead of your peers on this); work on coming up with plans on patient management; continue working on a focused history and physical for your daily progress notes and developing a plan for your patients; synthesizing reported information and formulating assessment and plan accordingly; concentrate on pertinent positives and negatives when doing SOAP notes and giving presentations; don't worry about being perfect! You are doing an excellent

08/29/2011 - 09/25/2011 General Internal Medicine (Required)

Skiff Medical Center

Tze Yan Chan DO

***Rating: Professionalism Clinical Skills**

4.00 4.00

Very conscientious and get here too early to work.

*** Rating scale: 1 = Unacceptable, 2 = Below Expectations, 3 = Meets Expectations, 4 = Advanced, 5 = Exceptional, NR = No rating reported. Ratings and comments are provided with permission from the training site. Without specific permission, this information is not included. Comments are included as written by evaluator with only minor adjustments for grammar or spelling; a series of dots (...) marks those passages indecipherable by COM personnel.**

Supplement 2 - Clinical Rotations: Hinchcliffe, Natalie E.

09/26/2011 - 10/23/2011 Family Medicine 3rd Yr (Required) Tzvi Braver DO
Morang-Chester Clinic, PC *Rating: Professionalism Clinical Skills
5.00 5.00

Having seen many medical students, Natalie is amongst the top 10% of student we have had. She worked extremely hard and tried to improve herself daily. I would recommend her for any residency program.

10/24/2011 - 11/06/2011 Anesthesiology Tim Walsh MD
Metro Anesthesia and Pain Management *Rating: Professionalism Clinical Skills
5.00 5.00

Excellent student. Definitely top of her class. Will be a an asset to any physician group or residency.

11/07/2011 - 11/20/2011 Plastic Surgery Ronald S. Bergman DO
Bergman Mansion - Dr. Ronald Bergman, DO *Rating: Professionalism Clinical Skills
4.50 4.09

Good surgical skills. Will do excellent in any post graduate position.

11/21/2011 - 12/18/2011 Family Medicine 3rd Yr (Required) Charles H. Korte MD
Mercy Family Medicine Residency Program *Rating: Professionalism Clinical Skills
4.17 3.55

Natalie had a great rotation with us. Her medical knowledge is advanced for her stage of training. He history and physicals and progress notes were well written and complete. She is an excellent team player and was well received by patients and nursing staff. Her oral presentations will improve with time and experience.

12/19/2011 - 01/22/2012 Community Medicine Anita Radix MD
Callen-Lorde Community Health Center *Rating: Professionalism Clinical Skills
4.60 4.09

A very enthusiastic and pleasant student. She was respectful to clients. Scholarly. She is clearly very interested in health disparities and health issues for LGBTQI clients. She has been a great ambassador for DMU and we look forward to having more of your students here. Nothing - she is an excellent student

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Supplement 2 - Clinical Rotations: Hinchcliffe, Natalie E.

01/23/2012 - 02/19/2012 Psychiatry (Required)

Iowa Veteran's Home

Douglas F. Steenblock MD

***Rating: Professionalism Clinical Skills**

4.83

4.89

From the beginning, it was apparent that this student was well organized and had exceptional communication skills. For example, I received Emails asking for clarification of my expectations well in advance. I found Ms. Hinchcliffe to be prompt and reliable throughout this rotation. Assignments (including written reports) were completed in a timely manner and were carried out skillfully. Compared to her peer group, her professionalism is exemplary. She presents herself in a manner that is more suggestive of a resident or attending physician. With confidence, assertiveness and precision. Ms. Hinchcliffe interacted very effectively with both patients and staff. Her patient interviews were focused and conducted at just the right pace. She was able to compile and synthesize data very effectively. I was impressed with her ability to conceptualize the biological, psychological and social dimensions of these patients and look beneath the superficial aspects of each situation. It was also evident that she felt a sense of empathy and compassion for her patients. In fact, she seemed to be deeply affected by the plights of some of them. Sexual health is an area of interest for her. These types of concerns are of paramount importance to many patients, yet many providers tend to avoid them or may not be fully informed about these issues. I think that her comfort with this topic and her expertise in this area will make her a valuable asset for any primary care practice. I can say with full confidence that Natalie E. Hinchcliffe has the makings of an excellent physician, regardless of specialty. Her professionalism, intellectual rigor, compassion and communication skills are all exceptional. Her compassion for her patients can also cause her to experience strong emotions in response to situations where patients are suffering. This did not affect her performance, but I would suggest that she continue to develop her coping mechanisms in the future. Her oral presentation was well done, but she should continue to improve her skills in this area and specifically be sure to avoid speaking too rapidly.

