930137 0212

SPOA 1615 (REV. 1/93)

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1400
717-787-2381

Courier Delivery Address
State Board of Medicine
Rm 612, Transportation & Safety Bldg.
Commonwealth Ave. & Forster St.
Harrisburg, PA 17120

OFFICIAL USE ONLY

MT - 032653 T

MASCHAPPL

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE LICENSE - DO NOT USE TO RENEW

NOTE: A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

FEE - $15.00

MAKE FEE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA

FEE NOT REFUNDABLE

THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO START OF TRAINING

Official Use Only

Amount 15

Date 5-21-93

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: MASCH (LAST) RACHEL (FIRST) JENNIFER (MIDDLE) (MAIDEN)

ADDRESS: READING HOSPITAL MEDICAL CENTER [redacted] (STREET)

READING (CITY) PA (STATE) 19612 (ZIP CODE)

SOCIAL SECURITY # [redacted] DATE OF BIRTH: [redacted] (MONTH/DATE/YEAR) TELEPHONE NUMBERS: [redacted] (HOME)

NAME & ADDRESS OF MEDICAL SCHOOL: 93-93 MED ED OK

BROWN UNIVERSITY MEDICAL SCHOOL, BOX G, PROVIDENCE, RI 02912

DATES OF ATTENDANCE: AUG 1989 MAY 1993

DATE OF GRADUATION: May 31 1993

NAME & ADDRESS OF HOSPITAL(S) | DATES OF PREVIOUS TRAINING | SPECIALTY

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: Reading Hospital & Medical Center HS-- 000192 --L

ADDRESS OF HOSPITAL: P. O. Box 16052, Reading, PA 19612-6052

YEAR IN TRAINING: SPECIALTY: Obstetrics & Gynecology (OBG) LEVEL IN TRAINING: 1

DATES OF TRAINING REQUESTED: 06/24/93 (BEGINNING DATE-MONTH-DAY-YEAR) TO 06/23/94 (ENDING DATE-MONTH-DAY-YEAR)

NAME OF PROGRAM DIRECTOR: Edgar C. Lloyd, M.D.

SIGNATURE OF PROGRAM DIRECTOR: [redacted]

List all states, territories and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive, current or expired).

All of the questions must be answered. You must sign and date this form before returning it to be processed.

If you answer "YES" to any of the questions, you must provide complete details on a separate 8 1/2 x 11 sheet.

	YES	NO
1. Has any disciplinary action been taken against your license in another state, territory or country?	____	X
2. Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?	____	X
3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?	____	X
4. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?	____	X

I RACHEL JENNIFER WASCH being duly sworn according to law, depose and say I am the
PRINT NAME OF APPLICANT
person completing this application, that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant: [redacted]

Date: May 7, 1993

MAY 21 11 10 AM '93

930137 0212

Rachel Masch
[redacted]
Providence, RI 02906
[redacted]

EDUCATION

BROWN UNIVERSITY SCHOOL OF MEDICINE
Providence, R.I.
M.D. Candidate, 1993

BROWN UNIVERSITY
Providence, R.I.
AB, *International Relations*, 1988

Nyack High School
Nyack, NY, 1980-1984

ADDITIONAL EDUCATION

New York University
New York, NY
Physics, June-August, 1988

Kent State University Satellite, Geneva, Switzerland
International Studies, January-June, 1987
Completed courses in political science, history and French in addition to writing a research paper on The Disaster Relief Organization

Hebrew University, Jerusalem, Israel
Archeological Studies, June-August 1986
Integral member of archeology team working on an ancient Philistine site in Akron, Israel

HONORS AND AWARDS

Columbia University Human Rights Externship, 1993
Child in Need Institute, Calcutta, India. Will work in conjunction with clinic staff in implementing local health care needs.

