

Lily Bayat, MD

Licensed Physician #MD2016-0126

Issue Date	Expiration Date
03/22/2016	07/01/2018
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

Lily Bayat, MD

License Number: MD2016-0126

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: 03/22/2016 Date Expires: 07/01/2018*

**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: Parks, Monique M, BME
Sent: Thursday, March 10, 2016 3:30 PM
To: [REDACTED]@gmail.com'
Subject: Status Update
Attachments: DOC009.pdf

Importance: High

Good Afternoon Dr. Bayat:

Please review the attached Medical Verification form sent from TUFFS University. Can you please submit a detailed explanation of your "NO" answer to question number 19E.

The question asks " *Have you ever, for any reason, taken a leave of absence or break from, or had any interruptions or extensions in, Medical School or Post Graduate Training program for any personal or professional reasons (including illness, or disability, pregnancy or maternity, any academic issues etc)?*

You may email your explanation back to me or fax it to 505-476-7233.

Please don't hesitate to contact me if you have any questions or concerns.

Respectfully,

*Monique M. Parks, Quality Assurance Manager
New Mexico Medical Board
2055 S. Pacheco St. Bldg 400
Santa Fe, NM 87505
505-476-7226 (Direct)
505-476-7233 (Fax)
MoniqueM.Parks@state.nm.us*

Lucero, Elishia F, BME

From: Lucero, Elishia F, BME
Sent: Tuesday, December 29, 2015 8:45 AM
To: [REDACTED]@gmail.com'
Subject: Initial Application Licensure - Online Application
Attachments: NMAC16.10.14_PainManagement.pdf; New Mexico Applicant Fingerprinting Instructions In State Only.pdf; Pain Mgt CME Requirement 10 3 12.doc

Dear NM Medical Board Applicant,

Thank you for applying for licensure in New Mexico.

It is the New Mexico Medical Board's goal to expedite every single application for licensure. To accomplish this goal, it is imperative that all applicants and their representatives be proactive during the licensure process and provide licensing staff with the necessary documentation/information in a timely manner.

Other Important Information:

- Please review the attached document on required pain management CME's
- Criminal History Background Checks are required as part of the licensure process.
 - If you are currently living in the State of NM, please see the attached instructions regarding the Criminal History Background Check.
 - If you are **NOT** living in the State of New Mexico, a Criminal History Background Check packet will be mailed to you along with 2 fingerprint cards. The packet will be mailed to the mailing address that you provided on your application. If you do not receive the instructions within 7-10 days or if you have questions and need additional information, please contact the Board office at (505) 476-7220. Please **DO NOT** send the fingerprint cards to our office. They *must* be mailed to our third party vendor, Cogent ID in Dublin, Ohio.
- For status updates on your application please contact the "Status" line at 505-476-7245.

Thank you,

Elishia Lucero
New Mexico Medical Board
Phone: 505-476-7227
Status Line: 505-476-7245
Fax: 505-476-7233



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Rec'd 12/29/15

Paytal 12/24 1789145

**The New Mexico Physician and Practitioner
Credentials Application ©**



THE NEW MEXICO
MEDICAL SOCIETY



Physician (MD) Application

Date of Application: December 23, 2015

Application Fee: \$400.00

TOTAL: \$400.00

Name: Lily Bayat

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? Family Planning Fellowship at the University of New Mexico

Gender: Female Citizenship: United States Place of Birth: Princeton, NJ
 Social Security Number: [REDACTED] Date of Birth: [REDACTED] 1984
 State Tax ID#: _____ Pending Fed. Tax ID#: _____ Pending
 Medicare #: _____ Pending Medicaid #: _____ Pending
 Unique Physician Identification Number (UPIN): _____ Pending
 National Provider Identifier Number (NPI): 1013275452 Applied
 CLIA Number (if applicable): _____ Approval Level: _____ Expiration Date: _____

Home address

Street Address: [REDACTED]
 City, State/Province and Zipcode: Stamford CT 06902
 Country: United States
 Telephone Number: [REDACTED] Pager Number: _____
 Cell Phone Number: _____ Spouse's Name (Optional): _____

Credentials Correspondence Address

Department: _____
 Street Address: [REDACTED]
 City, State/Province and Zipcode: Stamford CT 06902
 Country: United States Email: [REDACTED]@gmail.com
 Telephone Number: [REDACTED] 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): Farsi, French

Certifications

ACLS CERTIFICATION	ATLS CERTIFICATION	PALS CERTIFICATION
Certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Expires: _____	Expires: _____	Expires: _____



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Physician (MD) Application



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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 am currently a resident physician and as such, admit patients under the supervision of attending physicians to their respective services.