02/20/2012 - 03/18/2012 Primary Care - ER

Skiff Medical Center

John Reinertson MD

***Rating: Professionalism Clinical Skills**

4.33

4.18

Exceptionally caring and eager, progressed quickly throughout rotation. She is a real asset to a care team.

03/19/2012 - 04/15/2012 Obstetrics/Gynecology (Required)

University OB GYN

Fredric Sager DO

***Rating: Professionalism Clinical Skills**

4.50

4.55

Student has done an excellent job this month both didactically and clinically. Her surgical skills and clinical knowledge was superior to most students at her level. She was kind and compassionate to patients and got along well with staff and peers. It was a delight having Natalie on our service. She will do well in any endeavor she pursues.

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Supplement 2 - Clinical Rotations: Hinchcliffe, Natalie E.

04/16/2012 - 05/13/2012 Community Medicine Savita Ginde MD
Planned Parenthood of the Rocky Mountains *Rating: Professionalism Clinical Skills
5.00 5.00

Natalie is a very strong student. She is bright, very interested and engaged in learning and very professional. It was a true delight to have her spend time with us!

05/14/2012 - 06/10/2012 General Surgery (Required) Jason Dierking MD
Buena Vista Regional Medical Center *Rating: Professionalism Clinical Skills
5.00 5.00

*Among the top few medical students I have mentored in the last few years
Excels in all areas for her stage in training*

06/11/2012 - 07/08/2012 Neurology Lynn Rankin MD
VA Central Iowa Health Care System *Rating: Professionalism Clinical Skills
3.67 3.38

*Natalie was very dedicated, reading at night and coming in early to research the day's patients.
She was curious and asked good questions. She perfected her neuro exam quite well. She was
well liked by patients and staff.*

Nothing really- just keep reading to expand knowledge base

07/30/2012 - 08/26/2012 Family Medicine 4th Yr (Required) Purnima Garg MD
Albert Einstein College of Medicine *Rating: Professionalism Clinical Skills
4.67 4.30

*Natalie is very enthusiastic, motivated and a diligent student. She gave a solid performance and
presented few good interesting clinical topics related to her patients. Her clinical knowledge base
is good and always interested in learning more. A great team player. Very good work ethic.
Natalie has been very compassionate and sensitive to the needs of her patients. She will be a
great family physician.*

08/27/2012 - 09/23/2012 Non-Standard Rotation Director of Medical Education
Vanderbilt University Medical Center

09/24/2012 - 10/21/2012 Community Medicine Director of Medical Education
Morang-Chester Clinic, PC

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permission, this information is not included. Comments are included as written by evaluator with only minor
adjustments for grammar or spelling; a series of dots (....) marks those passages indecipherable by COM personnel.*

Supplement 2 - Clinical Rotations: Hinchcliffe, Natalie E.