Karolinska Institute Pediatrics Scholarship, 1991
Karolinska Institute, Stockholm, Sweden. Performed duties as an integrated third year clerk in the English pediatrics program at St. Goran's Children's Hospital

Jewish Foundation for Education of Women
Scholarship Recipient, 1991-1993

Family Medicine Summer Preceptorship
Award Recipient, 1991. Worked with physicians in MA and RI, investigated service-related organizations, coordinated and presented a group project designated for multi-state dissemination

Honors in Biomedical Science I & II

Honors in Pediatrics Clerkship

Hugh O'Brien Youth Foundation Award, 1985
Selected for leadership abilities to represent youths of America

ACTIVITIES AND INTERESTS

Women in Medicine Co-President, 1990-1991
Organized, planned and sponsored programs and workshops dealing with all aspects of women's health

International Health Task Force Regional Co-Coordinator, 1991
Planned and organized a New England Regional Forum on International Health

American Medical Student Association
Member, 1989-1993. Attended national and local conferences on a variety of health care issues

Resident Counselor, Brown University, 1985-1986
Advised freshmen on a variety of educational and personal issues

Together Self Help Hotline, Providence, RI, 1984-85
Responsible for answering anonymous phone calls and advising individuals in distress

Teaching Illiterate Adults to Read
Completed required course

Brown University Lacrosse Team
Position: goalie

Nyack High School President, 1983-1984

EMPLOYMENT

Computer Operator, Nestor, Inc., Providence, R.I., 1990-1992

Executive Assistant, General Bearing Corp., West Nyack, NY 1989

Park Ranger, Palisades Park Commission, Upper Nyack, NY 1986-1988

Official Use Only 004277

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105-2649
717-783-1400

M T - 0 3 2 6 5 3 - T

M A S C H R N E W

RACHEL JENNIFER MASCH
READING HOSPITAL & MEDICAL
CENTER
DEPT OF MED EDUCATION
P O BOX 16052
READING, PA 19612

Present Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
06/24/95	06/23/96	3	OBG	HS-000192-L	READING HOSPITAL & MEDICAL

THIS IS YOUR RENEWAL NOTICE

1. **Renewal Training Period:**

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
6-24-96	6-23-97	4	OBG	HS-000192L	Reading Hospital & Medical

2. If you are not training in PA past ending date, check here. ___

3. Required Attachment - See #3B on instruction page.

Physician must answer all questions, sign and date form.

	Yes	No
4. Do you hold a license to practice medicine and surgery in any other jurisdiction? If yes, list each one: _____	___	✓
5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country?	___	✓
6. Since your last renewal, have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court.	___	✓
7. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?	___	✓
8. Since your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges term nated by any medical assistance agency for cause?	___	✓

[redacted] 3/18/96

Signature Date

000042

SPOA 1411 (REV. 3/95)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400
717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
124 PINE STREET, 1st FLOOR
HARRISBURG, PA 17101

360089 0119

OFFICIAL USE ONLY

M D - 058510 L

MASCH APPL

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION

For Graduates of ACCREDITED Medical Schools

Official Use Only
Amount 20.00
Date 2/16/96
NO 70

Application Fee: $20.00 *not refundable*
Make check payable to the "Commonwealth of Pennsylvania."

177-32-2323-T

Note: A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment

Please print or type.

NAME: MASCH (Last) RACHEL (First) J. (Middle)

Permanent Address: [redacted] (Street)

SHILLINGTON (City) PA (State) 19607 (Zip Code)

Date of Birth: [redacted] Social Security Number: [redacted]

If your medical/licensure records are listed under another name or names list below:

LIST MEDICAL SCHOOL(S) ATTENDED:

DATES OF ATTENDANCE

Brown University Program in Medicine — From: 8/89 (Mo.& Yr.) to 5/93 (Mo. & Yr.)

From: ____ (Mo.& Yr.) to ____ (Mo. & Yr.)

