

Lisa Hofler, MD

Licensed Physician #MD2016-0265

Issue Date

Expiration Date

06/01/2016

07/01/2017

Signature of holder

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Lisa Hofler, MD

License Number: MD2016-0265

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 06/01/2016 Date Expires: 07/01/2017*

**A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

This License Must Be Conspicuously Posted In Each Practice Location

Parks, Monique M, BME

From: Lisa Hofler [REDACTED]@gmail.com>
Sent: Thursday, April 28, 2016 3:16 PM
To: Parks, Monique M, BME
Subject: Hofler license - June 1 okay

Dear Monique,

I spoke with the credentialing folks at UNM and they said it would be all right to wait until June 1 to issue my NM medical license. Thank you again for letting me know about the renewal timing - I really appreciate it!

I can also be reached at [REDACTED] if you need.

Thank you again,
Lisa



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Physician (MD) Application



THE NEW MEXICO
MEDICAL SOCIETY



Date of Application: January 24, 2016

Application Fee: \$400.00

TOTAL: \$400.00

Name: Lisa Hoffer

R#1796822

Exam

Maiden or Other Names Used

Will you be applying by endorsement? Yes No

Applying using: NMMB HSC FCVS

What are your NM practice plans? Faculty at UNMH

Gender: Female Citizenship: United States

Place of Birth: _____

Social Security Number: _____

Date of Birth: _____ 982

State Tax ID#: _____ Pending

Fed. Tax ID#: _____ Pending

Medicare #: _____ Pending

Medicaid #: _____ Pending

Unique Physician Identification Number (UPIN): _____ Pending

National Provider Identifier Number (NPI): 1457662694 Applied

CLIA Number (if applicable): _____ Approval Level: _____ Expiration Date: _____

Home address

Street Address: _____

City, State/Province and Zipcode: Atlanta GA 30308

Country: United States

Telephone Number: _____

Pager Number: _____

Cell Phone Number: _____

Spouse's Name (Optional): _____

Credentials Correspondence Address

Department: _____

Street Address: _____

City, State/Province and Zipcode: Atlanta GA 30308

Country: United States

Email: _____@gmail.com

Telephone Number: _____

Facsimile Number: _____

Military Service

Branch: _____

Type of Discharge: _____

Dates: From: _____ To: _____ Current Rank: _____

Immigration

Status: _____

Certification Number: _____

ECFMG (Educational Commission for Foreign Medical Graduates)

Number (if applicable): _____

Date Issued: _____

(Please attach a copy of your ECFMG certificate)

Languages

Foreign Languages (spoken fluently by practitioner): _____

Certifications

ACLS CERTIFICATION

Certified? Yes No

Expires: 06/30/2016

ATLS CERTIFICATION

Certified? Yes No

Expires: _____

PALS CERTIFICATION

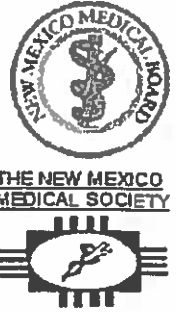
Certified? Yes No

Expires: _____



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HOSPITAL AND HEALTHCARE AFFILIATIONS

- Are you a PCP? Do you deliver babies? Are you an MD, DO, or DPM

If you answered yes to any question above, you must:

- (a) Have admitting privileges at a hospital (list below) OR
- (b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

- Do you have courtesy or consulting privileges at this facility.
- If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

I admit patients to Emory University Hospital Midtown and Grady Memorial Hospital. I have admitting privileges at these hospitals.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

Facility Name: Emory University Hospital Is this your primary admitting facility
 Department: Medical Staff Office
 Street Address: 1364 Clifton Rd NE
 City: Atlanta State/Province: GA Zip Code: 30322-1059
 Country: United States
 Phone Number: 4046867789 Facsimile: _____
 Appointment Dates From: 10/2015 To: _____ Present
 Type of Appointment: Fellow Privileges Assigned: _____

PGT

Facility Name: Emory University, Dept. Gyn - Ob Is this your primary admitting facility
 Department: 1639 Pierce Dr., Room 4208
 Street Address: _____
 City: Atlanta State/Province: GA Zip Code: 30322
 Country: United States
 Phone Number: 4047278600 Facsimile: _____
 Appointment Dates From: 07/2014 To: _____ Present
 Type of Appointment: Fellow Privileges Assigned: _____

PGT

Facility Name: Grady Memorial Hospital Is this your primary admitting facility
 Department: Medical Staff Office
 Street Address: PO Box 26189 80 Butler St SE
 City: Atlanta State/Province: GA Zip Code: 30303-0001
 Country: United States



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Phone Number: 4046164262 Facsimile: _____
 Appointment Dates From: 07/2014 To: _____ Present
 Type of Appointment: Fellow Privileges Assigned: _____

Facility Name: Crawford Long Hospital (now Emory Midtown Hospital) Is this your primary admitting facility
 Department: Medical Staff Office
 Street Address: 550 Peachtree St NE

City: Atlanta State/Province: GA Zip Code: 30308-2225

Country: United States
 Phone Number: 4047279876 Facsimile: _____

Appointment Dates From: 05/2014 To: _____ Present
 Type of Appointment: Fellow Privileges Assigned: _____

Facility Name: The Emory Clinic & Satellites Is this your primary admitting facility
 Department: _____

Street Address: 550 Peachtree Street NE
 MOT 9th Floor

City: Atlanta State/Province: GA Zip Code: 30308

Country: United States
 Phone Number: 4047127371 Facsimile: _____

Appointment Dates From: 03/2014 To: _____ Present
 Type of Appointment: Fellow Privileges Assigned: _____

Facility Name: Beth Israel Deaconess Medical Center-Boston Is this your primary admitting facility
 Department: Medical Staff Office/Grad Med Education

Street Address: 330 Brookline Ave
 City: Boston State/Province: MA Zip Code: 02215-5491

Country: United States
 Phone Number: 6176671913 Facsimile: 6176672092

Appointment Dates From: 06/2010 To: 06/2014 Present
 Type of Appointment: Resident Physician Privileges Assigned: _____

WORK HISTORY

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Organization: Emory University, Dept. Gyn - Ob From: 07/2014 To: _____
 Department: 1639 Pierce Dr., Room 4208 Present

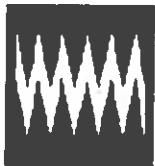
Street Address: _____
 City: Atlanta State/Province: GA Zip Code: 30322

Country: United States Phone Number: 4047278600
 Contact: _____ Fax Number: _____

Type of Practice: Fellow

P6T

P6T



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Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Beth Israel Deaconess Medical Center-Boston From: 06/2010 To: 06/2014
 Department: Medical Staff Office/Grad Med Education Present
 Street Address: 330 Brookline Ave
 City: Boston State/Province: MA Zip Code: 02215-5491
 Country: United States Phone Number: 6176671913
 Contact: _____ Fax Number: 6176672092
 Type of Practice: Resident Physician

PBT

Please provide written explanation for any gaps in work history of six (6) months or more.

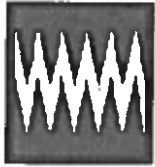
PRACTICE LOCATIONS

Group Name: Emory University Effective Date: 07/01/2014
 Department: Gynecology and Obstetrics
 Street Address: 550 Peachtree Street NW
 City: Atlanta State/Province: GA Zip Code: 30308
 Country: United States
 Phone Number: 4047783401 Facsimile Number: _____
 Email Address: _____ Answering Service Number: 4047783401
 Foreign Languages (spoken fluently at practice): _____
 Office Manager or Contact Person: _____ Phone: _____
Billing Address
 Contact Person: _____ Tax ID #: _____
 Department: _____
 Street Address: _____
 City: _____ State/Province: UN Zip Code: _____
 Country: United States
 Phone Number: _____ Facsimile Number: _____
Practice Associates (if applicable): _____ **Call Coverage (if applicable)** _____
 _____ / _____
 _____ / _____
 _____ / _____

What are the office hours for your Practice or Group Practice? (Provide days/hours):

What provisions have been made for after hours?:

Group Name: Emory University Effective Date: 07/01/2014
 Department: Gynecology and Obstetrics
 Street Address: 550 Peachtree Street NW



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City: Atlanta State/Province: GA Zip Code: 30308

Country: United States

Phone Number: 4047783401 Facsimile Number: _____

Email Address: _____ Answering Service Number: _____

Foreign Languages (spoken fluently at practice): _____

Office Manager or Contact Person: _____ Phone: _____

Billing Address

Contact Person: _____ Tax ID #: _____

Department: _____

Street Address: _____

City: _____ State/Province: UN Zip Code: _____

Country: United States

Phone Number: _____ Facsimile Number: _____

Practice Associates (if applicable): _____ Call Coverage (if applicable): _____

_____ / _____

_____ / _____

_____ / _____

What are the office hours for your Practice or Group Practice? (Provide days/hours): _____

What provisions have been made for after hours? _____

CONTINUING EDUCATION

1. If you are applying for privileges at a hospital or clinic, please send documentation of all continuing education hours you have obtained in the last two (2) years or complete and send the statement of continuing medical education.
2. If you are applying for privileges at a hospital or clinic, please complete and send the privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.

PROFESSIONAL REFERENCES

Please list five (5) professional peers with the same type of license, or a higher level of licensure, who are familiar with your professional performance in the past three (3) years.