10/22/2012 - 11/18/2012 Family Medicine 4th Yr (Required) Director of Medical Education
Beth Israel Family Medicine Residency

11/19/2012 - 12/16/2012 Family Medicine 4th Yr (Required) Director of Medical Education
Albert Einstein College of Medicine

12/17/2012 - 01/20/2013 Community Medicine Director of Medical Education
Callen-Lorde Community Health Center

*Overall	Professionalism	Clinical Skills
	4.51	4.36

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SUPPLEMENT 3 DMU-COM COMPLEX RESULTS

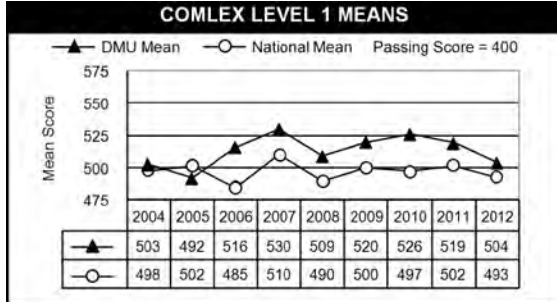


Figure 1 - COMPLEX Level 1 Mean Scores
Source: National Board of Osteopathic Medical Examiners, Inc.
Year = Class Year First Time Takers Only

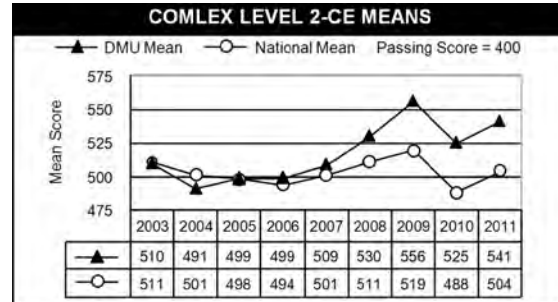


Figure 3 - COMPLEX Level 2-CE Mean Scores
Source: National Board of Osteopathic Medical Examiners, Inc.
Year = Class Year First Time Takers Only

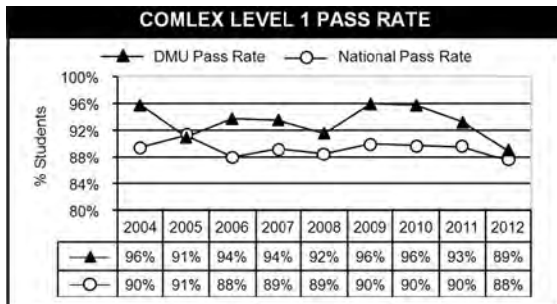


Figure 2 - COMPLEX Level 1 Pass Rates
Source: National Board of Osteopathic Medical Examiners, Inc.
Year = Class Year First Time Takers Only

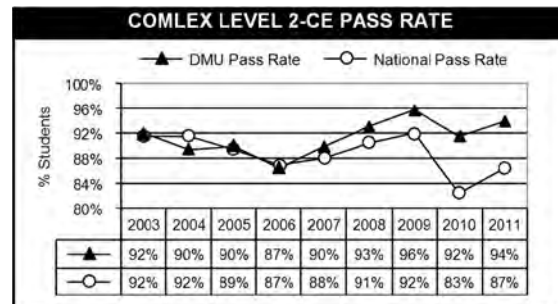


Figure 4 - COMPLEX Level 2-CE Pass Rates
Source: National Board of Osteopathic Medical Examiners, Inc.
Year = Class Year First Time Takers Only

