



## UNITED STATES MEDICAL LICENSING EXAMINATION™

### STEP 3 SCORE REPORT

This score report is provided for the use of the examinee.

Third-party users of USMLE information are advised to rely solely on official USMLE transcripts.

**Sober, Stephanie Paula**

**Test Date: March 27, 2008**

**USMLE ID:** [REDACTED]

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

<b>PASS</b>	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
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<b>214</b>	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 214 and 17, respectively, with most scores falling between 140 and 260. A score of 184 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)† for this scale is approximately six points.
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<b>75</b>	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 184 on the scale described above, is recommended by USMLE to pass Step 3. The SEM† for this scale is approximately three points.
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†Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

APR 7 2008



TARGET SHEET

Board: Medicine

Date Created:

04/25/2007

Licensor Full Name:

STEPHANIE PAULA SOBER

License No:



APPL





8:0A-1415 (02701)

Regular Mailing Address  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
Phone: 717-783-1400 or 717-787-2381 or email: [sl-medicine@state.pa.us](mailto:sl-medicine@state.pa.us)

Courier Delivery Address  
State Board of Medicine  
2601 North Third Street  
Harrisburg, PA 17110  
Phone: 717-783-1400 or 717-787-2381 or email: [sl-medicine@state.pa.us](mailto:sl-medicine@state.pa.us)

HOSPITAL USE ONLY

TO BE COMPLETED FOR BULK CHECK USAGE

Hospital Name

HIS #

Receipt #

**APPLICATION FOR A GRADUATE LICENSE  
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)**

**Application Fee: \$30.00** not refundable. Make check payable to the "Commonwealth of Pennsylvania". 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.

**TO BE COMPLETED BY APPLICANT (Please Print or Type)**

NAME: SOBER STEPHANIE PAULA  
Last First Middle

ADDRESS: [REDACTED]  
Street City State Zip Code

SOCIAL SECURITY # [REDACTED] DATE OF BIRTH [REDACTED]  
MONTH DAY YEAR

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

Are you applying using credentials verification from FCVST? YES ☒ NO ☒

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
UNIV. OF PENNSYLVANIA SCHOOL OF MEDICINE SUITE 100 STEMMER HALL 3450 HAMILTON WALK PHILADELPHIA, PA 19104	8/03 - 5/07	5/2007
NAME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY

**TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA**

NAME OF HOSPITAL: GRADUATE MEDICAL EDUCATION HIS: CC0181-1  
800 SPRUCE STREET  
ADDRESS OF HOSPITAL: PHILADELPHIA, PA 19107

YEAR IN TRAINING: 1 SPECIALTY: Obstetrics & Gynecology LEVEL IN TRAINING (PGY): 1  
DATES OF TRAINING REQUESTED: 6/18/2007 TO 6/17/2008  
BEGINNING DATE MONTH DAY YEAR END DATE MONTH DAY YEAR

NAME OF PROGRAM DIRECTOR: MARY MARTINE

SIGNATURE OF PROGRAM DIRECTOR: [REDACTED]

Answer the following questions. If "YES" is answered to #2 through #8, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an (unrestricted license, certification or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? <u>If yes, list the jurisdiction(s) below.</u>		
2) Have you ever withdrawn an application for a license, certification, or registration, had an application denied or refused, or agreed not to reapply in another state, territory or country?		X
3) Has any disciplinary action been taken against your license, certification, or registration in another state, territory or country?		X
4) 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
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8) Are you, or have you ever been, addicted to the immoderate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <u>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.</u>		X
9) Since May 19, 2002, have any malpractice complaints been filed against you? <u>If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served.</u>		X

#### SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 1304 (a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the Federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDH-HIPDH must include the licensee's social security number.

I Verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to sworn 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.

SIGNATURE OF APPLICANT

DATE



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

125207  
RECEIVED DIRECT

**VERIFICATION OF MEDICAL EDUCATION**  
For Graduates of Accredited Medical Schools

**SECTION 1: To be completed by applicant:**

Name: SOBER STEPHANIE PAULA  
Last First Middle  
Name of medical school: UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE  
Location: PHILADELPHIA, PA

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

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

Name of medical student: Stephanie Paula Sober  
Date student began to attend this medical school: 8/13/2003  
Month/Day/Year

Date of graduation: expected 5/14/2007  
Month/Day/Year

[Seal of School]

I certify that all of the above information is correct.

Signature of  
Dean or Registrar

Date:

4/10/07

**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.**

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

Courier Delivery Address  
State Board of Medicine  
2001 North Third Street  
Harrisburg, PA 17110

Stephanie P. Sobel

Present Address

Permanent Address

## EDUCATION

University of Pennsylvania School of Medicine, Philadelphia, PA  
Expected Graduation May 2007

Bryn Mawr College Postbaccalaureate Premedical Program, Bryn Mawr, PA  
Intensive 12-month certificate program in the basic sciences. (GPA 3.9/4.0)

9/97-6/01

Stanford University, Stanford, CA  
BA - Major in International Relations and Spanish. GPA 1.76/4.0

9/99-12/99

Boston University in Madrid, Madrid, Spain  
Studied contemporary European Politics, Spanish History and Art History. (GPA 3.78/4.0)

6/98-8/98

Middlebury College, Middlebury, VT  
Intensive 7-week Spanish language immersion program. (GPA 1.75/4.0)

## EMPLOYMENT EXPERIENCE

1/04-Present

Verbal Reasoning/Writing Sample Instructor, Bryn Mawr College In-House MCAT Course,  
Bryn Mawr, PA  
Instruct both postbaccalaureate and undergraduate students in test-taking strategies for the Verbal Reasoning  
and Writing Sample sections of the MCAT exam. 8 hrs/wk (during the course)

9/02-8/03

Medical Assistant, Dermatology Department, Massachusetts General Hospital, Boston, MA  
Set up and assisted with dermatologic procedures. Obtained and recorded preliminary medical history. 40  
hrs/wk

1/00-3/01

Research Assistant, Center for Latin American Studies, Stanford University, Stanford, CA  
Compiled background information and sources for lectures, presentations and publications. Provided  
assistance with other special projects. 5 hrs/wk

## INTERNSHIPS

6/04-8/04

Intern, Bridging the Gaps, Community Health Internship Program, Covenant House, Philadelphia, PA  
Organized a series of seminars on health-related topics with the theme of encouraging healthier choices for  
the homeless youth at the Covenant House Pennsylvania crisis shelter. 40 hrs/wk

6/00-9/00

Intern, Latin American and Caribbean Program (LACP), The Carter Center, Atlanta, GA  
Prepared updates on events in Latin America related to democracy, transparency and corruption. Planned and  
attended preparatory meeting in Washington, DC for the LACP's challenge to transparency conference hosted by the  
LACP at the Carter Center. Provided briefings on conference papers. 40 hrs/wk

9/99-12/99

Intern, IEPAL A (el Instituto de Estudios Políticos para América Latina y África), Madrid, Spain  
Researched issues of political injustice for the Solidarity Department of IEPAL A, a non-profit organization  
dedicated to economic and political concerns in both Latin America and Africa. 3 ranked documents from  
English to Spanish. 10 hrs/wk

## VOLUNTEER AND COMMUNITY SERVICE ACTIVITIES

4/04-5/04

Committee Member, ReproductionX course focus group, University of Pennsylvania School of Medicine,  
Philadelphia, PA  
Served as member of a focus group dedicated to reexamining the curriculum of our reproduction module  
by adding a letter to the administration containing recommendations for improving the course structure and  
curriculum. 2 hrs/wk