

Complete

Walleth, Sarah, M.D.

Constit ID: 048876

PH License: 48274 Date Issued: 2-18-15

TP License: _____ TP Approval: _____ Date TP Issued: _____

Application/Fee Received: 3/17/2015 Application Statement and Fingerprint Cards Mailed: 3-18-15

Email: [REDACTED] Authorized Person(s): _____

PH Licensure Requirements:

- ☒ FCVS
- ☒ Application Appendix
- ☒ License Verifications AK MI
- ☒ Release and Waiver Form with Photo
- ☒ Category I & II
- ☐ Temporary Permit Request
- ☒ Hospital/ Clinic Affiliation List
- ☒ Hospital/ Clinic Affiliations X
- ☒ References X 2
- ☒ NPDB/HIPDB
- ☒ AMA/ AOA Profile
- ☐ HIV/AIDS Affidavit
- ☒ HIV/AIDS Certificate of Completion
- ☒ CME Form

- ☒ Medical School Entered
- ☒ State Licensure Entered
- ☒ Endorsement Entered
- ☒ Merge Code Changed/Added
- ☒ Board Location Entered

Criminal Background Checks:

- 4-6 Date fingerprint card & fee received by KBML
- 4-10 Date mailed to KSP
- 4-17 Date reports received from KSP/FBI

Board Meeting: Mar/ June/ Sep/ Dec

Board Approved Date 6-18-15

Brd Letter Mailed/ Emailed _____

Due Process/Special Invite Letter _____

(If Applicable)

Special Licensure Item: _____

WALLET, SARAH

Tabler, Cheryl M. (KBML)

From: Sarah Wallert [REDACTED]
Sent: Thursday, April 09, 2015 3:13 PM
To: Tabler, Cheryl M. (KBML)
Subject: Re: Question for You

I am completing a non-ABOG fellowship (Family Planning) and have full clinical privileges. I do not require supervision to see patients. I see both OB and GYN patients - in both the outpatient and inpatient setting. I supervise resident and medical students in clinic and on the wards. I have clinical office hours 1.5-3 days per week, take OB call 1-3 times per month, and take GYN call 3-4 times per month.

My residency training ended in June 2013. My fellowship training started July 2013 and will be completed in June 2015.

Please let me know if there is any other questions I can answer. I submitted everything requested to FCVS so hopefully you will receive that packet soon.

Thanks.
Sarah Wallert
[REDACTED]

On Thu, Apr 9, 2015 at 10:22 AM, Tabler, Cheryl M. (KBML) <Cheryl.Tabler@ky.gov> wrote:

Ma'am, we have received your application documents. It is noted on your Hospital Affiliation List that you have been working since 7/1/13 at the University of Michigan as a Faculty member.

||

Can you explain, please, what your duties are, specifically in the area of practicing clinical, hands-on medicine?

Also, we have not yet received your FCVS packet of information, so I cannot see your postgraduate training. Did your pgd end on 6/30/13?

Cheryl Tabler

Licensure Coordinator L-Z

Kentucky Board of Medical Licensure

310 Whittington Pkwy., Ste. 1B

Louisville, KY 40222

phone: (502) 429-7150, ext. 223

Kentucky Board of Medical Licensure
310 Whittington Parkway, #1B
Louisville, KY 40222
(502) 429-7150
www.kbml.ky.gov

Application for Medical/Osteopathic License

The following information was entered by the applicant as part of the online application on 3/17/2015. Applicant's required addendums will follow this page.

Notice: Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

Name: Sarah M Walleth M.D.

Date of Birth: [REDACTED]

Birth Place: [REDACTED]

Gender: [REDACTED]

Address Information:

Mailing Address: [REDACTED]

Practice Address: 125 E. Maxwell St
Lexington, KY 40508

Work Number: (734) 232-3897

Home Number:

Email Address: [REDACTED]

Practice Information:

Specialty: Obstetrics/Gynecology

Medical Status: Faculty

Date: 03/17/15

Name: Sarah Wallett

Constit ID: 048876

Category I Questions:

NOTE: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer 'yes' in such circumstance even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes' and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license. This application may not be altered in any way.

1. Have you ever been dismissed from, resigned while under investigation, been placed on a disciplinary probation or reprimanded at a medical school or a postgraduate training program?