6/1/2016

0160599

Hinchcliffe, Natalie E
109 Key Haven Road
Key West, FL 33040

Doctor of Osteopathic Medicine

09/11 --> 08/10/2009 - 05/27/2010 DO 13 Year I 2009-2010

OSTE 0123	eCDLS	8/10/09	5/15/13	0.50	P
INST 1150	MEDLINE / Pubmed Searching	8/10/09	9/10/09	---	CR
BIOC 1102	Biochem / Molecular Genetics	8/10/09	10/19/09	5.00	80%
HMNTS 1111	Intro History of Medicine	8/10/09	9/11/09	1.00	90%
OSTE 1102	Funds of Patient Safety/Qual I	8/10/09	5/27/10	1.00	P
HLTH 1102	Personal Wellness Profile	8/11/09	8/12/09	---	CR
OMM 1101	Osteopathic Manual Med I	8/12/09	5/11/10	5.00	93%
PSYC 1105	Behavioral Medicine	8/13/09	9/16/09	2.00	90%
BIOE 1120	Intro to Medical Ethics	8/20/09	4/28/10	1.00	96%
ANAT 1101	Gross Anatomy	8/26/09	12/18/09	7.00	90%
OSTE 1110	MBTI Module 1	8/27/09	9/28/09	---	CR
BLS 1101	Basic Life Support	9/1/09	3/1/10	0.50	P
BIOC 1122	PBL Biochem Elective	9/2/09	10/15/10	1.00	94%
HIST 1106	Cell Biology	10/12/09	12/11/09	3.50	91%
MICR 1103	Immuno / Micro / Virology	11/18/09	2/26/10	6.00	92%
HLTH 1107	Physical Diagnosis	1/4/10	5/21/10	3.50	97%
PHYS 1116	Intro to Physiology	1/6/10	5/26/10	7.00	89%
INST 2040	Intro Peds & Human Sim	1/27/10	4/29/10	---	CR
INST 2044	The Healer's Art	2/16/10	4/13/10	1.00	CR
PATH 1109	Pathology	2/23/10	4/2/10	3.00	93%
INST 2012	CAM Elective	3/17/10	5/5/10	1.00	CR
ANAT 1104	Neuroanatomy	3/30/10	5/3/10	2.00	89%
OSTE 1122	Geriatrics	4/20/10	5/21/10	2.50	88%
TERM-ATTEMPTED/EARNED				53.50/	53.50
CUM-ATTEMPTED/EARNED				53.50/	53.50
GPA-TERM/CUM				90.24/ 90.24	
				3.59/ 3.59	

10/21 --> 07/21/2010 - 05/20/2011 DO 2013 Year II

OSTE 2119	Prev Med / Nutrition	7/21/10	11/1/10	2.00	96%
OMM 2101	Osteopathic Manual Med II	7/21/10	5/12/11	4.00	95%
LAB 2105	Gynecology Lab	7/21/10	5/20/11	---	CR
OSTE 2102	Funds of Pt Safety II	7/21/10	5/20/11	1.00	P
OSTE 2125	Clin Reasoning, Sim, SPAL	7/21/10	5/20/11	2.50	P
OSTE 2120	Evidence Based Medicine	7/26/10	8/17/10	1.00	92%
LAB 2101	Ophthalmology Lab	8/1/10	12/15/10	---	CR
PHARM 2115	Medical Pharmacology	8/2/10	11/13/10	5.50	93%
SYST 2111	Gastrointestinal (GI)	8/9/10	9/10/10	3.00	95%
BIOE 2120	Medical Ethics II	8/17/10	5/19/11	1.50	92%
PEDS 2124	Neonatology Lab	8/25/10	5/9/11	---	CR
LAB 2115	Basic Surgical Skills	9/5/10	4/6/11	1.00	P
SYST 2101	Cardiovascular	9/16/10	10/25/10	3.00	90%
SYST 2114	Respiratory	10/25/10	11/16/10	3.00	88%
SYST 2103	Hematology / Oncology	11/17/10	12/17/10	3.00	87%
OSTE 2124	Inf Dis / Public Health	1/3/11	2/4/11	2.00	95%