Date of Graduation: May, 1993

List all states, territories and countries in which you have ever possessed a license without restriction to practice medicine and surgery (active or inactive, current or expired). If you never possessed a license, write "NONE."

NONE

Check licensing examination(s) passed:

( ) FLEX - indicate state where taken: _____ Date taken: _____
( ) FLEX COMPONENT 1 - indicate state where taken: _____ Date taken: _____
( ) FLEX COMPONENT 2 - indicate state where taken: _____ Date taken: _____
(✓) NATIONAL BOARD - PART I _____ PART II _____ PART III ✓
(✓) USMLE - STEP 1 ✓ STEP 2 ✓ STEP 3 _____
( ) LMCC - Canadian
( ) STATE BOARD - indicate state where taken: _____

Post Graduate Education:

PGY1 Hospital: Reading Hosp + Med Ctr From: 6/24/93 to: 6/23/94

PGY2 Hospital: Reading Hosp + Med Ctr From: 6/24/94 to: 6/23/95

Answer the following questions, if "YES" to any of them, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

		YES	NO
1.	Has any disciplinary action been taken against your license in another state, territory or country?		X
2.	Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		X
3.	Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		X
4.	Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
5.	Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? **(Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.)**	[redacted]	

****

VERIFICATION STATEMENT

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

[redacted] 2/15/96

SIGNATURE OF APPLICANT DATE

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

360089 0119

Certification of Moral Character

To be completed by two physicians with a license without restriction in good standing in the United States or Canada.

Name of Applicant: RACHEL J MASCH

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 2 year(s) 8 month(s).

SIGNATURE: [redacted] Date: 2/13/96

Print or type name as signed above: A. GEORGE NEUBERT M.D.

State in which licensed: PA License Number: MD047668L

Name of Applicant: RACHEL J MASCH

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 2 year(s) 8 month(s).

SIGNATURE: [redacted] Date: 2/13/96

Print or type name as signed above: P.A. SCHWARTZ M.D.

State in which licensed: PA. License Number: MD 037199 E

Return Completed form to Applicant

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

OK MT-032653-T

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st floor
Harrisburg, PA 17101

260089 0119

1558

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates

TO BE COMPLETED BY APPLICANT

NAME: MASCH (Last) RACHEL (First) J. (Middle)

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

Name of Hospital: THE READING HOSPITAL & MEDICAL CENTER

Located: WEST READING (City) PENNSYLVANIA (State)

1st Year from 6/24/93 To 6/23/94 Specialty OB/GYN Level(PGY) I

2nd Year from 6/24/94 To 6/25/95 Specialty OB/GYN Level(PGY) II

→ "I certify that RACHEL MASCH (Name of Applicant) successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

→ ***"I further certify that the above program was ACGME accredited at the time*** RACHEL MASCH (Name of Applicant) ***completed the training."***

[Seal of Hospital]

Signature of Program Director: [redacted]

Date: 2/27/96

If the hospital has no seal complete the following section and have this form notarized:

I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature: _____

Date: _____ [notary seal]

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st floor
Harrisburg, PA 17101

360089 0119

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates

TO BE COMPLETED BY APPLICANT

NAME: MASCH (Last) RACHEL (First) J. (Middle)

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

Name of Hospital: READING HOSPITAL AND MEDICAL CENTER

Located: WEST READING (City) PA (State)

1st Year from 6/24/93 To 6/23/94 Specialty OB/GYN Level(PGY) I

2nd Year from 6/24/94 To 6/23/95 Specialty OB/GYN Level(PGY) II

➔ "I certify that RACHEL MASCH (Name of Applicant) successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

➔ ***"I further certify that the above program was ACGME accredited at the time*** Rachel Masch (Name of Applicant) ***completed the training."***

[Seal of Hospital]

Signature of Program Director: [redacted]

Date: 2/13/96

If the hospital has no seal complete the following section and have this form notarized:

I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature: _____

Date: _____ [notary seal]

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

Peter A. Schwartz, M.D.