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 course of verification. Attach a separate page if necessary.

Facility Name: Bridgeport Hospital Is this your primary admitting facility
 Department: GME
 Street Address: 167 Grant St/PO Box 5000
 City: Bridgeport State/Province: CT Zip Code: 06610-0120
 Country: United States
 Phone Number: 2033843000 Facsimile: 2033844132
 Appointment Dates From: 07/2012 To: 06/2016 Present
 Type of Appointment: Resident Physician Privileges Assigned: _____

P&T

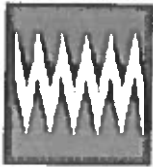
WORK HISTORY

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: Bridgeport Hospital From: 07/2012 To: 06/2016
 Department: GME Present
 Street Address: 167 Grant St/PO Box 5000
 City: Bridgeport State/Province: CT Zip Code: 06610-0120
 Country: United States Phone Number: 2033843000
 Contact: _____ Fax Number: 2033844132
 Type of Practice: Resident Physician

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

PRACTICE LOCATIONS



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Physician (MD) Application



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Group Name: Bridgeport Hospital OB/GYN Residency Program Effective Date: 07/01/2012

Department: OB/GYN

Street Address: 267 Grant Street

City: Bridgeport State/Province: CT Zip Code: 06610

Country: United States

Phone Number: 2033843990 Facsimile Number: 2033843715

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?: _____

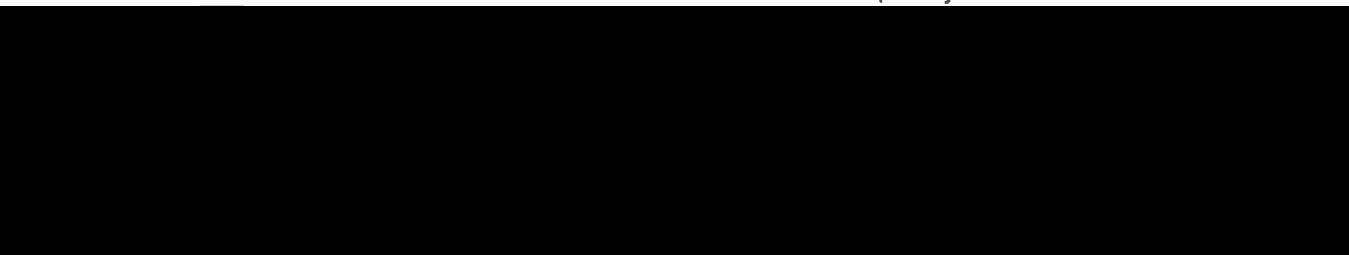
CONTINUING EDUCATION

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: Carole Presnick MD - Docto Specialty: OB/GYN





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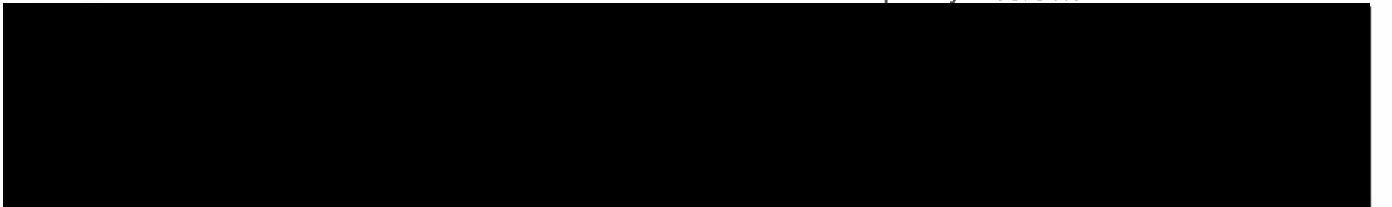
Name and Title: Robert Stiller MD - Docto