**ELECTRONIC
SEAL VERIFIED**

6/1/2016

0160599
 Hinchcliffe, Natalie E
 109 Key Haven Road
 Key West, FL 33040

Doctor of Osteopathic Medicine

10/21 --> 07/21/2010 - 05/20/2011 DO 2013 Year II

SYST 2106	Endocrine	1/3/11	1/26/11	3.00	92%
SYST 2116	OB / Gyn	1/25/11	2/15/11	2.50	90%
SYST 2105	Renal	2/14/11	3/7/11	3.00	92%
HLTH 2104	Ophthalmology	3/1/11	3/10/11	1.00	95%
SYST 2141	Neurology	3/9/11	4/5/11	2.00	89%
ACLS 2102	Advanced Cardiac Life Support	3/11/11	5/6/11	1.00	P
BLS 2101	Basic Life Support Recertify	3/15/11	4/30/11	---	CR
PSYC 2107	Psychiatry	4/1/11	4/19/11	2.50	87%
HLTH 2102	Personal Wellness Profile	4/1/11	4/30/11	---	CR
OSTE 2133	Rheum/Ortho	4/18/11	5/28/11	1.50	89%
HLTH 2103	ENT - Ear, Nose, Throat	4/27/11	5/5/11	1.00	88%
SYST 2144	Derm/Allergy	5/2/11	5/10/11	1.00	81%
OSTE 2140	Intro to Clinical Clerkships	5/9/11	5/16/11	1.00	P
TERM-ATTEMPTED/EARNED				52.00/	52.00
CUM-ATTEMPTED/EARNED				105.50/	105.50
GPA-TERM/CUM				91.27/ 90.73	
				3.68/ 3.63	

11/31 --> 08/01/2011 - 07/27/2012 DO 2013 Year III

OSTE 3144	Clinical Rotations	8/1/11	7/27/12	48.00	P
OSTE 3151	Intro Hlth Sys / Policy	8/1/11	7/27/12	1.00	P
OSTE 3160	Clinical Comprehensive Exam	7/9/12	7/13/12	1.00	CR
TERM-ATTEMPTED/EARNED				50.00/	50.00
CUM-ATTEMPTED/EARNED				155.50/	155.50
GPA-TERM/CUM				0.00/ 90.73	
				3.63	

12/41 --> 07/30/2012 - 05/17/2013 DO 2013 Yr 4 07/2012-05/2013

OSTE 4144	Clinical Rotations	7/30/12	5/17/13	36.00	P
TERM-ATTEMPTED/EARNED				36.00/	36.00
CUM-ATTEMPTED/EARNED				191.50/	191.50
GPA-TERM/CUM				0.00/ 90.73	
				3.63	

CLINICAL ROTATIONS INFORMATION

General Pediatrics-Req	8/1/11	8/28/11	4 WEEKS	P
General Internal Medicine-Req	8/29/11	9/25/11	4 WEEKS	P
Family Medicine 3rd Yr-Req	9/26/11	10/23/11	4 WEEKS	P
Anesthesiology	10/24/11	11/6/11	2 WEEKS	P
Plastic Surgery	11/7/11	11/20/11	2 WEEKS	P
Family Medicine 3rd Yr-Req	11/21/11	12/18/11	4 WEEKS	P
Community Medicine	12/19/11	12/25/11	1 WEEKS	P



6/1/2016

0160599
 Hinchcliffe, Natalie E
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 Key West, FL 33040

Doctor of Osteopathic Medicine

CLINICAL ROTATIONS INFORMATION

Community Medicine	1/2/12	1/22/12	3 WEEKS	P
Psychiatry-Req	1/23/12	2/19/12	4 WEEKS	P
Primary Care-ER	2/20/12	3/18/12	4 WEEKS	P
Obstetrics/Gynecology-Req	3/19/12	4/15/12	4 WEEKS	P
Community Medicine	4/16/12	5/13/12	4 WEEKS	P
General Surgery-Req	5/14/12	6/10/12	4 WEEKS	P
Neurology	6/11/12	7/8/12	4 WEEKS	P
Family Medicine 4th Yr-Req	7/30/12	8/26/12	4 WEEKS	P
Non-Standard Rotation	8/27/12	9/23/12		P
Community Medicine	9/24/12	10/21/12		P
Family Medicine 4th Yr (Req)	10/22/12	11/18/12		P
Family Medicine (Elective)	11/19/12	12/16/12	4 WEEKS	P
Community Medicine	12/17/12	12/23/12		P
Community Medicine	12/31/12	1/20/13		P
Nephrology	1/21/13	2/17/13		P
International Health	2/18/13	3/17/13		P
International Health	3/18/13	4/14/13		P