The Reading Hospital and Medical Center
P.O. Box 16052
Reading, Pennsylvania 19612-6052

READING PA FEB 27 '96

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

17105-2649

State Board of Medicine
717-783-1400
717-787-2381

960089 0119

OFFICIAL USE ONLY

M D - [ ] - [ ]

[ ] E D U C [ ]

VERIFICATION OF MEDICAL EDUCATION

For Graduates of Accredited Medical Schools.

SECTION 1: To be completed by applicant:

Name: MASCH (Last) RACHEL (First) J (Middle) 158510

Name of medical school: BROWN UNIVERSITY PROGRAM IN MEDICINE

Location: PROVIDENCE, RI

SUBMIT THIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL SCHOOL ENVELOPE.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Rachel Masch

Date student began to attend this medical school: 9/5/89 (Month/Day/Year)

Date of graduation: 5/31/93 (Month/Day/Year)

[Seal of School]

I certify that all of the above information is correct.
Signature of
Dean or Registrar: X Alexandra Morang
Director of Medical Student Affairs

Date: 2/21/96

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. DO NOT RETURN TO APPLICANT.

****

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
U.S.A

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101
U.S.A.

Entry Level Spe

Anesthesiology
Dermatology
Diagnostic Radiolo
Emergency Medici
Family Practice
General Surgery
Internal Medicine
Neurology

The following speci
to entry and would

Adult Reconstructiv
Aerospace Medicin
Allergy and Immun
Blood Banking
Cardiovascular Dise
Chemical Pathology
Child Neurology
Child and Adolescer
Colon and Rectal Su
Critical Care
Dermatopathology
Diagnostic Laborato
Endocrinology and M
Forensic Pathology
Gastroenterology
Geriatrics
Hand Surgery
Hematology
Immunopathology
Infectious Diseases
Medical Microbiolog
Medical Oncology
Musculoskeletal Onc
Neonatal-Perinatal M
Nephrology
Neurosurgery
Neuropathology

Board adopted April

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Rachel Masch
300 North Waverly St
Shillington, PA 19607

State Board of Medicine
P.O.Box 2649
Harrisburg, PA 17105-2649

17105-2649

RECEIVED
96 FEB 15

NATIONAL BOARD OF MEDICAL EXAMINERS®

ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME®) in the lower left corner certifies the authenticity of this document.

RECEIVED DIRECT

Diplomate Name: Rachel J. Masch, MD

Date of Birth: 11/15/1966

Certification Date: 07/01/1994 **Certificate #:** 434402

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/ Fail	Comments
USMLE Step 1	Jun 1992	179 75	176 75	PASS	
USMLE Step 2	Sep 1992	183 78	167 75	PASS	
NBME PART III	May 1994	355 76	315 75	PASS	

DATE: 02/12/1996

SEE OTHER SIDE FOR SCORE INFORMATION

PA1060

Division of Biology and Medicine
BROWN UNIVERSITY
Providence, Rhode Island 02912

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

17105-2649

This *Endorsement of Certification* may include scores for Step 1, Step 2, or Step 3 of the United States Medical Licensing Examination™ (USMLE™). The USMLE, established by the Federation of State Medical Boards (FSMB) and the NBME, is a single, uniform medical licensure examination system comprised of three Step examinations. USMLE replaced both the Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. The NBME accepts passing scores on Part I or Step 1, plus Part II or Step 2, plus Part III or Step 3 as meeting the examination requirements for its certification program. Physicians who have passed at least one NBME Part in combination with one or two USMLE Steps will be certified and endorsed to medical licensing authorities by the NBME. Scores for physicians who pass Steps 1, 2 and 3 will be reported by the FSMB.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

The most recent total test and subjects scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

NBME Part I and Part II Examinations June 1991 and Thereafter

The most recent total test score is reported. This score is on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

USMLE Step 1, Step 2, and Step 3

The complete USMLE examination history is given. A total test score is reported on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

All NBME Part III Examinations

The most recent total test score is reported. This score is on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

Two-Digit Scores

For all examinations, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass (or) scale score is 75. Scale scores are reported in increments of 1.