Name and Title: Melissa Kottke MD - Docto Specialty: Obstetrics and Gynecology

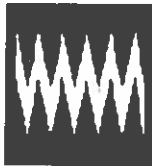
Department: Jane Fonda Center Email: mkottke@emory.edu

Street Address: 49 Jesse Hill Jr Dr SE,

City: Atlanta State/Province: GA Zip Code: 30303

Country: United States

Phone Number: 4047128730 Facsimile Number: _____



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Name and Title: Carrie Cwiak MD - Docto Specialty: Obstetrics and Gynecology
 Department: _____ Email: ccwiakr@emory.edu
 Street Address: 49 Jesse Hill Jr Dr SE, c/o Loretha Anderson, c/o Loretha Anderson
c/o Loretha Anderson
 City: Atlanta State/Province: GA Zip Code: 30303
 Country: United States
 Phone Number: 4047781696 Facsimile Number: 4047781382

Name and Title: Eva Lathrop MD - Docto Specialty: Obstetrics and Gynecology
 Department: _____ Email: elathro@emory.edu
 Street Address: 49 Jesse Hill Jr Dr SE, c/o Loretha Anderson
c/o Loretha Anderson
 City: Atlanta State/Province: GA Zip Code: 30303
 Country: United States
 Phone Number: 4047781696 Facsimile Number: 4047781382

Name and Title: Lisa Haddad MD - Docto Specialty: Obstetrics and Gynecology
 Department: _____ Email: lisa.haddad@emory.edu
 Street Address: 49 Jesse Hill Jr Dr SE, c/o Loretha Anderson
c/o Loretha Anderson
 City: Atlanta State/Province: GA Zip Code: 30303
 Country: United States
 Phone Number: 4047781696 Facsimile Number: 4047781382

Name and Title: Denise Jamieson MD - Docto Specialty: Obstetrics and Gynecology
 Department: Centers for Disease Control and Prevention Email: djj0@cdc.gov
 Street Address: 4770 Buford Highway NE
 City: Atlanta State/Province: GA Zip Code: 30341
 Country: United States
 Phone Number: 7704884511 Facsimile Number: _____

LICENSURE REGISTRATION INFORMATION

List all licenses held in all jurisdictions. Attach a separate page if necessary.

State Professional License/Certification Number:	<u>71146</u>	<input type="checkbox"/> Pending
State: <u>GA</u>	Issue Date: <u>12/06/2013</u>	Expiration Date: <u>01/31/2017</u>
State Professional License/Certification Number:	<u>244368</u>	<input type="checkbox"/> Pending
State: <u>MA</u>	Issue Date: <u>05/19/2010</u>	Expiration Date: <u>06/30/2014</u>



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LICENSING EXAM

Please check all that apply:

<input type="checkbox"/> State Board Exam (Prior to 1973)	Which State? <u>UN</u>	Date(s) passed? _____
<input type="checkbox"/> FLEX		MM/YY
Part/Step 1 Date Passed _____		
		MM/YY
<input type="checkbox"/> LMCC		
Part/Step 1 Date Passed _____		
		MM/YY
<input type="checkbox"/> National Board (NBME)		
Part/Step 1 Date Passed _____	Part/Step 2 Date Passed _____	Part/Step 3 Date Passed _____
		MM/YY
<input checked="" type="checkbox"/> USMLE		
Part/Step 1 Date Passed <u>06/25/2007</u>	Part/Step 2 Date Passed <u>08/14/2008</u>	Part/Step 3 Date Passed <u>06/10/2011</u>
		MM/YY

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration: N/A

DEA Number: [REDACTED] Expiration Date: 10/31/2016 Pending

State Controlled Substance Registration (CSR): N/A

CSR Number: _____ Expiration Date: _____ State: _____ Pending

EDUCATION

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post-graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Fellowship

Institution: Emory University, Dept. Gyn - Ob Dates Attended: _____

Department: 1639 Pierce Dr., Room 4208 From: 07/2014

Street Address: _____ To: _____

City: Atlanta State/Province: GA Zip Code: _____

Country: United States Graduation Date: 2016

Degree Earned: Fellowship or Specialty: Gynecology

If teaching appointment: Department/Position: _____



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Degree Level: Residency
 Institution: Beth Israel Deaconess Medical Center-Boston Dates Attended:
 Department: Medical Staff Office/Grad Med Education From: 06/2010
 Street Address: 330 Brookline Ave, To: 06/2014
 City: Boston State/Province: MA Zip Code: _____
 Country: United States Graduation Date: 2014
 Degree Earned: Residency or Specialty: Obstetrics/Gynecology
 If teaching appointment: Department/Position: _____

Degree Level: Masters
 Institution: Rollins School of Public Health of Emory University Dates Attended:
 Department: _____ From: 08/2008
 Street Address: 1518 Clifton Road To: 05/2010
 City: Atlanta State/Province: GA Zip Code: _____
 Country: United States Graduation Date: 2010
 Degree Earned: Master of Public Health or Specialty: Epidemiology
 If teaching appointment: Department/Position: _____

Degree Level: Undergraduate
 Institution: Emory University SOM Registrar Dates Attended:
 Department: Office of the Registrar From: 07/2004
 Street Address: 100 Boisfeuillet Jones Center, 200 Dowman Drive To: 05/2010
200 Dowman Drive
 City: Atlanta State/Province: GA Zip Code: _____
 Country: United States Graduation Date: 2010
 Degree Earned: Doctor of Medicine or Specialty: Medicine
 If teaching appointment: Department/Position: _____

SPECIALTY BOARD CERTIFICATIONS

If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted by examination in your specialty, please give a brief explanation on an attached sheet. Explain any gaps or delays in achieving Board certification by the recognized Board in your specialty area.

Board or Specialty Board Name: Obstetrics and Gynecology
 Date Certified: 01/15/2016 Date Last Recertified: _____ Expiration Date: 12/31/2016 Lifetime
 Certification Number: _____ Accepted for Examination? Yes No
 If not accepted, have you made application? Yes No N/A If no, provide an explanation: _____



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MEDICAL MALPRACTICE INSURANCE

Do you have current medical malpractice insurance? Yes No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.

Carrier: Clifton Casualty Insurance Company Limits: [REDACTED]

Department: Claims Department

Address: 1365 Clifton Rd NE Pending

City: Atlanta State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 09/01/2015 To: 09/01/2016 Policy Number: [REDACTED]

Carrier: Clifton Casualty Insurance Company Limits: [REDACTED]

Department: Claims Department

Address: 1365 Clifton Rd NE Pending

City: Atlanta State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 09/01/2014 To: 09/01/2015 Policy Number: [REDACTED]

Carrier: Clifton Casualty Insurance Company

Department: Claims Department

Address: 1365 Clifton Rd NE Pending

City: Atlanta State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 09/01/2013 To: 09/01/2014 Policy Number: [REDACTED]

Carrier: CRICO

Department: Claims Dept., Risk Mngmnt Foundation

Address: 101 Main St Pending

City: Cambridge State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 07/01/2013 To: 06/30/2014 Policy Number: [REDACTED]

Carrier: CRICO

Department: Claims Dept., Risk Mngmnt Foundation

Address: 101 Main St Pending

City: Cambridge State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 07/01/2012 To: 06/30/2013 Policy Number: [REDACTED]

Carrier: CRICO

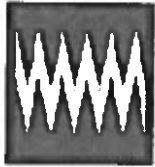
Department: Claims Dept., Risk Mngmnt Foundation

Address: 101 Main St Pending

City: Cambridge State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 07/01/2011 To: 06/30/2012 Policy Number: [REDACTED]



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Carrier: CRICO Limits: [REDACTED]

Department: Claims Dept., Risk Mgmt Foundation

Address: 101 Main St Pending

City: Cambridge State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 01/01/2011 To: 06/30/2011 Policy Number: CCAYM-CCAYM-C-GLPL-1264-2



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PROFESSIONAL PRACTICE QUESTIONS

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Please answer all of the following Yes or No questions. If you answer YES to any question, you must give details including name, address, and telephone number of significant parties on a separate sheet of paper. You must respond to each question.

- | | | |
|-----|--|---|
| 1 | Has your professional liability coverage ever been terminated by action of the insurance company (except as a result of the company ceasing to offer insurance coverage to physicians or other practitioners)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | Have you ever been denied professional liability insurance coverage? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Has your professional liability carrier ever excluded any specific procedures from your coverage? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | Have you ever been excluded from or sanctioned by Medicare and/or Medicaid? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6 | Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated). | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7 | Have you ever been named as a defendant in any criminal proceedings? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8 | Have you ever been subject to investigation by a governmental entity or Board that either could have resulted, or did result, in licensure sanctions or other adverse actions, irrespective of the outcome? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9 | Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10a | Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10b | Have you ever agreed not to exercise your clinical privileges while under investigation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11 | Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 12a | Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 12b | Are any currently held licenses pending investigation or being challenged? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 13 | Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 14 | Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, or voluntarily or involuntarily limited, suspended, revoked, or restricted? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 15 | Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please list on a separate sheet of paper for each case: Name, age, sex of patient/claimant, Date(s) and type of treatment and/or surgery that led to the allegations against you, Nature of allegations in claims/suits. Specify whether a suit was ever filed, Names of other practitioners and hospital, if any, involved in claims or suit, Disposition or current status of claim or suit (be specific), Name of insurance carrier defending you. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16 | Have you ever been reported to the National Practitioner Data Bank? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 17a | Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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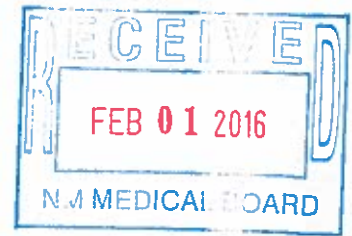


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- 17b Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO) Yes No
- 18 In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment. Yes No
- 19a Have you ever, for any reason, resigned from a medical school or postgraduate training (PGT) program? Yes No
- 19b Have you ever, for any reason, withdrawn from a medical school or postgraduate training (PGT) program? Yes No
- 19c Have you ever, for any reason, been suspended, dismissed, or expelled from a medical school or postgraduate training (PGT) program? Yes No
- 19d Have you ever, for any reason, been placed on probation or remediation, including academic probation or remediation, by a medical school or postgraduate training (PGT) program? Yes No
- 19e Have you ever, for any reason, taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or postgraduate training (PGT) program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issues, etc)? Yes No
- I took a one-year leave of absence from medical school 06/2005 to 06/2006 to live and work in England while my husband was a student there. I was enrolled in a 5-year combined MD/MPH degree program; I completed MPH coursework during 08/2008 to 05/2009 academic year.
- 20 I attest that I will limit my practice to areas in which I am competent to practice. Yes No
- 21 Are you currently in arrears for payments of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or in any other state? Yes No

19e



APPLICANT'S OATH

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

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

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having 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 their 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, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



Lisa Hofuer
Applicant Signature

01/21/2016
Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name LISA HOFUER

Date 01/21/2016

PHYSICIANS FOR REPRODUCTIVE HEALTH

Headquarters:
55 West 39th Street
Suite 1001
New York, NY 10018-
3889
Tel: 646-366-1890
Fax: 646-366-1897

Additional Locations:
San Francisco, CA
Washington, DC
www.prh.org

Jodi Magee
President/CEO

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July 6, 2015

Dear Class of 2015 Fellows:

We are pleased to present you with the enclosed Certificate of Completion of Physicians for Reproductive Health's Leadership Training Academy.