Specialty: OB/GYN; Maternal Fetal
Medicine



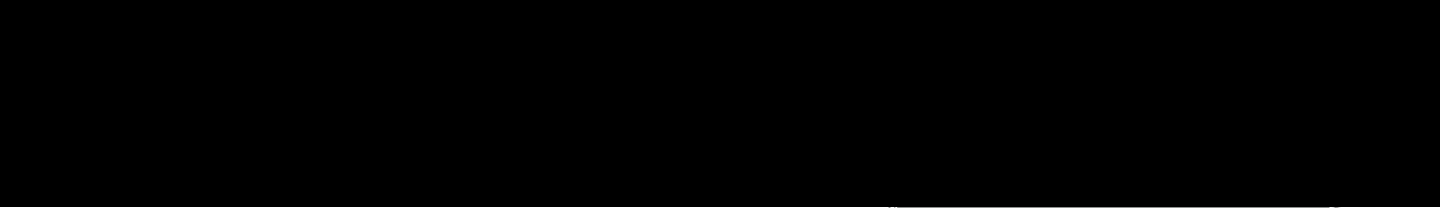
Name and Title: Crina Boeras MD - Docto

Specialty: OB/GYN



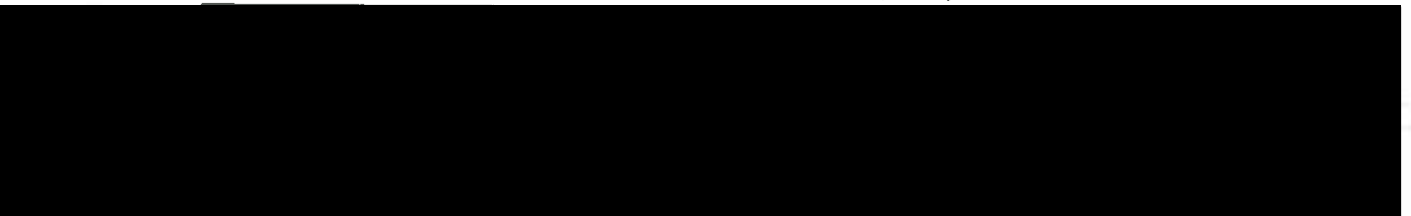
Name and Title: Shabnam Kashani MD - Docto

Specialty: OB/GYN



Name and Title: Harold Sauer MD - Docto

Specialty: OB/GYN



LICENSURE REGISTRATION INFORMATION

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

State Professional License/Certification Number:

Bridgeport Hospital
Institutional License

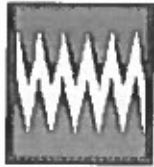
Pending

State: CT

Issue Date: 07/01/2012

Expiration Date: 06/30/2016





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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>03/29/2011</u>	Part/Step 2 Date Passed <u>11/04/2010</u>	Part/Step 3 Date Passed <u>02/26/2015</u>
		MM/YY

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration: N/A
 DEA Number: Expiration Date: 06/30/2016 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: Residency

Institution: Bridgeport Hospital Dates Attended: _____

Department: GME From: 07/2012

Street Address: 167 Grant St/PO Box 5000 To: 06/2016

City: Bridgeport State/Province: CT Zip Code: _____

Country: United States Graduation Date: 2016

Degree Earned: Residency or Specialty: Obstetrics/Gynecology

If teaching appointment: Department/Position: _____



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Physician (MD) Application



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Degree Level: Graduate

Institution: Tufts University School of Medicine Dates Attended: _____

Department: Registrar's Office From: 08/2007

Street Address: 136 Harrison Ave To: 05/2012

City: Boston State/Province: MA Zip Code: _____

Country: United States Graduation Date: 2012

Degree Earned: Doctor of Medicine or Specialty: _____

If teaching appointment: Department/Position: _____

Degree Level: Graduate

Institution: Tufts University School of Medicine Dates Attended: _____

Department: Registrar's Office From: 08/2007

Street Address: 136 Harrison Ave To: 05/2012

City: Boston State/Province: MA Zip Code: _____

Country: United States Graduation Date: 2012

Degree Earned: Master of Public Health or Specialty: _____

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: _____

Date Certified: _____ Date Last Recertified: _____ Expiration Date: _____ Lifetime

Certification Number: _____ Accepted for Examination? Yes No

If not accepted, have you made application? Yes No N/A If no, provide an explanation: _____

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: MCIC Vermont Inc Limits: 0.00 0.00

Department: Yale New Haven Hospital Legal Office

Address: CB230 Pending

20 York Street

City: New Haven State/Province: _____ Zip Code: _____

Country: United States

Dates Insured: From: 07/01/2012 To: 06/30/2016 Policy Number: No Policy Number



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PROFESSIONAL PRACTICE QUESTIONS

4953

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? | [REDACTED] | |



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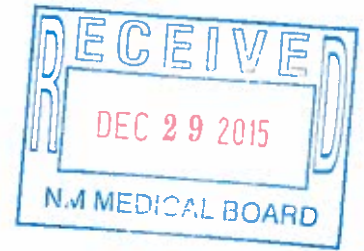
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- | | | |
|-----|--|---|
| 17b | Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19a | Have you ever, for any reason, resigned from a medical school or postgraduate training (PGT) program? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19b | Have you ever, for any reason, withdrawn from a medical school or postgraduate training (PGT) program? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19c | Have you ever, for any reason, been suspended, dismissed, or expelled from a medical school or postgraduate training (PGT) program? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 20 | I attest that I will limit my practice to areas in which I am competent to practice. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

19
20

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



APPLICANT'S OATH

I, Lily Bayat, 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.