EXPLANATION OF COMMENTS

For USMLE Steps, this document is annotated to reflect special circumstances regarding the score report.

If you wish to obtain further information about individual examinees who have notations under "Comments," please write the NBME Department of Licensing Examination Services, Examinee Records Unit.

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

Incomplete - The examinee sat for some but not all of the scheduled test books. **No score is reported.**

Irregular Behavior - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To determine the exact nature of the irregular behavior, the examinee's full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat at (215) 590-9600.

Score Not Available - Score not available pending further review and/or analysis.

Testing Accommodations - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

CURRICULUM VITAE

RACHEL J. MASCH, M.D.

HOME ADDRESS: [redacted]
Shillington, PA 19607

HOME PHONE: [redacted]

OFFICE ADDRESS: The Reading Hospital and Medical Center
Department of Obstetrics and Gynecology
P.O. Box 16052
West Reading, PA 19612

OFFICE PHONE: [redacted]

DATE OF BIRTH: [redacted]

SOCIAL SECURITY #: [redacted]

PERSONAL: Single

EDUCATION: Brown University School of Medicine, Providence, R.I.
M.D. - May 1993

Brown University, Providence, R.I., AB, International Relations, 1988

Nyack High School, Nyack, N.Y., 1984

POST GRADUATE TRAINING: The Reading Hospital and Medical Center, West Reading, PA
Resident in Obstetrics and Gynecology
1993 to present

ADDITIONAL EDUCATION: New York University, New York, N.Y., Physics, June - August, 1988

Kent State University Satellite, Geneva, Switzerland
International Studies, January-June 1987: Completed courses in political science, history, and French in addition to writing a research paper on The Disaster Relief Organization.

Hebrew University, Jerusalem, Israel
Archeological Studies, June-August 1986: Integral member of archeology team working on an ancient Philistine site in Akron, Israel.

MEMBERSHIP IN PROFESSIONAL SOCIETIES:

Junior Fellow - American College of Obstetricians and Gynecologists

HONORS AND AWARDS:

Columbia University Human Rights Externship, 1993
Child in Need Institute, Calcutta, India. Worked in conjunction with clinic staff implementing local health care needs.

Karolinska Institute Pediatrics Scholarship, 1991
Karolinska Institute, Stockholm, Sweden. Performed duties as an integrated third year clerk in the English pediatrics program at St. Goran's Children's Hospital.

Jewish Foundation for Education of Women
Scholarship Recipient, 1991-1993

Family Medicine Summer Preceptorship
Award Recipient, 1991. Worked with physicians in MA and RI. Investigated service-related organizations, coordinated and presented a group project designated for multi-state dissemination.

Honors in Biomedical Science I & II.

Honors in Pediatrics Clerkship.

Hugh O'Brien Youth Foundation Aware, 1985
Selected for leadership abilities to represent youths of America

ACTIVITIES/INTERESTS:

* Women in Medicine Co-President, 1990-1991 - International Health Task Force Regional Co-Coordinator, 1991
* American Medical Student Association, 1989-1993
* Resident Counselor, Brown University, 1985-1986
* Together Self Help Hotline, Providence, R.I., 1984-1985
* Teaching Illiterate Adults to Read, completed required course
* Brown University Lacrosse Team - goalie
* Nyack High School President, 1983-1994

EMPLOYMENT:

Planned Parenthood of Northeastern Pennsylvania, 1994 to present
Computer Operator, Nestor, Inc., Providence, R.I., 1990-1992
Executive Assistant, General Bearing Corp, West Nyack, NY 1989
Park Ranger, Palisades Park Commission, Upper Nyack, NY 1986-1988