Natalie E. Hinchcliffe

DEGREE EARNED

5/25/13

DO - Doctor of Osteopathic Medicine

**ELECTRONIC
 SEAL VERIFIED**

6/1/2016

0160599
Hinchcliffe, Natalie E
109 Key Haven Road
Key West, FL 33040

10/SP --> 01/03/2011 - 05/29/2011 Spring 2011 Electives

INST 2030	Elective: Repro Hlth Choices	1/25/11	3/8/11	1.00		CR
	TERM-ATTEMPTED/EARNED			1.00/	1.00	
	CUM-ATTEMPTED/EARNED			1.00/	1.00	
	GPA-TERM/CUM					0.00/ 0.00



Des Moines University
Osteopathic Medical Center

upon recommendation of the faculty of the
College of Osteopathic Medicine
and by the authority of the State of Iowa
hereby confers upon

Natalie Eileen Hinckcliffe

the degree of

Doctor of Osteopathic Medicine

with all the honors, rights and privileges thereto appertaining,
in recognition of the satisfactory completion of the requirements for this degree.
In witness whereof the Board of Trustees has caused the seal of the University
to be affixed at Des Moines, Iowa, this twenty-fifth day of May, 2013.

Angelo Franklin
President of the University

David W. O'Connell, MD, FACOP, FAHA
Dean of the College



Greg St. John
Chairman of the Board
Suey Lewis
Secretary of the Board



FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

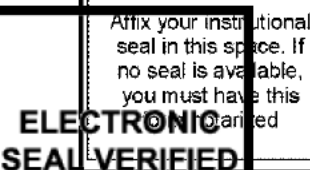
**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section V

Graduate Medical Education

Verification of Graduate Medical Education	
Institution: <u>Icahn School of Medicine at Mount Sinai (Beth Israel)</u> Specialty: <u>Family Medicine</u> Address: <u>New York, NY</u>	Attention: <u>Program Director</u> Affiliated University: <u>Icahn School of Medicine</u>
Verification For:	Name: <u>Hinchcliffe, Natalie Eileen</u> DOB: <u>09/18/1985</u> Individual's Name on Record (If different from above): _____
Program Participation: Important: Report Incomplete Training Levels (years) separate from those that were successfully completed. If the training level (year) is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	Training Level: <u>PGY 1</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Family Medicine</u> From: <u>7/1/2013</u> To: <u>6/30/2014</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	Training Level: <u>PGY 2</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Family Medicine</u> From: <u>7/1/014</u> To: <u>6/30/2015</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	Training Level: <u>PGY 3</u> <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Family Medicine</u> From: <u>7/1/2015</u> To: <u>6/30/2016</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
Certification:	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Andreas Cohrssen, MD</u> Signature: <u>Andreas Cohrssen, MD</u> Title of Signatory: <u>Program Director</u> Date of Signature: <u>6/29/2016</u> Tel: 212 206-5214 Fax: 212 206-5251 E-Mail: acohrssen@institute.org



Graduate Medical Education

Medical Professional Name: Natalie Eileen Hinchcliffe**Mount Sinai Beth Israel Medical Center****Family Medicine**

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? Yes NoWere you ever placed on probation? Yes NoWere you ever disciplined or placed under investigation? Yes NoWere any negative reports for behavioral reasons ever filed by instructors? Yes NoWere any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? Yes No

End of report for: Natalie Eileen Hinchcliffe

**PROVIDED BY
APPLICANT**

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section VI

Licensure Examination History

(State Licensing Authorities Only)



COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

Federation Credentials Verification Svcs
 Federation Place
 400 Fuller Wisser Rd., Ste. 300
 Euless, TX 76039-3855