We recognize the time and energy you devoted to absorb the skills and knowledge that will support your work as leaders in reproductive health advocacy, and are grateful to have been able to share this time with you.

As alumni, you are essential members of the Initiative and Academy community. Do continue to reach out to staff and use the listserv to share successes, current issues, and conundrums. These resources exist to support you and everyone in our network.

Enjoy the enclosed copy of Dr. Poppema's book - a candid and compassionate account of what it means to be a provider. It is a gift from her to you.

This letter certifies that:

Lisa Hofler, MD, MPH

(Name of Participant)

has participated in the educational activity entitled:
Leadership Training Academy 2014-2015
(Title of CME Activity)

provided by: Physicians for Reproductive Health

from October 23, 2014 - June 30, 2015 in Washington, DC; New York, NY; San Francisco, CA
(Date of Activity) (City/State of Activity)

and is awarded up to 61.5 credits.

This series activity has been reviewed and is acceptable for up to 61.5 prescribed credits by the American Academy of Family Physicians.

I participated in 61.5 credits of this CME activity.

Participant's Signature

Date

Signature of CME Activity Director

7/6/15
Date

Congratulations and many thanks,

Libby Benedict
Director,
Leadership Training Academy

Vanessa Furtado
Director,
Leadership Development

Anita Brakman
Senior Director,
Education, Research and Training

Lisa Hofer, MD
Atlanta, GA

Sponsored by the Mountain Area Health Education
Center Continuing Medical Education

Attendance Certificate



Mountain AHEC
121 Hendersonville Rd.
Asheville, NC 28801

This is to certify that Lisa Hofer, MD has participated in educational activities within the conference(s):

America's OB/GYN Board Review Course - November (American's OB/GYN Board Review Course - East Flat Rock, NC)

sponsored by Mountain AHEC between the dates of 11/18/2015 and 11/22/2015 and is awarded 44.00 of *AMA PRA Category 1 Credit(s)*[™].

Accreditation: The Mountain Area Health Education Center is accredited by the North Carolina Medical Society to sponsor continuing education for physicians.

Credit: The Mountain Area Health Education Center designated these educational activities for a maximum of 44.00 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure: The Mountain Area Health Education Center adheres to the ACCME Standards regarding industry support to continuing medical education. Disclosure of faculty and planners and commercial support relationships, if any, will be made known at the activity.

A handwritten signature in black ink, appearing to read 'D. Frayne MD', is written over a horizontal line.

Daniel J. Frayne, MD
Medical Director, CME
MAHEC

Lisa Hofer, MD
Atlanta, GA

Sponsored by the Mountain Area Health Education
Center Continuing Medical Education

Attendance Certificate



Mountain AHEC
121 Hendersonville Rd.
Asheville, NC 28803

Non-Physician Certificate of Attendance

Lisa Hofer, MD

successfully completed the educational activities within:

**America's OB/GYN Board Review Course - November (American's OB/GYN Board Review Course -
East Flat Rock, NC)**

between the dates of

11/18/2015 - 11/22/2015

Credit: The Mountain Area Health Education Center designates this continuing education activity as meeting the criteria for **4.80 CEUs** as established by the National Task Force on the Continuing Education Unit.

Daniel J. Frayne, MD
Medical Director, CME
MAHEC



American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Phone: (214) 871-1619
Fax: (214) 871-1943

January 21, 2016

RE: Certification Status of Lisa Hofler, M.D.

To Whom It May Concern:

Lisa Hofler, M.D. is a Diplomate of the American Board of Obstetrics & Gynecology (ABOG).

Obstetrics and Gynecology Certification

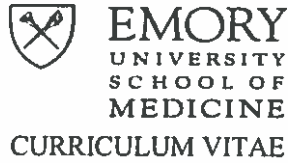
ABOG ID Number: 9029252
Original Certification Date: 1/15/2016
Certification Status: Valid through: 12/31/2016
Meeting Requirements of Maintenance of Certification: Yes

A physician becomes a Diplomate of the ABOG when he/she has fulfilled all requirements, has satisfactorily completed the written and oral examinations and has been awarded ABOG's certifying diploma.

Physicians certified by the ABOG in Basic Obstetrics and Gynecology prior to 1986 or subspecialty certified prior to November, 1987 hold non-time-limited (non-expiring) certificates. They are not required to participate in Maintenance of Certification.

Sincerely,

Larry C. Gilstrap, III, M.D.
Executive Director



Revised: 1/24/2016

Lisa Hofler, MD, MPH

Office Address: Emory University School of Medicine
Department of Gynecology and Obstetrics
Faculty Office Building
49 Jesse Hill Jr. Drive, SE – 3rd Floor
Atlanta, GA 30303

Telephone: 404-778-1706

Fax: 404-778-1382

Email: lisa.hofler@emory.edu

Citizenship: USA

CURRENT TITLES AND AFFILIATIONS:

Academic appointments:

07/2014- Associate, Family Planning
Division of Family Planning
Clinical Care and Research Fellow
Department of Gynecology and Obstetrics
Emory University School of Medicine

Clinical appointments:

07/2014-	Clinician Feminist Women's Health Center	Atlanta, GA
07/2014-	Clinician Planned Parenthood – Southeast, Inc.	Marietta, GA
08/2014-	Clinician Atlanta Women's Center	Atlanta, GA



Licensures/Boards:

06/2010-07/2014 Massachusetts Board of Registration in Medicine
12/2013- Georgia Composite Medical Board

Specialty Boards:

01/2016 Diplomate, American Board of Obstetrics and Gynecology

EDUCATION:

Undergraduate:

05/2004 Georgia Institute of Technology Atlanta, GA
Bachelor of Science in Chemical Engineering, Minor in French
with highest honor

Graduate:

05/2010 Emory University School of Medicine Atlanta, GA
Doctor of Medicine
cum laude

05/2010 Emory University Rollins School of Public Health Atlanta, GA
Master of Public Health in Epidemiology
Thesis: Gender Differences in Kaposi Sarcoma in the United States: SEER Analysis
1973-2006
Advisor: Michael Goodman, MD, MPH

05/2016 (expected) Emory University Goizueta Business School Atlanta, GA
Master of Business Administration

Postgraduate Training:

06/2010-06/2013 Beth Israel Deaconess Medical Center Boston, MA
Department of Obstetrics and Gynecology
Categorical Resident
Program Director: Hope Ricciotti, MD

06/2013-06/2014 Beth Israel Deaconess Medical Center Boston, MA
Department of Obstetrics and Gynecology
Administrative Chief Resident
Program Director: Hope Ricciotti, MD

07/2014- Emory University School of Medicine Atlanta, GA
Department of Gynecology and Obstetrics
Clinical and Research Fellow, Division of Family Planning
Program Director: Carrie Cwiak, MD, MPH

COMMITTEE MEMBERSHIPS:

National:

- 2014- Long-Acting Reversible Contraception (LARC) Learning Workgroup, Association of State and Territorial Health Officials
- 2008-2010 Board of Directors Executive Committee, Medical Students for Choice
- 2007-2010 National Student Advisory Council, Medical Students for Choice

Regional and State:

- 2014- Georgia Perinatal Quality Collaborative maternal project (LARC) committee
- 2008-2010 National Coordinator, Southeast, Medical Students for Choice
- 2007-2008 Regional Coordinator, Region 10, Medical Students for Choice

Institutional:

- 2015- Resident Interview and Selection Committee, Emory University Department of Gynecology and Obstetrics
- 2015- Medical Education Committee, Emory University Department of Gynecology and Obstetrics
- 2014- Family Planning Fellowship Interview and Selection Committee, Emory University Department of Gynecology and Obstetrics
- 2014-2015 Safety Certification in Outpatient Practice Excellence (SCOPE) Certification Working Group, Emory University Department of Gynecology and Obstetrics
- 2014 Mentorship Committee, Beth Israel Deaconess Medical Center Department of Obstetrics and Gynecology
- 2013-2014 Graduate Medical Education Committee, Beth Israel Deaconess Medical Center
- 2013-2014 Executive Committee, Beth Israel Deaconess Medical Center Department of Obstetrics and Gynecology
- 2013-2014 Quality Assurance Committee, Beth Israel Deaconess Medical Center Department of Obstetrics and Gynecology
- 2013-2014 Obstetrics Leadership Committee, Beth Israel Deaconess Medical Center Department of Obstetrics and Gynecology
- 2012-2014 Associate Member, The Academy at Beth Israel Deaconess Medical Center (focus on medical education)

HONORS AND AWARDS:

- 2015-2016 Forté Fellow, Goizueta Business School
- 2014-2015 Fellow, Physicians for Reproductive Health Leadership Training Academy
- 2014 Excellence in Family Planning Award, Beth Israel Deaconess Medical Center Department of Obstetrics and Gynecology
- 2013-2014 Administrative Chief Resident, Beth Israel Deaconess Medical Center Department of Obstetrics and Gynecology
- 2012, 2014 Outstanding Resident Teaching Award, Harvard Medical School Principal Clinical Experience
- 2013 Ryan Resident Scholarship, Ryan Residency Training Program
- 2013 APGO Resident Scholar Award, Association of Professors of Gynecology and Obstetrics
- 2012 CREOG PGY-II Teaching Award, Beth Israel Deaconess Medical Center Department of Obstetrics and Gynecology
- 2008 Named one of "30 Under 30" young alumni, Georgia Tech Alumni Magazine
- 2006-2009 Leadership Training Program, Medical Students for Choice
- 2003 President's Undergraduate Research Award, Georgia Institute of Technology
- 2000-2004 President's Scholarship, Georgia Institute of Technology

SOCIETY MEMBERSHIPS:

- 2014- Physicians for Reproductive Health
- 2014- Georgia Obstetrical and Gynecological Society
- 2014- Society for Academic Specialists in General Obstetrics and Gynecology
- 2014- American Society for Reproductive Medicine
- 2014- National Abortion Federation
- 2012- Society of Family Planning
- 2009- American Congress of Obstetricians and Gynecologists
- 2004- American Medical Association
- 2004-2010 Medical Students for Choice
- 2004-2010 American Medical Students Association

RESEARCH FOCUS:

My current research focus centers on implementation of evidence-based practices, particularly long-acting reversible contraceptive programs. Other areas of interest include leadership and gender, the culture of medicine, and medical education.