Lily Bayat
Applicant Signature

12/23/15
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 Lily Bayat Date 12/23/15
Page 8

Parks, Monique M, BME

From: Lily Bayat [REDACTED]@gmail.com>
Sent: Friday, March 11, 2016 12:56 PM
To: Parks, Monique M, BME
Subject: Re: Status Update



Hi Ms Parks,

Thank you very much for your email and my apologies for the error. Below is an explanation.

Have you ever, for any reason, taken a leave of absence or break from, or had any interruptions or extensions in, Medical School or Post Graduate Training program for any personal or professional reasons (including illness, or disability, pregnancy or maternity, any academic issues etc)?

As seen on my USMLE transcript, I did not pass my USMLE Step 1 exam when I initially took this exam after my second year of medical school. After discussing with my medical school supervisors how to best overcome this challenge, we decided that it was in my interest to use a leave of absence in between my third and fourth years of medical school to obtain designated study time to be able to better prepare for and retake my STEP 1 exam and to complete my USMLE Step 2 exam. I subsequently took and passed both exams in that designated time period after which I completed my fourth year medical school and my remaining coursework and research for my Masters in Public Health. I then graduated with a combined MD/MPH Degree from Tufts University School of Medicine in May 2012 and started my OB/GYN residency thereafter without any further delays.

Thank you again and my apologies for any inconvenience this may have caused. Please let me know if there is anything else I can be of assistance with or any other questions I can answer.

All my best,
Lily

On Thu, Mar 10, 2016 at 5:30 PM, Parks, Monique M, BME <MoniqueM.Parks@state.nm.us> wrote:

Good Afternoon Dr. Bayat:

Please review the attached Medical Verification form sent from TUFFS University. Can you please submit a detailed explanation of your "NO" answer to question number 19E.



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

LILY BAYAT
BRIDGEPORT HOSPITAL
PO BOX 5000
BRIDGEPORT, CT 06610-0120

Primary Office Address

Phone UNKNOWN

Birth date [REDACTED] 1984

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

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
------------------------------------	------------------	-------------------	-------------------	--------------------	--------------------

None Reported

Current and/or historical medical school

TUFTS UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES

Degree Year: 2012

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: BRIDGEPORT HOSPITAL
Sponsoring State: CONNECTICUT
Program name: BRIDGEPORT HOSPITAL/YALE UNIVERSITY PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 7/2012 - 6/2016 (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:

Table with 6 columns: Duration, Effective Date, Expiration Date, Reverification Date, Occurrence, Last Reported Date

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
NONE REPORTED TO DATE						

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
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:12/30/2015

PRACTITIONER INFORMATION

Name: Lily Bayat
DOB: [REDACTED] 1984
Medical School: Tufts University School of Medicine
Boston, Massachusetts, UNITED STATES
Year of Grad: 2012
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
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PRACTITIONER PROFILE

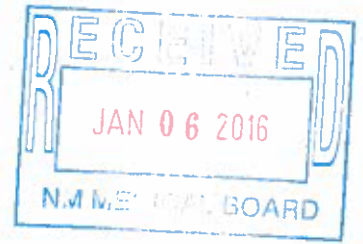
Prepared for: New Mexico Medical Board As of Date:12/30/2015
Practitioner Name: Lily Bayat

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.

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



WORK EXPERIENCE VERIFICATION

I am applying for a medical license in the State of New Mexico. The New Mexico Medical Board requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Lily Bayat
Applicant Name
[Redacted]
City/State/Zip

[Signature]
Applicant Signature
07/01/2012 to 06/30/2016
*Dates of Privilege/Employment mm/yy to mm/yy (must be provided)
[Redacted]



The section below should be completed by the chief of staff or facility's administrative staff. Letters of Recommendation are NOT accepted in lieu of this form.