Examinee: Hinchcliffe, Natalie E
NBOME ID: 987770

Date of Birth: 09/18/1985

EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT STANDARD MINIMUM		2 - DIGIT STANDARD MINIMUM		NOTE
			SCORE	PASSING	SCORE	PASSING	
Level 1							
	27-Jun-2011	Pass	569	400	--		
Level 2 Cognitive Evaluation (CE)							
	30-Jul-2012	Pass	590	400	--		
Level 2 Performance Evaluation (PE)							
	27-Aug-2012	Pass	Not Applicable		Not Applicable		
Level 3							
	12-Aug-2014	Pass	596	350	--		

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: June 10, 2016

1118991910884714

-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc.
 8765 West Higgins Road Suite 200 Chicago IL 60631-4174
 Phone: 773/714-0622 Fax: 773/714-0631

364585

8/11/2016

Dr. Natalie Eileen Hinchcliffe
1297 West 58th St
Apt 8
Cleveland OH 44102

It is our pleasure to notify you that you are now licensed to practice medicine or osteopathic medicine and surgery in the State of Ohio. The Board approved your request and your license number **012412** was issued on **08/10/2016** and will expire on **10/01/2018**.

Enclosed you will find your wall certificate. This wall certificate, by law, must be displayed in your office or the place where a major portion of your practice is conducted.

Please be advised that verification of your Ohio license must be obtained directly from the Board's website at <http://med.ohio.gov> in the "Licensee Profile and Status" section. The website is updated immediately to reflect newly issued licenses.

The State Medical Board of Ohio operates a "staggered renewal" system based upon the first letter of your last name at the time of licensure. A chart and information outlining the staggered medical license renewal system and continuing medical education (CME) hours required can be viewed on our website at <http://med.ohio.gov> in the "Renewal & CME" section under each respective license. Renewal applications are mailed approximately six months prior to the date of expiration.

SECTION 4731.281, OHIO REVISED CODE REQUIRES WRITTEN NOTICE TO THE BOARD OF ANY CHANGE OF PRINCIPAL PRACTICE ADDRESS OR RESIDENCE ADDRESS WITHIN THIRTY DAYS OF THE CHANGE. A CHANGE OF ADDRESS FORM IS AVAILABLE ON THE BOARD'S WEBSITE.


This notice authorizes you to make application for a U.S. Drug Enforcement Administration certificate of registration (controlled substance permit). To make such application, please contact the Drug Enforcement Administration (DEA) at (800) 230-6844 or www.dea.gov.

Please direct any questions regarding the DEA registration directly to the DEA office.

Sincerely,



Mitchell Alderson
Chief of Licensure

	State Medical Board of Ohio 30 E. Broad St., 3 rd Floor Columbus, Ohio, 43215
THE RECORDS OF THE STATE MEDICAL BOARD OF OHIO INDICATE THAT YOU HOLD THE FOLLOWING ACTIVE LICENSE:	
Doctor of Osteopathic Medicine 34 . 012412 Dr. Natalie Eileen Hinchcliffe Valid Until: 10/01/2018	

Submission Date and Time: 9/5/2018 1:32 PM

License Renewal Application

License Type - Doctor of Osteopathic Medicine (DO)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

Dr.

First Name

Natalie

Middle Name

Eileen

Last Name

Hinchcliffe

Maiden Name

No Response

Social Security Number

REDACTE

Date of Birth

9/18/1985

Email Address

nehinchcliffe@gmail.com

Phone Number

3053043351

Other Phone Number

No Response

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?

No Response

What is your gender?

Female

What is your ethnicity?

No Response

In which country were you born?

United States

In which state were you born (if United States)?

Florida

In which city were you born?

key west

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

1297 West 58th St apt 8
cleveland
OH
44102
United States

License Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

2500 Metrohealth Dr
Cleveland
OH
44109-1900
United States

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

No

Has your spouse served in the military?