GRANT SUPPORT:

Active support:

2014-2016 Principal Investigator Society of Family Planning Research Fund

 Implementation of Immediate Postpartum LARC in Georgia \$52,623.00

 Implementation research regarding statewide implementation of immediate postpartum LARC programs in hospitals throughout Georgia including stakeholder analysis, barriers analysis, process analysis

Previous unfunded projects:

2012-2014 Co-Investigator

 Women in Senior Leadership Positions in Academic Medicine
 Principal Investigator: Hope Ricciotti, MD

 Analysis of gender distribution of senior leadership positions in core medical specialty departments among academic residency training programs

2012-2014 Co-Investigator

 Women in Senior Leadership Positions in Obstetrics and Gynecology
 Principal Investigator: Hope Ricciotti, MD

 Analysis of gender and subspecialty distribution of senior leadership positions in obstetrics and gynecology departments among Association of Professors of Gynecology and Obstetrics member institutions

2011-2014 Co-Investigator

 Long-Acting Reversible Contraception Discontinuation Study
 Principal Investigator: Michele Hacker, ScD, MSPH

 Evaluating discontinuation rates, times to discontinuation, and reasons for discontinuation for contraceptive implants and intrauterine devices

CLINICAL SERVICE CONTRIBUTIONS:

2014- Harriet Tubman Women’s Clinic, Atlanta, GA, Clinical Volunteer

2010 ICAmigos Clinica Medica Social, Quetzaltenango, Guatemala, Clinical Volunteer

2009-2010 Good Samaritan Clinic, Atlanta, GA, Clinical Volunteer
 2007-2010 Health Students Taking Action Together (HealthSTAT), Atlanta, GA, Student Advocate
 2007 Open Door Clinic, Atlanta, GA, Clinical Volunteer
 2006-2007 Feminist Women's Health Center, Atlanta, GA, Shadowing Program Coordinator

FORMAL TEACHING:

Residency Program Teaching:

11/2015	Immediate Postplacental IUD Refresher Emory Labor and Delivery Resident Didactic Series	Atlanta, GA
04/2015	Immediate Postpartum IUD Placement Emory Gynecology and Obstetrics Resident Didactic Series	Atlanta, GA
03/2015	Immediate Postpartum IUD Placement Georgia Regents University Obstetrics and Gynecology Resident Didactic Series	Augusta, GA
01/2015	Progestins Emory Family Planning Division Didactic Series	Atlanta, GA
08/2014	Contraception: A Primary Care Issue Emory Internal Medicine Resident Didactic Series	Atlanta, GA
03/2014	Bacterial Vaginosis Beth Israel Deaconess Medical Center Gynecology Resident Didactic Series	Boston, MA
02/2013	Postoperative Complications Beth Israel Deaconess Medical Center Gynecology Resident Didactic Series	Boston, MA
05/2012	Bacterial Vaginosis Beth Israel Deaconess Medical Center Gynecology Resident Didactic Series	Boston, MA
11/2011	Misoprostol for Cervical Preparation Beth Israel Deaconess Medical Center OB/GYN Resident Didactic Series	Boston, MA

Bedside Teaching:

2014-2016	Labor and Delivery Teaching Attending, 36 hours/mo Grady Memorial Hospital, Emory University School of Medicine	Atlanta, GA
2014-2016	Family Planning Clinic Teaching Attending, 8 hours/mo Grady Memorial Hospital, Emory University School of Medicine	Atlanta, GA
2014-2016	Family Planning Teaching Attending, 8 hours/mo Planned Parenthood of the Southeast	Marietta, GA

Medical Student Teaching:

8/2015	Reproductive Module: Breast and Pelvic Exam	Emory University School of Medicine
7/2015	Medical Students for Choice Hands-on Workshop	Emory University School of Medicine
2015-2016	OB/GYN Clerkship: Early Pregnancy Loss, Ectopic Pregnancy, and Induced Abortion	Emory University School of Medicine
2012-2014	OB/GYN Clerkship: GYN 101	Harvard Medical School
2012	Patient-Doctor: Gynecology, Pelvic Exam	Harvard Medical School
2011	Patient-Doctor: Sexual History-Taking	Harvard Medical School

Undergraduate Teaching:

2003-2004	MATH 1711: Finite Mathematics	Georgia Institute of Technology
2003	MATH 1712: Survey of Calculus	Georgia Institute of Technology
2002	MATH 1501: Calculus I	Georgia Institute of Technology
2002	PSYC 1000: Introduction to College Life	Georgia Institute of Technology

LECTURESHIPS, SEMINAR INVITATIONS, AND VISITING PROFESSORSHIPS:

11/2015	Managing the Side Effects of Contraception: Interesting Cases Contraceptive Technology Conference	Atlanta, GA
10/2015	Implementing Evidence-Based Practices in Clinical Care University of New Mexico OB/GYN Grand Rounds	Albuquerque, NM
08/2015	Emergency Contraception Florida State University at Sacred Heart Health System OB/GYN Grand Rounds	Pensacola, FL
03/2015	Implementation of Immediate Postpartum LARC Centers for Disease Control, Women's Health and Fertility Branch	Atlanta, GA
03/2015	Implementation of Postpartum LARC in Georgia Centers for Disease Control, Division of Reproductive Health	Atlanta, GA
03/2015	Women Physicians in Leadership Roles / Featured Guest NEJM Group Open Forum, Medstro Web forum	Boston, MA
05/2014	Gender and Leadership in Academic Medicine Beth Israel Deaconess Medical Center OB/GYN Grand Rounds	Boston, MA
12/2013	Misoprostol and Mistletoe: A Festive Discussion of Labor Induction Beth Israel Deaconess Medical Center OB/GYN Grand Rounds	Boston, MA

10/2013	Residents as Researchers: Inspiring Meaningful Family Planning Research Ryan Residency Training Program / Webinar	San Francisco, CA
09/2013	Osmotic Dilators: 1, 2, 3... and Counting Beth Israel Deaconess Medical Center OB/GYN Grand Rounds	Boston, MA
11/2012	Venous Thromboembolism Prophylaxis Mt Auburn Hospital OB/GYN Grand Rounds	Cambridge, MA
10/2012	Vacuum-Assisted Vaginal Delivery and Vacuum Use in Unusual Circumstances Mt Auburn Hospital OB/GYN Grand Rounds	Cambridge, MA

BIBLIOGRAPHY:

Published and accepted research articles in refereed journals:

Hofler L, Hacker MR, Dodge LE, Ricciotti HA. Subspecialty and gender of obstetrics and gynecology faculty in department-based leadership roles. *Obstet Gynecol* 2015;125(2):471-476.

Hofler LG, Hacker MR, Dodge LE, Schutzberg R, Ricciotti HA. Comparison of women in department leadership in obstetrics and gynecology with other specialties. *Obstet Gynecol* 2016 (in press).

Hofler LG, Modest AM, Dodge LE, Hacker MR, Haider S. A pilot study of uterine evacuation via vacuum aspiration with and without sharp curettage. *J Reprod Med* 2016 (in press).

Submitted research articles:

Dodge LE, **Hofler LG**, Modest AM, Hacker MR, Haider S. Patient satisfaction and wait times following outpatient manual vacuum aspiration compared to electric vacuum aspiration in the operating room. *J Obstet Gynaecol* 2015.

Manuals, videos, computer programs, and other teaching aids:

Immediate Postpartum LARC Resource Guide
Resource guide developed for Georgia Perinatal Quality Collaborative (2015).

Clinical Guideline: Misoprostol for Cervical Ripening in the Induction of Labor in the 3rd Trimester
Guideline used on Labor and Delivery at Beth Israel Deaconess Medical Center (2013).

Perioperative Guideline: Prevention of Retained Items in Uterine Evacuation Procedures
Guideline used in operating room at Beth Israel Deaconess Medical Center (2013).

Clinical Guideline: Immediate Postpartum Insertion of Intrauterine Contraceptive Devices (IUDs)
Guideline used on Labor and Delivery at Beth Israel Deaconess Medical Center (2012).

Medical Students for Choice Student Advisory Council Handbook (2009).

Thesis:

Hofler L. Gender Differences in Kaposi Sarcoma in the United States: SEER Analysis 1973-2006 [Thesis in Master of Public Health]. Atlanta, GA: Emory University (2010).

Abstracts:

Hofler LG, Hacker MR, Dodge LE, Schutzberg R, Ricciotti HA. Gender trends in clinical department-based leadership roles: which specialty is ahead? [123]. *Obstet Gynecol* 2015;125 Suppl 1:44S. Presented at the Annual Clinical and Scientific Meeting of the American Congress of Obstetricians and Gynecologists, San Francisco, CA (2015, poster presentation).

Aluko A, Hofler L, Hacker MR, Dodge LE, Ricciotti HA. Gender trends in obstetrics and gynecology department-based leadership roles across ACOG districts. [121]. *Obstet Gynecol* 2015;125 Suppl 1:44S. Presented at the Annual Clinical and Scientific Meeting of the American Congress of Obstetricians and Gynecologists, San Francisco, CA (2015, poster presentation).

Hofler L, Schutzberg RL, Ricciotti HA. Representation of women leaders in six clinical specialties in academic medicine. Presented at the CREOG and APGO Annual Meeting, Atlanta, GA (2014, oral presentation).

Harvey LFB, Hacker MR, Hofler L, Modest AM, Wu LH, Hur HC. The use of levonorgestrel intrauterine devices for non-contraceptive indications and subsequent surgical intervention. Presented at the 42nd AAGL Global Congress on Minimally Invasive Gynecology, Washington, DC (2013, oral presentation).