Harold J. Sauer, MD
Type or Print Name of person completing this form
Department Chairman and Residency Program Director
Title
Bridgeport Hospital / Yale New Haven Health
Name of Institution
267 Grant Street
Address
Bridgeport, CT 06610
City / State / Zip

- 1. This evaluation is based on: Observation of applicant Review of personnel file
 - 2. In your estimation, is there any reason why this applicant should not be licensed to practice? Yes No
 - 3. To your knowledge, is there any mental or physical reason why this applicant should not be licensed? Yes No
 - 4. To your knowledge, is there any derogatory/disciplinary information regarding this applicant? Yes No
 - 5. Are the dates of privilege/employment provided by the applicant on this form accurate? Yes No
- *If not, please provide correct dates: Beginning 7/1/2012 Ending 6/30/2016
Month/Year Month/Year

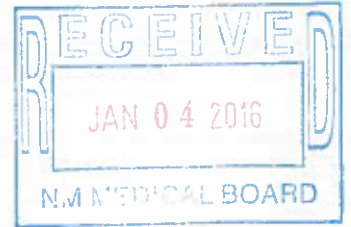
If you answered "YES" to questions 2, 3, and/or 4, please provide a written explanation and/or any supporting documentation that may be relevant.

Harold J Sauer MD Harold Sauer, MD 1/4/2016
Printed name of person completing this form Signature Date
[Signature] [Signature] 1/4/2016
Signature of Notary (if applicable) Date
My commission expires: April 30, 2019



Please note on this form if there is no hospital or notary seal available.
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



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: Lily Bayat Date of Birth [REDACTED] / 1984
Print or Type Name: Lily Bayat Soc Sec # [REDACTED]
Other Name(s) NA
Name of Medical School: Tufts University School of Medicine
Address: 136 Harrison Avenue City Boston State MA Country USA

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

(type or print the applicant's name): Bayat (Last Name) Lily (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>8/20/07</u>	<u>5/16/08</u>	<u>5/9/11</u>	<u>4/20/12</u>
	<u>8/18/08</u>	<u>5/13/09</u>	<u>1/1</u>	<u>1/1</u>
	<u>7/6/09</u>	<u>7/30/10</u>	<u>1/1</u>	<u>1/1</u>

The applicant attended 150 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check One Was awarded a degree in M.D./M.P.H on 05 / 20 / 12
mm dd yr
 Was NOT awarded degree. Please explain reasons(s): _____

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: After completing her 3rd year, Lily took an approved Leave of Absence to remediate her ^{USMLE} Step 1 examination and take her USMLE Step 2 examination. She successfully completed both exams and returned from leave to begin her 4th year in May of 2011

AFFIX INSTITUTIONAL SEAL HERE

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

Signature: Carol A. Duffey
Print Name: Carol A. Duffey
Title: Assistant Dean for Student Enrollment/Registrar
Date: 12/29/15

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



TUFTS UNIVERSITY

School of Medicine

TRANSCRIPT



Name: Bayat, Lily
 Student ID: 1033875
 Education: Brown University, Sc.B. 2006

Date Issued: 12/29/15
 Matriculated: 08/20/07
 Graduated: 5/20/12
 Degree Program(s): M.D., M.P.H.
 Degree(s) Awarded: M.D., M.P.H.

Registration History
 01/03/11 Leave of Absence
 05/09/11 Returned from Leave
 04/20/12 Completed Studies
 05/20/12 Graduated

Doctor of Medicine

Description	Grade	Description	Grade
1st Year 08/20/07 to 05/16/08			
07-08 ANA110 Clinical Anatomy	Pass	PFM200 Population Medicine	Honors
ANA130 Cell, Tissue and Organ Biology	Pass	PSY200 Psychopathology	Honors
BCH100 Biochemistry	Pass	XDS200 Problem Based Learning	Pass*
CMH110 Epidemiology and Biostatistics	Exempt	XDS210 Neuroscience	Pass
IMM100 Immunology	Pass	XDS215 Evidence Based Medicine	Pass
MBI100 Molecular Biology	Pass	3rd Year 07/06/09 to 07/30/10	
PAT100 General Pathology	Pass	09-10 FAM404 Family Medicine	High Pass
PHY100 Physiology	Pass	PED300 Pediatrics	High Pass
PPM102 Interviewing	Pass	PSY300 Psychiatry	High Pass
PPM110 Nutrition and Medicine	Pass	MED300 Medicine	High Pass
PPM111 Human Growth and Development	Pass	SGN300 Surgery	Honors
PPM114 Physical Diagnosis I	Pass	10-11 OBG300 Obstetrics/Gynecology	Honors
XDS100 Problem Based Learning	Pass*	4th Year 05/09/11 to 04/20/12	
2nd Year 08/18/08 to 05/13/09			
08-09 CBG200 Addiction Medicine	Pass*	11-12 OBG423 Maternal and Fetal Medicine	Honors
ETH200 Ethics and Professionalism II	Pass*	OBG424 Contraception&Family Planning	High Pass
GEN200 Medical Genetics	Pass*	SGN423 Transplant Surg Acting Intern	High Pass
HEM200 Hematology/Oncology	Pass	SGN411 Surgical ICU Acting Internship	High Pass
MBI225 Med Microbiology & Inf Disease	Pass	PSY411 Consult Psychiatry in OB/GYN	High Pass
MED200 Pathophysiology	Pass	CAR404 Cardiology	High Pass
MED210 Physical Diagnosis II	Pass	NEU407 Clinical Neurology-Consult	Honors
PAT210 Systemic Pathology	Pass	IMM402 Rheumatology	High Pass
PHR200 Intro to Pharmacology	Pass*	KMD453 Applied Learning Experience	Honors
		Away Family Medicine	Pass
		End of Record	