No

I declined to answer these questions

Secondary Email Recipient

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

Specialty Tracking Component

Please list any American Board of Medical Specialties, American Osteopathic Association, or Council on Podiatric Medical Education specialty and/or subspecialty certifications that you currently hold.

Medical Speciality Certification - American Board of Medical Specialties (ABMS)

Medical Speciality - Family Medicine

Medical SubSpeciality - null

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Question - At any time since signing your last application for renewal of your certificate have you ever been denied a license to prescribe, dispense, administer, supply, or sell a controlled substance by the drug enforcement administration or appropriate issuing body of any state or jurisdiction, based, in whole or in part, on inappropriate prescribing, dispensing, administering, supplying or selling a controlled substance or other dangerous drug?

Answer -

Question - At any time since signing your last application for renewal of your certificate have you ever had a restriction of a license issued by the drug enforcement administration or a state licensing administration in any jurisdiction, under which you could prescribe, dispense, administer, supply or sell a controlled substance, that was restricted, based, in whole or in part, on inappropriate prescribing, dispensing, administering, supplying, or selling a controlled substance or other dangerous drug?

Answer -

Question - At any time since signing your last application for renewal of your certificate have you ever been subject to disciplinary action by any licensing entity that was based, in whole or in part, on inappropriate prescribing, dispensing, diverting, administering, supplying or selling a controlled substance or other dangerous drug?

Answer -

Question - Have you completed at least two hours of continuing medical education, annually for the past two years, that were certified by the Ohio State Medical Association or the Ohio Osteopathic Association, that assist physicians in diagnosing qualifying medical conditions and treating these conditions with medical marijuana including the characteristics of medical marijuana and possible drug interaction.

Answer -

Question - At any time since signing your last application for renewal of your certificate do you have an ownership or investment interest in or compensation agreement with any medical marijuana entity or applicant?

Answer -

Question - At any time since signing your last application for renewal of your certificate have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a

misdemeanor or felony?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

Answer - No

Question - At any time since signing your last application for renewal of your certificate has any board, bureau, department, agency, or any other body, including those in Ohio other than this board, filed any charges, allegations or complaints against you?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons other than failure to maintain records on a timely basis or to attend staff meetings?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

Answer - No

Question - Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

Answer - No

Question - Are you registered with the Ohio Automated Rx Reporting System (OARRS)?

Answer - Yes

Question - Do you consider yourself Hispanic, Latino/a or of Spanish origin?

Answer - No

Question - What is your U.S. residency status related to your employment?

Answer - U.S. Citizen

Question - Please select a language, other than English that you personally use to communicate with patients. Do not include a language that you use with the help of an interpreter or language software.

Answer - Not Applicable

Question - Which of the following best describes your five-year employment plan?

Answer - Maintain practice hours as is

Question - Do you have hospital privileges?

Answer - Yes

Question - Please provide the following information for up to 3 locations in which you use the license you are renewing, beginning with the locations you spend the most time: Facility Name, Address, City, State, Zip Code, Health Care Facility Type

Answer - MetroHealth, 2500 MetroHealth Dr, Cleveland, OH 44109; Preterm, 12000 Shaker Boulevard, Cleveland, OH 44120

Question - How many locations are you currently working in that require the license you are renewing?

Answer - 2

Question - On average, how many hours per week do you work under the license for which you are currently applying or renewing?

Answer - 40

Question - Do you currently possess an active license other than that for which you are renewing?

Answer - No

Question - What is your current employment status?

Answer - Actively working in a position that requires the license I am renewing

Question - Primary DEA Number

Answer - FH6282254

Question - Primary NPI Number

Answer - 1679816383

Question - Since signing your last renewal have you prescribed opioid analgesics or benzodiazepines while practicing in Ohio?

Answer - Yes

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

Attestation

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying.

Consent to Electronic Signature - **Consented**

Date/Time Stamp - 9/5/2018 1:32 PM

Type your First Name and Last Name as they appear on the application to sign electronically.

Natalie Hinchcliffe

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY**

OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.