Wu LH, Harvey LFB, Hofler L, Hur HC, Modest AM, Hacker MR. Outcomes of long-acting reversible contraception use in an academic medical center. Presented at the 42nd AAGL Global Congress on Minimally Invasive Gynecology, Washington, DC (2013, oral presentation).

Hofler L, Hacker MR, Merport Modest A, Wu LH, Haider S. Outcomes of intrauterine devices placed in large uteri. *Contraception*. 2013 Sep; 88(3):455. Presented at the North American Forum on Family Planning, Seattle, WA (2013, poster presentation).

Hofler L, Ricciotti HA. Enhancing the representation of women as senior leaders in obstetrics and gynecology. Presented at the CREOG and APGO Annual Meeting, Phoenix, AZ (2013, poster presentation).

Harvey LFB, Barnes K, Hofler L, Hung K, Wu L, Hur HC. Analysis of patient characteristics and subsequent surgical intervention among a cohort of women trialing levonorgestrel intrauterine devices for medical indications. *J Minim Invasive Gynecol*. 2012 Nov-Dec; 19(6):S103-S104. Presented at the AAGL Global Congress on Minimally Invasive Gynecology, Las Vegas, NV (2012, oral presentation).

Hofler L, Owen L, Dodge LE, Hacker MR, Haider S. Evaluation of patient satisfaction and procedure wait times for uterine evacuation with manual versus electric vacuum aspiration. *Contraception*. 2012 Sep; 86(3):297. Presented at the North American Forum on Family Planning, Denver, CO (2012, poster presentation).

Hofler L, Merport Modest A, Dodge LE, Owen L, Hacker MR, Haider S. Patient satisfaction and procedure characteristics of uterine evacuation using vacuum aspiration with and without sharp curettage. Presented at the Annual Meeting of the Central Association of Obstetricians and Gynecologists, Chicago, IL (2012, poster presentation).



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Office of Continuing Medical Education
1462 Clifton Road, NE, Suite 276
Atlanta, GA 30322
404-727-5695 (telephone) 404-727-5667 (fax)

Certificate of Attendance

Gynecology & Obstetrics Grand Rounds at Emory University Hospital Midtown

9/1/2014 - 8/26/2015

Lisa Hofler MD

The following are your credits for this activity:
AMA PRA Category 1: 55.50

This activity was designated for *AMA PRA Category I Credits™*

- The Emory University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
- Each physician should claim only the credit commensurate with the extent of their participation in the activity.
- Please retain this certificate for your records.

Office of Continuing Medical Education
School Of Medicine
University of California San Francisco
ACCME Provider Number: 0000302
San Francisco, California
(415) 476-5808
www.cme.ucsf.edu

Lisa G. Hofler, MD
699 Ponce De Leon Ave #328
Atlanta, GA 30308

Certificate of Attendance

This is to certify that

Lisa G. Hofler, MD

has participated in:

MMC15030: Fellowship in Family Planning Annual Meeting

May 1 - 3, 2015

Hotel Nikko, San Francisco, CA

This CME activity is approved for a maximum of
19.5 AMA PRA Category 1 Credit(s)™.

I have earned 17.5 credits.

For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA category 1 credit issued by organizations accredited by the ACCME.



The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this educational activity for a maximum of 19.5 AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

LISA GAY HOFLER
C/O LORETHA ANDERSON DEPT GYN/OB
49 JESSE HILL JR DR SE
ATLANTA, GA 30303-3049

Primary Office Address

550 PEACHTREE ST NE
ATLANTA, GA 30308-2247

Birth date [REDACTED] 1982

Phone (404) 778-1706

Physician's major professional activity NOT CLASSIFIED

Self-designated practice specialty OBSTETRICS & GYNECOLOGY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1457662694	06/22/2010	NOT RPTD	NOT RPTD	NOT RPTD	01/23/2016

Current and/or historical medical school

EMORY UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 2010



Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: BETH ISRAEL DEACONESS MEDICAL CENTER
Sponsoring State: MASSACHUSETTS
Program name: BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 6/2010 - 6/2014 (Verified)

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.
Certificate:
Certificate type:



Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
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*For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.*

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All right reserved.

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
Georgia	MD	12/06/2013	01/31/2017	ACTIVE	UNLIMITED	01/11/2016
Massachusetts	MD	05/19/2010	06/30/2014	INACTIVE	LIMITED	07/22/2014

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
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None Reported

Only the last three characters of active DEA numbers are displayed

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG Certification



Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

PRACTITIONER PROFILE

Prepared for:

New Mexico Medical Board

As of Date: 1/26/2016

PRACTITIONER INFORMATION

Name: Lisa Gay Hofler
DOB: [REDACTED] 1982
Medical School: Emory University School of Medicine
Atlanta, Georgia, UNITED STATES
Year of Grad: 2010
Degree Type: MD

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
GEORGIA	71146	12/6/2013	1/31/2017	1/22/2016
MASSACHUSETTS	244368	5/19/2010	6/30/2014	6/24/2014

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 1/26/2016
Practitioner Name: Lisa Gay Hofer

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.

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

EXECUTIVE DIRECTOR
LaSharn Hughes, MBA



MEDICAL DIRECTOR
Jim H. McNatt, MD

2 Peachtree St., N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • Fax 404.656.9723
<http://www.medicalboard.georgia.gov> E-Mail: Medbd@dch.ga.gov

January 21, 2016

RE: Lisa Hofler

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is **71146** and was issued on **December 06, 2013**

The current license status is **Active**

The license expiration date is **January 31, 2017**.

Board Actions A review of public records indicates that no public board orders have been docketed.

Certified this day Thursday, 21 January, 2016

Composite State Board of Medical Examiners

A handwritten signature in cursive script that reads "LaSharn Hughes".

LaSharn Hughes
Executive Director

LLH/



Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383



CANABE LAPIDUS SLOANE, MD
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KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner

Department of Public Health

Verification of Limited License

February 1, 2016

To Whom It May Concern:

This is to certify that Dr. Lisa G. Hofler has been granted a limited license number 244368 to serve as a Resident in Obstetrics & Gynecology and authority to practice medicine only at the Beth Israel Deaconess Medical Center. Service at the hospital began on June 21, 2010 and expired on June 30, 2014.

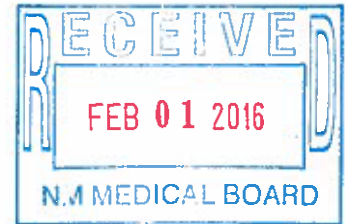
Our files contain no derogatory information on this physician.

Staff Member, Board of Registration in Medicine
Francee L. Mulero

Seal

Please be advised that the above information is based entirely on examination of our open and closed complaint files, as well as post-1986 disciplinary actions. It is not based on a review of the application for licensure, renewal of licensure or any reports that the Board is required to receive by statute (from courts, insurers, hospitals, etc...).[e/share/verifications/Limited-No]

New Mexico Medical Board
 2055 S. Pacheco St.
 Building 400
 Santa Fe, NM 87505
 (505) 476-7220



MEDICAL EDUCATION VERIFICATION

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

Waiver for Release of Information

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

Applicant's Signature: Lisa Hoehler Date of Birth: [REDACTED] / 1982
 Print or Type Name: LISA HOFLER Soc Sec #: [REDACTED]
 Other Name(s): LISA HOFLER BAXLEY
 Name of Medical School: EMORY UNIVERSITY SCHOOL OF MEDICINE
 Address: 1648 PIERCE DR NE City ATLANTA State GA Country USA 30307

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

Please complete this form and forward it DIRECTLY to NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Please include dean's letter (if available) and a COPY OF THE OFFICIAL TRANSCRIPT (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations).

APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY

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

Enrollment and Participation: Our records indicate that

Hofler Lisa
 (type or print the applicant's name): (Last Name) (First Name) (MI)

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

ATTENDANCE DATES:	FROM	TO	FROM	TO
	<u>07/21/04</u>	<u>05/16/05</u>	<u>05/18/09</u>	<u>05/10/10</u>
	<u>07/19/06</u>	<u>05/14/07</u>	<u> / / </u>	<u> / / </u>
	<u>07/24/07</u>	<u>08/08/08</u>	<u> / / </u>	<u> / / </u>

The applicant attended 190 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check One Was awarded a degree in Doctor of Medicine on 05, 10, 2010
 mm dd yr
 Was NOT awarded degree. Please explain reasons(s): _____

Med School (07)

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

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

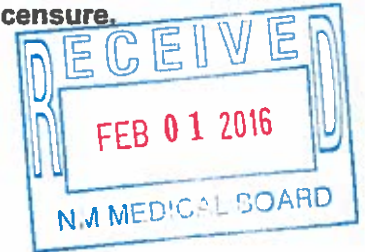
COMMENTS: Student pursued her Masters of Public Health
SS while enrolled in medical school. Please
Dean's letter for explanation.

AFFIX INSTITUTIONAL SEAL HERE

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

Signature: *Shukuna Sabir*
 Print Name: Shukuna Sabir
 Title: Academic Services Coordinator
 Date: 1/26/16

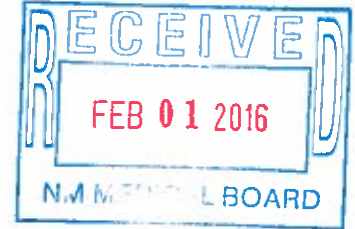
**This form will not be accepted unless it is stamped with the institutional seal.
Thank you for helping us process this application for licensure.**





EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Office of Medical Education and Student Affairs



November 1, 2009

Re: **Lisa Hoffler**
Class of 2010

Dear Program Director:

This is the **Medical Student's Performance Evaluation and achievements** of Ms. Hoffler.

This extremely bright and pleasant young woman graduated with Highest Honors from the Georgia Institute of Technology in 2004 with a BS in Chemical and Bio-molecular Engineering. She had an outstanding undergraduate record with a final grade point average of 3.87 and was elected to Tau Beta Pi Engineering Honor Society, Omega Chi Epsilon Chemical Engineering Honor Society and received the President's Undergraduate Research Award.