MD/Master of Public Health

Description	Grade	Cr	Description	Grade	Cr
07-08 MPH100 Public Health Rounds	Pass*	1.0	MPH236 Healthcare Organization	A-	3.0
MPH103 Intro. to Global Health	A-	3.0	09-10 MPH351 Integration of Public Health	A-	2.0
MPH124 Health Services:Policies	A	2.0	MPH353 ALE:Orientation & Planning	Pass	3.0
MPH130 Epidemiology	B	4.0	10-11 MPH354 Ethics in PH & Med	A-	2.0
MPH132 Biostatistics in Public Health	B	4.0	MPH377 Case Studies in Human Rights	B+	2.0
MPH140 Public Hlth Theory to Practice	A-	2.0	MPH392 Cardiovas Epi	A	2.0
08-09 MPH203 Intro to Envir. & Occup.Hlth	A	3.0	11-12 MPH453 Applied Learning Experience	A	4.0
MPH204 Law and Public Health	A	2.0	MPH312 Global Health	A-	2.0
MPH208 Public Health Field Experience	Pass	4.0	MPH333 Iss in MCH	B+	2.0
MPH218 Social and Behavioral Sciences	A-	3.0	End of Record		
MPH251 Integration of Public Health	Pass	0.0			


 Carol A. Duffey
 Assistant Dean for Student Enrollment/Registrar

All official transcripts from Tufts University School of Medicine bear the raised seal and the signature of the Registrar.



SCHOOL OF MEDICINE

Office of Student Affairs



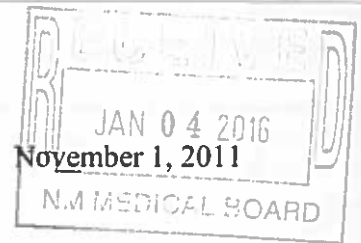
November 1, 2011

Lily Bayat

Dear Program Director:

We are pleased to submit the following letter of evaluation in support of Lily Bayat who is applying to your postgraduate training program. Lily is presently a fourth-year student in good standing at Tufts University School of Medicine. Lily was born in New Jersey to Iranian parents who had emigrated from Iran after the revolution in 1979. Lily was raised in Brussels and moved back to the United States to attend college in 2003. She completed her undergraduate studies at Brown University where she received her Sc.B., with honors, majoring in Neuroscience. In recognition of her academic achievement, Lily was elected to Sigma Xi Scientific Research Society. As an undergraduate, Lily had the opportunity to pursue part-time research for two years in the Mood Disorders Research Program at Butler Hospital. Her work involved clinical neuroscience and she studied the correlation between CSF levels of substance P and early life stress exposure in healthy medicated and non-medicated depressed patients. This work led to her honors thesis and a second author publication. While in college, Lily was an active member of the Brown community and served as a student mentor for the Women in Science and Engineering Club and as a teaching assistant and tutor in multiple subjects. Following graduation, Lily worked for one year as a postgraduate fellow at the Tufts Institute for Global Leadership where she wrote and edited a human rights calendar that was distributed by the Institute. She also worked as a coordinator, events planner and academic liaison in this position.