(Academic probation is not reportable.)

No

2. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

3. Have you ever been denied a license or denied the privilege of taking a licensure examination by any State, Federal or International licensure jurisdiction?

No

4. Have you ever had any license, certificate, registration or other privilege as a health care professional denied, revoked, suspended, probated, restricted or limited, or subjected to any other disciplinary action, by a State medical/osteopathic licensing board, or Federal, or International authority?

No

5. Have you ever been disciplined by any licensed hospital (including postgraduate training) or the medical staff of any licensed hospital, including removal, suspension, probation, limitation of hospital privileges or any other disciplinary action if the action was based upon what the hospital or medical staff found to be unprofessional conduct, professional incompetence, malpractice or a violation of a provision(s) of a Medical Practice Act?

No

6. Have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?

No

7. Have you ever resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?

No

Date: 03/17/15

Name: Sarah Wallett

Constit ID: 048876

8. Have you ever been removed, suspended, expelled or disciplined by any professional medical facility, association or society?

No

9. Have you ever voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?

No

10. Have you ever been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?

No

11. Are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?

No

12. Have you ever been convicted of a felony or misdemeanor by any State, Federal or International court?

No

13. Are any criminal charges presently pending against you in any of those courts?

No

14. To your knowledge, are you the subject of an investigation for a criminal act?

No

15. In the past ten (10) years have you had to pay a settlement or judgment in a malpractice action or other civil action against your medical practice, or are there any malpractice or other civil actions against your medical practice presently pending in any court?

No

I hereby state that the information contained in this application has not been altered in any way and is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board (KBML) or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

Signature: Sarah M Wallett

Date: 03/17/15

Date: 03/17/15

Name: Sarah Wallett

Constit ID: 048876

Category II Questions:

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and (l) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board (KBML) and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them. 'Illegal drug use' means the use of an illegally obtained controlled substance or dangerous drug; the term 'illegal drug use' also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

1. Do you currently, or have you had within the past 5 years, any physical, mental, or emotional condition which impaired, or might reasonably impair your ability to practice your health care profession safely and competently?

■

2. Within the past 5 years, have you been admitted to any hospital or other in-patient care facility for any physical, mental or emotional condition, which impaired, or might reasonably be considered to impair, your ability to practice your health care profession safely and competently?

■

3. Do you currently have, or have you had within the past 5 years, a dependency on or abuse of the use of alcohol or drugs, which impaired, or might reasonably impair, your ability to practice your health care profession safely and competently?

■

4. Within the past 5 years, have you engaged in the excessive use of alcohol or illegal drugs, or received any in-patient or outpatient or individual therapy/treatment or been hospitalized for alcoholism, or illegal use, or been arrested for a DUI (Driving Under The Influence)?

■

5. Within the past 5 years, have you been the subject of any chemical substance screening test which resulted in an indication of the presence in your body of any controlled substance, any dangerous drug, or alcohol level above .10 BAC? (This does not include those drugs taken by you as a result of a legitimate health care diagnosis, and prescribed for you in good faith by another licensed health care professional.

■

I hereby state that the information contained in this application has not been altered in any way and is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board (KBML) or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

Signature: Sarah M Wallett

Date: 03/17/15

See above exemption

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FCVS Packet ID # 336521

Kentucky Board of Medical Licensure
Application Appendix

Applicant Name Walleth Sarah Mary MD
Last First MI Degree
Applicant Signature Sarah M Walleth Date: 3/30/15

Medical School:

List name, location and dates of attendance of every college and medical school you have attended:

Name	City/State/Country	Dates (From - To)	Degree
Jefferson Medical College	Philadelphia, PA USA	8/2005 - 5/2009	MD
Dickinson College	Carlisle, PA USA	1/2004 - 5/2005	BS
Davidson College	Davidson, NC USA	8/2002 - 12/2003	N/A

State or Professional Licensure:

List ALL states and Canadian provinces where you currently hold or have ever held ANY type of medical/osteopathic license. In addition, you must also complete the "Licensure Verification Form" and forward it to ALL of those states. The verifying entity must forward all documentation directly to the Kentucky Board of Medical Licensure. Please note some state boards charge a fee for this information. Contact the state board where you currently hold or have held a license to determine their requirements.