Because of her excellent undergraduate record and superb letters of recommendation, she was admitted to Emory University School of Medicine and entered in the fall of 2004. At Emory for the first year she achieved a grade point average of 3.74; for the second year 4.00, and for the third year 4.00, resulting in a cumulative grade point average of 3.91. After the first year, because of some personal problems, she took a one year leave of absence. At Emory exact class ranks are no longer used. We have attached graphs of the grade point averages (end of 2nd and end of 3rd years) of the members of the class of 2010 your information. Ms. Hofler passed the USMLE Step I with an excellent score of 248 and Step II with an outstanding score of 271.

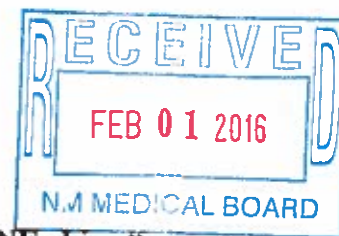
Following her third year she took a one year leave of absence to attend the **Rollins School of Public Health** and majored in Epidemiology. She will receive her MPH at the time of her medical school graduation in May 2010.

The comments from the junior year clinical clerkships were excellent and are described below in the order in which they were taken. On **GYN/OB**, Lisa "was a pleasure to work with. She was always eager and had an awesome attitude. She was a real team player always on time and her presentations were thorough. Patients always complemented her on her professionalism and attitude. She will make a superb resident for she was knowledgeable, enthusiastic and hard-working. On **PEDIATRICS**, Lisa "was an extremely gifted student. Her work during the clerkship was exemplary. Her patient presentations were well thought out, focused and concise. Her ability to assimilate evidence-based data into her patient care was exceptional and exceeded the expectations of every student. She was extremely enthusiastic and we all will remember her.

Emory University
James B. Williams Medical Education Building
1648 Pierce Drive NE
Atlanta, Georgia 30322

Tel 404.727.5655
Fax 404.727.0045

The Robert W. Woodruff Health Sciences Center
An equal opportunity, affirmative action university



She will be successful in whatever medical field she chooses.” On MEDICINE, Lisa “was extremely interested in acquiring knowledge. She was very involved with the patients and knew every detail about their care. She had a great ability to draw important information out of the patients while at the same time finding a way to connect with each one of them. She asked excellent questions, picked up many subtleties that interns missed and communicated well with everyone. She was a joy to work with and showed great interest, professionalism, and work ethic in the care of patients. She went out of her way to care for patients and assist her team in day-to-day care. She was a true team player. She will do well in any field she chooses.” On PSYCHIATRY, Lisa “was a pleasure to have on the team. She enjoyed in depth discussions about her patients and showed great interest by asking insightful questions. She was a real people person and developed great rapport with the most difficult patients. Even after she left the rotation her patients continued to ask about her. She was reliable, always went the extra mile and her presentations were well organized and concise. She was one of the best students we had seen all year.” On SURGERY, Lisa “was extremely enthusiastic about learning. She was incredibly motivated and actively involved in all aspects of patient care. She was a hard worker, had a great attitude and did a superb job throughout the rotation. She was engaged in every aspect of patient care, conferences, and the operating room. She will make a great resident in any field.” On NEUROLOGY, Lisa “was enthusiastic and motivated. She was an outstanding student and ingratiated herself with everyone on the team and her patients. She will be a fantastic and compassionate physician.” On FAMILY MEDICINE, Lisa “shined in her ability to educate and connect with patients. Her assessments and plans were excellent and she will make a great resident.” *Thus a summary of her clinical experiences suggests that Ms. Hofler performed in an outstanding manner throughout the year. In fact the comments made about her are amongst the strongest of any student in this year’s class.*

Ms. Hofler has been involved in research ever since her undergraduate years. In college she studied biochemical environmental changes on growth and proliferation of bovine articular chondrocytes. In medical school she studied gender differences in the epidemiology of Kaposi's sarcoma.

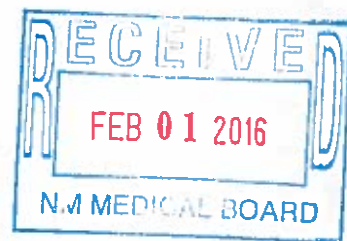
Outside of the usual classroom and ward activities, and her research interests, Ms. Hofler has been a very committed member of the medical school community. She volunteered at the Open Door Clinic and the Good Samaritan Clinic. She has been heavily involved in Medical Students for Choice. She is on the Board of Directors, an Executive Committee Member as well as on the Finance Committee. She has taken a leadership role in the Student Advisory Council and Chaired the Leadership Training Committee. Most recently she has been the National Coordinator for the Southeast. In addition she has been a member of HealthSTAT. She is married to a Georgia Tech Rhodes Scholar who is doing his PhD in Oxford, England and plans to attend law school. She spends most of her spare time with him either in England or Atlanta. In her limited free time she enjoys playing the piano, knitting, sewing, and doing crossword puzzles.

In summary, Lisa has been an outstanding student. In all of my personal meetings with her she impressed me as an enthusiastic, hard-working individual who loves to problem-solve, show great initiative, and is fun to be around. She has worked in research and been a very committed member of her community holding several leadership positions. She is bent on an academic career because of her love for teaching and I have little doubt that she will achieve this goal with distinction. For all of these reasons I am pleased to offer her my highest recommendation for I believe she will be an exceptional and superb house officer.

Sincerely,



Joel Michael Felner, M.D.
Associate Dean (Clinical Education)
Professor of Medicine (Cardiology)



EMORY UNIVERSITY

OFFICE OF THE REGISTRAR • ATLANTA, GA 30322

Official Transcript

Name : **Hofler, Lisa Gay**
 Student ID : 1090071
 SSN : xxx-xx-9893

Print Date: 2016-01-21

Page No. 1 of 4

Send To : LeeAnn Romero

Degrees Awarded

Degree : Master of Public Health
 Confer Date : 2010-05-10
 Plan : Epidemiology

Degree : Doctor of Medicine
 Confer Date : 2010-05-10
 Degree Honors : Cum Laude
 Plan : Doctor of Medicine

Beginning of Academic Record

Medicine, Doctor of Medicine - Fall 2004

MEDI	505	Human Anatomy	7.00	7.00 B	21.000
MEDI	510	Human Embryology	2.00	2.00 A	8.000
MEDI	515	Medical Biochemistry	7.00	7.00 B	21.000
MEDI	535	Physiology		0.00 S	
MEDI	550	Patient-Doctor-Community		0.00 S	
MEDI	552	Medical Decision Making		0.00 S	
MEDI	555	Medical Problem Solving I		0.00 S	

TERM GPA : 3.125 TERM TOTALS : 16.00 16.00 50.000

CUM GPA : 3.125 CUM TOTALS : 16.00 1.00 50.000

Medicine, Doctor of Medicine - Spring 2005

MEDI	530	Medical Neuroscience	6.00	6.00 A	24.000
MEDI	536	Physiology	8.00	8.00 A	32.000
MEDI	540	Cell Biology & Histology	7.00	7.00 A	28.000
MEDI	545	Human & Molecular Genetics	4.00	4.00 A	16.000
MEDI	551	Patient-Doctor-Community	4.00	4.00 A	16.000
MEDI	553	Medical Decision Making	4.00	4.00 A	16.000
MEDI	556	Medical Problem Solving I	4.00	4.00 A	16.000

TERM GPA : 4.000 TERM TOTALS : 37.00 37.00 148.000

CUM GPA : 3.736 CUM TOTALS : 53.00 53.00 198.000

Medicine, Doctor of Medicine - Fall 2006

MEDI	605	Microbiology/Immunology	10.00	10.00 A	40.000
MEDI	610	Intro To Clinical Methods		0.00 S	
MEDI	615	Pathology	6.00	6.00 A	24.000
MEDI	620	Hum Behavior & Psychopathology	3.00	3.00 A	12.000
MEDI	650	Pathophysiology	5.00	5.00 A	20.000
MEDI	655	Medical Problem Solving II		0.00 S	

TERM GPA : 4.000 TERM TOTALS : 24.00 24.00 96.000

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JoAnn McKenzie, University Registrar

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EMORY UNIVERSITY

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Name : **Hofler, Lisa Gay**
 Student ID: 1090071
 SSN : xxx-xx-9893

Print Date: 2016-01-21

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CUM GPA : 3.818 CUM TOTALS : 77.00 77.00 294.000

Medicine, Doctor of Medicine - Spring 2007

MEDI	611	Intro To Clinical Methods	8.00	8.00	A	32.000
MEDI	616	Pathology	5.00	.00	A	20.000
MEDI	640	Pharmacology	8.00	8.00	A	32.000
MEDI	645	Required Elective Courses	2.00	2.00	S	
MEDI	651	Pathophysiology	5.00	5.00	A	20.000
MEDI	656	Medical Problem Solving II	5.00	5.00	A	20.000

TERM GPA : 4.000 TERM TOTALS : 33.00 33.00 124.000

CUM GPA : 3.870 CUM TOTALS : 110.00 110.00 418.000

Medicine, Doctor of Medicine - Fall 2007

MEDI	705	Clinical Gynecology/Obstetrics	6.00	6.00	A	24.000
MEDI	715	Clinical Pediatrics	6.00	6.00	A	24.000
MEDI	755	Clinical Ethics		0.00	S	

TERM GPA : 4.000 TERM TOTALS : 12.00 12.00 48.000

CUM GPA : 3.883 CUM TOTALS : 122.00 122.00 466.000

Medicine, Doctor of Medicine - Spring 2008

MEDI	710	Clinical Medicine	11.00	11.00	A	44.000
MEDI	720	Clinical Psychiatry	5.00	6.00	A	24.000
MEDI	725	Clinical Radiology	2.00	2.00	A	8.000
MEDI	735	Clinical Dermatology	2.00	2.00	A	8.000
MEDI	750	Clinical Anesthesiology	2.00	2.00	A	8.000
MEDI	756	Clinical Ethics		0.00	S	

TERM GPA : 4.000 TERM TOTALS : 23.00 23.00 92.000

CUM GPA : 3.902 CUM TOTALS : 145.00 145.00 558.000

Medicine, Doctor of Medicine - Summer 2008

MEDI	730	Clinical Surgery	8.00	8.00	A	32.000
MEDI	740	Clinical Family Medicine	4.00	4.00	A	16.000
MEDI	745	Clinical Neurology	4.00	4.00	A	16.000
MEDI	757	Clinical Ethics	2.00	2.00	S	