Lily matriculated at Tufts University School of Medicine in August of 2007 in the combined M.D./M.P.H. degree program. As a first- and second-year medical student, Lily performed very well. She received HONORS evaluations in Population Medicine and Psychopathology. She successfully completed all other coursework. Her section leader during the Interviewing course commented, "Lily demonstrated the greatest empathy in the group. She undoubtedly will make great connections with her patients in the future." Her facilitator during the Physical Diagnosis II course noted, "Lily is an excellent student who was well-liked by our staff and patients. She was eager, professional and mature. She is a critical thinker. I hope the future students to come are as good as Lily!" During the summer after first year, Lily completed her public health internship at



Makerere University where she explored the healthcare services for those displaced by the violence from the Lord's Resistance Army rebel group in Gulu, Northern Uganda.

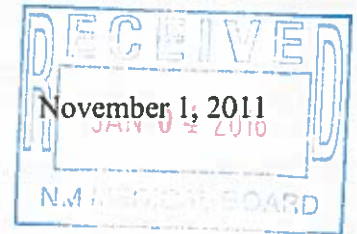
As a third-year clerk, Lily excelled. She received HONORS evaluations in Surgery and Obstetrics/Gynecology. She received HIGH PASS evaluations in Family Medicine, Pediatrics, Psychiatry and Medicine. Selected comments follow:

Family Medicine: "This was Lily's first rotation. She has exceptional curiosity and the energy to do the work to find answers." She received a HIGH PASS evaluation.

Pediatrics: "Lily did a good job on her pediatric rotation. This was her first clinical experience with pediatric patients and she demonstrated growth in her clinical skills as the rotation progressed. She was a caring and compassionate student who connected well with patients, families and her clinical team. Lily has good communication and interpersonal skills. She worked hard on her presentations and educated her clinical teams on clinical areas she had researched. Lily demonstrated mastery of the pediatric history and physical exam and the use of evidence based medicine to manage patients." She received a HIGH PASS evaluation.

Psychiatry: "Lily impressed all who worked with her as motivated, very compassionate, conscientious and bright, with a clear and nuanced understanding of psychiatric illness and treatment. She grew more independent and confident as the rotation progressed and her knowledge base expanded. She worked hard and energetically and made the most of her experience in psychiatry. Lily showed maturity and capacity for growth in responding constructively to sensitive feedback. She maintained a collaborative, dedicated attitude, learned from her mistakes and continued to work with dedication and without resentment. This suggests a strong and admirable commitment to professional growth and bodes well for her future as a physician." She received a HIGH PASS evaluation.

Medicine: "Lily is a very sophisticated and advanced medical student for her level of training. Her knowledge base is quite strong and her reasoning skills led her to present and document well-synthesized patient care at an intern level. In fact, a nurse took her supervising resident aside to point out that one of Lily's progress notes was the best she had ever seen and assumed it was written by an attending physician. In addition to her smarts, Lily was recognized for her compassion and sensitivity to patients' needs. Her interpersonal and communication skills were highly effective allowing her to compassionately deliver bad news. Her motivation and effort at continued improvement was commendable and she was a great contributor to the learning environment. Since she quickly mastered simple cases, she was challenged with more complex ones. Lily would receive an 'Honors' grade for the medicine clerkship based on her clinical performance." She received a HIGH PASS evaluation.



Surgery: “Lily did a wonderful job on the surgical service. She took ownership of patients. When she rotated off the service she continued to follow her patients. She worked very hard with the team in preparing for rounds and showed dedication. Lily gave an excellent oral presentation on overcoming the surgical workforce crisis in Africa.” She received an HONORS evaluation.

Obstetrics/Gynecology: “Lily is an outstanding student. She is very polite and empathetic. She has a thoughtful thinking process and has the ability to put patients at ease. She exceeds expectations for her level of training. Lily has excellent surgical skills. Her presentations were superb and at a level of a resident. She was very helpful and liked on this rotation. She showed great motivation and interest in women’s health.” She received an HONORS evaluation.

After successfully completing her third year, Lily took an approved leave of absence to remediate her USMLE Step 1 examination and take her USMLE Step 2 examination as well. During this time, she successfully remediated Step 1 with a score of 222 and also completed the USMLE Step 2 CK examination with a score of 226. She returned from leave to begin her fourth year clinical program in May of 2011.

Lily has continued to excel during her fourth year receiving an HONORS evaluation in Maternal and Fetal Medicine and HIGH PASS evaluations in Contraception and Family Planning, Transplant Surgery Acting Internship and Surgical Intensive Care Unit Acting Internship. Selected comments follow:

Maternal and Fetal Medicine: “Lily received overwhelmingly positive evaluations from the faculty. She is mature, warm, energetic and extremely easy to work with. She consistently met and exceeded expectations as a fourth-year student. Lily gave thorough and thoughtful presentations. She was able to write up an appropriate differential for complex patients. She asks thoughtful questions about management. On days when the resident was in clinic, Lily took full ownership of the service and assured all clinical details of patient care were addressed. She did a great job and we hope she decides to pursue OB/GYN as a career!” She received an HONORS evaluation.