TERM GPA : 4.000 TERM TOTALS : 18.00 18.00 64.000

CUM GPA : 3.912 CUM TOTALS : 163.00 169.00 622.000

Public Health, Master of Public Health - Fall 2008

BIOS	500	Statistical Methods I	3.00	3.00	A	12.000
BIOS	500L	Statistical Methods I	1.00	1.00	A	4.000
BSHE	504	Soc Behavior In Public Health	2.00	2.00	A	8.000
BSHE	581	Strategies in Stress Reduction	1.00	1.00	A	4.000
EOH	500	Perspectives/Environ Health	2.00	2.00	A	8.000
EPI	530	Epidemiologic Methods I	3.00	3.00	A	12.000
EPI	530E	Epidemiologic Methods Lab	1.00	1.00	A	4.000
EPI	533	Programming In Sas	1.00	1.00	A	4.000
EPI	743	Epidemiology Of Cancer	2.00	2.00	A	8.000
GH	541	Tech Of Fertility Control	2.00	2.00	A	8.000

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TERM GPA : 4.000 TERM TOTALS : 18.00 18.00 72.000
 CUM GPA : 4.000 CUM TOTALS : 18.00 18.00 72.900

Public Health, Master of Public Health - Spring 2009

BIOS	501	Statistical Methods II	3.00	3.00	A	12.000
BIOS	501L	Statistical Meth ds II Lab	1.00	1.00	A	4.000
BIOS	520	Clinical Trials	2.00	2.00	S	
EPI	534	Epidemiologic Methods,II	3.00	3.00	A	12.000
EPI	541	Hospital/Healthcare Epidemiol.	2.00	0.00	AU	
EPI	590R	EPI Seminar	1.00	1.00	S	
Course Topic(s): MPH/MSRH Journal Club						
EPI	591U	Appl of Epidemiologic Concept	2.00	2.00	A	8.000
EPI	595	Practicum		0.00	S	
EPI	599R	Thesis	4.00	4.00	S	
HPM	500J	Intro To US Health Care System	2.00	2.00	A	8.000
NRSG	513A	Int.Spanish for Health.Profess	2.00	2.00	A	8.000

TERM GPA : 4.000 TERM TOTALS : 20.00 20.00 52.000
 CUM GPA : 4.000 CUM TOTALS : 38.00 38.00 124.000

Medicine, Doctor of Medicine - Summer 2009

MEDI	757	Clinical Ethics	2.00	2.00	S	
MEDI	830	Elective Courses	8.00		S	

TERM GPA : 0.000 TERM TOTALS : 10.00 10.00 0.000
 CUM GPA : 3.912 CUM TOTALS : 173.00 173.00 622.000

Medicine, Doctor of Medicine - Fall 2009

MEDI	805	Advanced Clinical Medicine	4.00	4.00	B	12.000
MEDI	825	Surgery Selective	4.00	4.00	A	16.000
MEDI	830	Elective Courses	4.00	4.00	S	

TERM GPA : 3.500 TERM TOTALS : 12.00 12.00 28.000
 CUM GPA : 3.892 CUM TOTALS : 185.00 185.00 650.000

Medicine, Doctor of Medicine - Spring 2010

MEDI	830	Elective Courses	8.00	8.00	S	
MEDI	835	Clinical Emergency Medicine	4.00	4.00	A	16.000

TERM GPA : 4.000 TERM TOTALS : 12.00 12.00 16.000
 CUM GPA : 3.895 CUM TOTALS : 197.00 197.00 666.000

Public Health, Non-Degree Public Health - Spring 2015

HPM	556	Physician Performances	2.00	2.00	A	8.000
HPM	557	Healthcare Administration Law	2.00	2.00	A	8.000
MDP	585	Special Topics	2.00	2.00	A	8.000
Course Topic(s): Qualitative Data Analysis						

TERM GPA : 4.000 TERM TOTALS : 6.00 6.00 24.000

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CDM GPA : 4.000 CUM TOTALS : 44.00 44.00 148.000

Graduate Business, One-Year Accelerated MBA - Summer 2015

BUS	500Y	Management Practice	2.00	2.00	DS
BUS	500YC	Management Practice	2.00	2.00	DS
BUS	501Y	Economics	1.00	1.00	DS
BUS	512Y	Financial Reporting	2.00	2.00	DS
BUS	520Y	Management Finance	2.00	2.00	DS
BUS	531Y	Leading Organizations & Strategy	2.00	2.00	HP
BUS	540Y	Marketing Management	2.00	2.00	HP
BQS	550Y	Data & Decision Analytics	2.00	2.00	HP
BUS	551Y	Process & Systems Management	1.00	1.00	DS
BQS	562Y	Leadership	1.00	1.00	DS
BUS	591Y	Cornerstone		0.00	S

TERM GPA : 0.000 TERM TOTALS : 17.00 17.00 0.000

CUM GPA : 0.000 CUM TOTALS : 17.00 17.00 0.000

Graduate Business, One-Year Accelerated MBA - Fall 2015

BUS	536	Washington Campus	3.00	3.00	DS
BDS	632	Negotiations	3.00	3.00	DS
BUS	633	Managing Change	3.00	3.00	HP
BDS	653	Operations Strategy	3.00	3.00	DS
BDS	691	Leading with Integrity	1.00	1.00	S

TERM GPA : 0.000 TERM TOTALS : 13.00 13.00 0.000

CUM GPA : 0.000 CUM TOTALS : 30.00 30.00 0.000

Graduate Business, One-Year Accelerated MBA - Spring 2016

BQS	504	The Business of Healthcare	3.00		
BUS	513	Managerial Accounting	3.00		
BUS	646	Consumer Behavior	3.00		
BUS	671R	Mid-Semester Module	1.00		
		Course Topic(s) : Human Capital Strategy & Mngmt			
BUS	697	Directed Study	3.00		
GH	509	Transl&Implementation Sciences	2.00		

TERM GPA : 0.000 TERM TOTALS : 0.00 0.00 0.000

CUM GPA : 0.000 CUM TOTALS : 30.00 30.00 0.000

Medicine Career Totals

CUM GPA : 3.895 CUM TOTALS : 197.00 197.00 666.000

Public Health Career Totals

CDM GPA : 4.000 CUM TOTALS : 44.00 44.00 148.000

Graduate Business Career Totals

CUM GPA : 0.000 CUM TOTALS : 30.00 30.00 0.000

End Of Transcript

AN OFFICIAL SIGNATURE IS WHITE WITH A BLUE BACKGROUND

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JoAnn McKenzie
JoAnn McKenzie, University Registrar