Contraception and Family Planning: “Lily is incredibly enthusiastic about family planning and was very engaged in the components of the rotation. She works well both independently and on a team. She could be a little more assertive about pursuing opportunities but she is always respectful of the dynamics in the room. She was a pleasure to work with and I certainly hope she considers us for her residency.” She received a HIGH PASS evaluation.

Transplant Surgery Acting Internship: “Lily is personable and energetic. She truly excels in understanding the big picture in the context of individual patient's illnesses. She took part in the resident call schedule and her assistance was appreciated. Lily has an interest in global health care and I believe she will do well there.” She received a HIGH PASS evaluation.

November 1, 2011

Surgical Intensive Care Unit Acting Internship: "Lily was very steady and especially caring of her patients. She gave the best Journal Club this year on the NDM-Supergene." She received a HIGH PASS evaluation.

In addition to her clinical experience, Lily has been an active member of the Tufts community. She served as co-chair for the Tufts chapter of Medical Students for Choice and volunteered at the Sharewood Project, a student-run clinic that provides free care for underserved patients. Lily also was the legal outreach coordinator for the Tufts chapter of Universities Allied for Essential Medicines.

Lily Bayat is a bright, hardworking student who has a global outlook on healthcare and is passionate about caring for underserved patients. Lily is a student whose clinical skills and confidence have blossomed over the past several months as evidenced by her excellent evaluations. She has been repeatedly praised for her wonderful manner with patients and her exemplary personal qualities. In addition to these fine attributes, Lily's experience in the combined M.D./M.P.H. degree program will allow her to bring a broad perspective on healthcare to her residency program and future career. Based on her academic record here at Tufts, we are pleased to recommend her to you as an excellent candidate for postgraduate training.

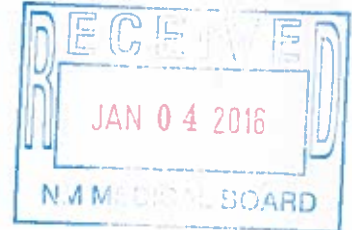
Sincerely,



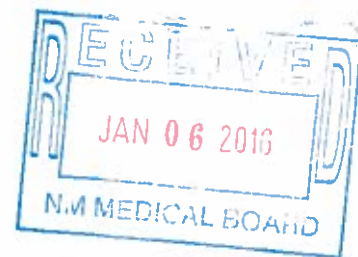
Amy B. Kuhlik, M.D.
Dean for Students



Janet S. Kerle
Associate Dean for Students



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: Lily Bayat M.D.

Signature [Handwritten Signature]

Date (Month/Day/Year) 12/23/15

(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 Lily Bayat M.D. undertook and satisfactorily completed a full term approved program of 48 months in the Bridgeport Hospital, 267 Grant St., Bridgeport, CT in the field of Obstetrics and Gynecology from 7/1/2012 to 6/30/2016

- 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.

Harold J Sauer, MD [Handwritten Signature] 12/28/2015
Printed name of person completing this form Signature Date

Please affix hospital or notary seal here

Signature of Notary (if applicable) 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.



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 Wisser Road, Suite 300, Euless, TX 76039-3856 --Telephone (817)868-4000

Recipient:

Date: 12/28/2015

NEW MEXICO MEDICAL BOARD

Examinee: Bayat, Lily

Examinee ID: 52287844

Alt Name(s):

Date of Birth: [REDACTED] 984

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
3/29/2011	Pass	222	(188)	
8/29/2009	Fail	159	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
11/4/2010	Pass	226	(189)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
1/23/2012	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
2/26/2015	Pass	194	(190)	

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.

Bayat, Lily

Medical Doctor

MD2016-0126

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	05/23/2018
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/23/2018
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/23/2018
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/23/2018
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/23/2018
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	05/23/2018
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/23/2018
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	05/23/2018
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	05/23/2018
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	05/23/2018
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/23/2018
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	05/23/2018
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	05/23/2018
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	05/23/2018
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/23/2018
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/23/2018
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	05/23/2018
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	05/23/2018
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/23/2018
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?	■	05/23/2018
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	■	05/23/2018
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	05/23/2018
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	05/23/2018
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/23/2018
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	05/23/2018