THE UNIVERSITY NAME APPEARS IN WHITE PRINT ACROSS THE FACE OF THIS 8.5 X 11 INCH RECORD

THE UNIVERSITY NAME APPEARS IN WHITE PRINT ACROSS THE FACE OF THIS 8.5 X 11 INCH RECORD

**KEY TO TRANSCRIPT
EMORY UNIVERSITY**
Office of the Registrar - Atlanta, GA 30322

EXPLANATION OF GRADING SYSTEMS: ALL SCHOOLS: AU/AUD	B. SCHOOL OF ALLIED HEALTH 1970-Spring 1982 Division established under the administration of the School of Medicine to provide training for professionals – other than physicians, nurses, and dentist involved in health care. Quarter system; 4-point grading system; grades A, B, C, and D received credit; F, W, and WF receive no credit; S/U option allowed for certain courses; P given for work in progress; no GPA. Summer 1982 Changed to semester system; grading system unchanged. Summer 1997 Grading system unchanged; GPA adopted.	E. SCHOOL OF MEDICINE 1950-1982 Quarter system; 4-point grading system; Grades A, B, C, D, F; grades issued yearly. Summer 1982 Changed to semester system; grading system unchanged Spring 2012 Plus/Minus grading system adopted.	F. NELL HODGSON WOODRUFF SCHOOL OF NURSING 1950-Spring 1982 Quarter system; 4-point grading system; grades A, B, C, D, F. BSN degree transcript accompanied by a Summary of Professional Study. 1955-1963 Graduate Nursing grading system same as Graduate School of Arts and Sciences. Summer 1982 Changed to semester system; grading system unchanged. Fall 2012 Grading system changed to the following: Undergraduate: A+ = 4.0 (97-100) A = 4.0 (93-96) A- = 3.7 (90-92) B+ = 3.3 (87-89) B = 3.0 (83-86) B- = 2.7 (80-82) C+ = 2.3 (77-79) C = 2.0 (73-76) C- = 1.7 (70-72) D+ = 1.3 (67-69) D = 1.0 (63-66) D- = 0.7 (60-62) F = 0 (59 and below) Graduate: Same as above without D+, D, or D-, and F = 0 (69 and below)
I IF IU P/IP S U W WF WU ?	B. SCHOOL OF ALLIED HEALTH 1970-Spring 1982 Division established under the administration of the School of Medicine to provide training for professionals – other than physicians, nurses, and dentist involved in health care. Quarter system; 4-point grading system; grades A, B, C, and D received credit; F, W, and WF receive no credit; S/U option allowed for certain courses; P given for work in progress; no GPA. Summer 1982 Changed to semester system; grading system unchanged. Summer 1997 Grading system unchanged; GPA adopted.	E. SCHOOL OF MEDICINE 1950-1982 Quarter system; 4-point grading system; Grades A, B, C, D, F; grades issued yearly. Summer 1982 Changed to semester system; grading system unchanged Spring 2012 Plus/Minus grading system adopted.	F. NELL HODGSON WOODRUFF SCHOOL OF NURSING 1950-Spring 1982 Quarter system; 4-point grading system; grades A, B, C, D, F. BSN degree transcript accompanied by a Summary of Professional Study. 1955-1963 Graduate Nursing grading system same as Graduate School of Arts and Sciences. Summer 1982 Changed to semester system; grading system unchanged. Fall 2012 Grading system changed to the following: Undergraduate: A+ = 4.0 (97-100) A = 4.0 (93-96) A- = 3.7 (90-92) B+ = 3.3 (87-89) B = 3.0 (83-86) B- = 2.7 (80-82) C+ = 2.3 (77-79) C = 2.0 (73-76) C- = 1.7 (70-72) D+ = 1.3 (67-69) D = 1.0 (63-66) D- = 0.7 (60-62) F = 0 (59 and below) Graduate: Same as above without D+, D, or D-, and F = 0 (69 and below)
A. EMORY COLLEGE OF ARTS AND SCIENCES, OXFORD COLLEGE, GOIZUETA BUSINESS SCHOOL 1950-1961 Quarter system; 3-point grading system; grades A, B, C, D. D received no credit. 1962-1967 Quarter system; 4-point grading system; W and F initiated. 1967-1981 Quarter system; 4-point grading system; S/U option adopted (credit but no quality points for S, no credit and no points for U). Fall 1981-Spring 1982 Quarter system; plus/minus grading system adopted in Emory College: A = 4 B = 3 C = 2 D = 1 A- = 3.7 B- = 2.7 C- = 1.7 F = 0 B+ = 3.3 C+ = 2.3 D+ = 1.3 Summer 1982 Changed to semester system; grading system unchanged. Fall 1982 Semester system; Business School adopted plus/minus grading system; Emory College and Oxford College grading systems unchanged. Summer 1988 Master of Business Administration grading system changed to: DS = Distinction HP = High Performance PS = Performance Standard LP = Low Performance NC = No Credit. No quality points of GPA, only hours Attempted and earned. Bachelor of Business Administration, Emory College, and Oxford College grading system Unchanged. Fall 1992 Oxford College adopted plus/minus grading system	C. LANEY GRADUATE SCHOOL 1950-1954 Quarter system; grading system: S, C, D, F – D and F received no credit. S=Superior 1955-1963 Quarter system; grading system changed to: E = Excellent, G = Good, P = Passing, U = Unsatisfactory Winter 1964-Summer 1981 Quarter system; grading system changed to: A = Superior, B = Satisfactory, C = Marginal, F = Unsatisfactory, no Grade Point Average (GPA) Fall 1981-Spring 1982 Quarter system; plus/minus grading system adopted without C+, C, D+, or D. Summer 1982 Changed to semester system; grading system unchanged Summer 1987 Grading system unchanged; GPA adopted.	G. ROLLINS SCHOOL OF PUBLIC HEALTH 1976-1990 Master of Public Health was a program in the School of Medicine 1976-1981 Quarter system; Grades A, B, C, F 1981 Quarter system; plus/minus grading system adopted without C+, C, D+, or D. Summer 1982 Changed to semester system; grading system unchanged 1990 School established. Semester system, grading system as follows: A = 4.0 A- = 3.7 B+ = 3.3 B = 3.0 B- = 2.7 C = 2.0 F = 0	H. CANDLER SCHOOL OF THEOLOGY 1950-1978 Quarter system; 4-point grading system: A, B, C, D, E, F, E = Conditional 1979-Summer 1982 Semester system; grading system unchanged. Fall 1982 Semester system; plus/minus grading system adopted.
D. LAW SCHOOL 1950-Summer 1955 Quarter system; 3-point grading system: A=90-100 B=80-90 C=70-79 D=60-69 F=Below 60 A, B, and C received quality points (3, 2, 1 respectively). Fall 1955-1958 Semester system, grading system unchanged. Fall 1958-Summer 1962 Semester system; plus/minus grading system: A=90-100 (3.0), B+=86-89 (2.5), C+=76-79 (1.5), D+=66-69 (0.5). Fall 1962-Summer 1976 Quarter system; numerical grading system based on 50-100 with no letter grade equivalents. 1976 Semester system; grading system unchanged Fall 1998 Plus/minus grading system adopted: A+ = 4.3 A = 4.0 A- = 3.7 B+ = 3.3 B = 3.0 B- = 2.7 C+ = 2.3 C = 2.0 C- = 1.7 D+ = 1.3 D = 1.0 D- = .7 F = 0	D. LAW SCHOOL 1950-Summer 1955 Quarter system; 3-point grading system: A=90-100 B=80-90 C=70-79 D=60-69 F=Below 60 A, B, and C received quality points (3, 2, 1 respectively). Fall 1955-1958 Semester system, grading system unchanged. Fall 1958-Summer 1962 Semester system; plus/minus grading system: A=90-100 (3.0), B+=86-89 (2.5), C+=76-79 (1.5), D+=66-69 (0.5). Fall 1962-Summer 1976 Quarter system; numerical grading system based on 50-100 with no letter grade equivalents. 1976 Semester system; grading system unchanged Fall 1998 Plus/minus grading system adopted: A+ = 4.3 A = 4.0 A- = 3.7 B+ = 3.3 B = 3.0 B- = 2.7 C+ = 2.3 C = 2.0 C- = 1.7 D+ = 1.3 D = 1.0 D- = .7 F = 0	H. CANDLER SCHOOL OF THEOLOGY 1950-1978 Quarter system; 4-point grading system: A, B, C, D, E, F, E = Conditional 1979-Summer 1982 Semester system; grading system unchanged. Fall 1982 Semester system; plus/minus grading system adopted.	COURSE NUMBER EXPLANATION FOR ALL SCHOOLS CAN BE FOUND ON OUR WEBSITE AT http://registrar.emory.edu



To: LeeAnn Romero
Re: Transcript of Lisa Hofler
Request Number: 8748232

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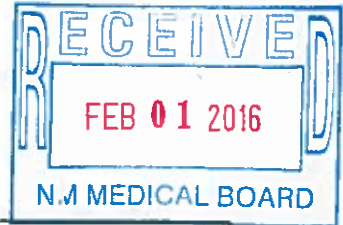
Lastly, one other possible message, Author Unknown, can have two possible meanings: first, the certificate is a self-signed certificate or has been issued by an unknown or untrusted certificate authority. Second, the revocation check could not be completed. If you receive this message, make sure you are properly connected to the internet. If you have an internet connection and you still cannot validate the digital certificate online, reject this transcript.

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New Mexico Medical Board
2055 S. Pacheco St.
Building 400
Santa Fe, NM 87505
(505) 476-7220



POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: LISA HOFUER M.D.
Signature: [Signature] Date: 01/21/2016
Date (Month/Day/Year)

(DO NOT DETACH)

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

This is to certify that Lisa Hofler, MD, MPH M.D. undertook and satisfactorily completed a full term approved program of 48 months in the Beth Israel Deaconess Medical Center, 330 Brookline Ave., Boston, MA 02215 in the field of Obstetrics & Gynecology from 06/21/2010 to 06/20/2014
(number) (Full name and complete address of facility) Date: Mo/Day/Yr Date/Anticipated Date

- 1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada? Yes No
- 2. Was applicant ever placed on probation, restricted, or limited? Yes No If yes, please attach written explanation.
- 3. Was there any reason not to continue applicant in the training program? Yes No If yes, please attach written explanation.
- 4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes No If yes, please attach written explanation.

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

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

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

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

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

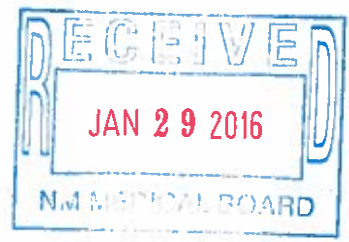
- 5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes No If yes, please attach written explanation.
- 6. Were applicant's final evaluations in every category rated satisfactory? Yes No If no, please attach written explanation.



Monica L. Mendiola, MD
Printed name of person completing this form
Signature: [Signature] Date: 1.26.2016
Signature of Notary (if applicable): [Signature] Date: 1.26.2016
My commission expires: 1.26.2018

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

New Mexico Medical Board
2055 S. Pacheco St.
Building 400
Santa Fe, NM 87505
(505) 476-7220



POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: LISA HOFLER M.D.
Lisa Hofler 01/29/2016
Signature Date (Month/Day/Year)

(DO NOT DETACH)

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

This is to certify that Lisa Hofler, M.D. undertook and satisfactorily completed a full term approved program of 24 months in the Emory University School of Medicine 49 Jesse Hill Jr. Dr. SE, Atlanta, GA 30307 in the field of Family Planning Fellowship from 7/1/14 to 6/30/16 planned.

- 1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada? Yes No
- 2. Was applicant ever placed on probation, restricted, or limited? Yes No If yes, please attach written explanation
- 3. Was there any reason not to continue applicant in the training program? Yes No If yes, please attach written explanation.
- 4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes No If yes, please attach written explanation.

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

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

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

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

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

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

Please affix hospital or notary seal here

Carrie Curiale, MD, MPH
Printed name of person completing this form

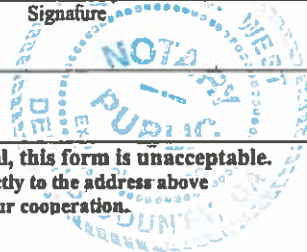
Carrie Curiale
Signature

1-25-16
Date

Carole J. West
Signature of Notary (if applicable)

1/25/16
Date

My commission expires:



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

Fellowship NOT ACK'ED



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

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

Recipient:

Date:

01/21/2016

NEW MEXICO MEDICAL BOARD

Examinee: Hofer, Lisa Gay

Examinee ID: 51805802

Alt Name(s):

Date of Birth: [REDACTED]/1982

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

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/25/2007	Pass	248	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
8/14/2008	Pass	271	(184)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
7/28/2009	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
6/9/2011	Pass	249	(187)	

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

Hofler, Lisa**Medical Doctor****MD2016-0265**

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians ?	N	05/17/2017
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/17/2017
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/17/2017
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/17/2017
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/17/2017
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/17/2017
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/17/2017
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/17/2017
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/17/2017
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional	N	05/17/2017
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/17/2017
10. c. Since you last renewal, have you been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	N	05/17/2017
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/17/2017
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/17/2017
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/17/2017
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/17/2017
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	N	05/17/2017
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	05/17/2017
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/17/2017
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	05/17/2017
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	05/17/2017
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC	Y	05/17/2017
19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration.	Y	05/21/2017
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/17/2017
21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?	N	05/17/2017