Original (Full Unrestricted) Licensing State Michigan Date License Issued 5/31/2013

State Licensed:	<u>Michigan</u>	License #	<u>4301094048</u>	License Type	<u>Medical Doctor</u>
State Licensed:	<u>Michigan</u>	License #	<u>4301094048</u>	License Type	<u>Educational Limited</u>
State Licensed:	<u>Alaska</u>	License #	<u>R-6172</u>	License Type	<u>Residency Program</u>
State Licensed:		License #		License Type	
State Licensed:		License #		License Type	
State Licensed:		License #		License Type	
State Licensed:		License #		License Type	
State Licensed:		License #		License Type	
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State Licensed:		License #		License Type	
State Licensed:		License #		License Type	

COPY THIS PAGE TO LIST ADDITIONAL STATE LICENSES

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

**Kentucky Board of Medical Licensure
Affidavit and Authorization for Release of Information**

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

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

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

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

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

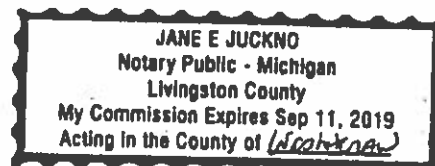
I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my licensure or permit to practice medicine.

Sarah M. Wallett
Applicant's Signature (must be signed in the presence of a notary)
Wallett Sarah M
Applicant's Printed Name (Last, First MI, Suffix)
4/1/15
Date of Signature



NOTARY
Dated 4-1-15 Signed *Jane E. Juckno*
State of Michigan County of Washtenaw
Subscribed and Sworn to before me this 1 day of April 20 15
My commission expires: 09/11/2019

(PLEASE AFFIX NOTARY SEAL HERE)




 中国科学院

Physicians Name

M.D. / D.O.

✓

[illegible]

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

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Hospital, Clinic, Facility Affiliation Form

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by an administrator or chairperson in each facility where you have practiced medicine during the five (5) years preceding your application (with the exception of training as that is verified via the FCVS). If you have more than 20 affiliations in the past 5 years, you will only be required to verify the last 20 affiliations. Your signature below is your authority to release any and all information in your files, favorable or otherwise regarding yourself.

Name: Sarah M Walleth M.D./D.O. Sarah M Walleth
(Please print) (Signature)

Name and Address of Facility: University of Michigan
1500 E. Medical Center Dr Ann Arbor MI 48109

To Reference Source: Please complete this form, sign, and return directly to the Board at the above stated address. The processing time for licensure depends on timely receipt of critical forms such as this. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith.

1. Position and Department of the above applicant? Clinical Lecturer, Obstetrics & Gynecology
2. Affiliation Dates: From 7-1-13 To Present (House officer I-IV 2009-2013)
3. Were any limitations imposed on this physician? NO If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? NO If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.
5. Was the above physician terminated from employment? NO If yes, please explain in detail.

Derogatory information, if any: _____

Comments, if any: _____

Affix Seal Here
(If no seal, so indicate)
(NO seal)

Signature, Date, Title [Signature] Professor + Chair 08/16/13
Printed Name THOMAS R B JOHNSON, MD
Facility University of Michigan
Address 1500 E Medical Center Drive
Ann Arbor, MI 48109
Phone Number 734-764-8123
Fax Number 734-763-5992

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

CME Form

Name Sarah M Wallett
(Please Print or Type)

Record of Category I Continuing Medical Education Credits
(Last 3 years only)

DO NOT PROVIDE DOCUMENTATION

Please note: If you have been in training or are still in training this form still needs to be submitted. Please write "In training" on the form and submit.

Dates:	Name of Activity/Course	# of Credit Hours
<u>7/1/13-3/30/15</u>	<u>Morbidity and Mortality Conference</u>	<u>26</u>
<u>7/1/13-3/30/15</u>	<u>Grand Rounds - Dept of Obstetrics + Gynecology</u>	<u>24</u>
<u>2/2/14-2/22/14</u>	<u>Psychosocial Issues in Abortion Care</u>	<u>11.5</u>
<u>10/12/14-10/13/14</u>	<u>2014 North American Forum on Family Planning</u>	<u>13</u>
<u>7/23/14</u>	<u>ACOG Webinar</u>	<u>1</u>
<u>10/6/13/10/7/13</u>	<u>2013 North American Forum on Family Planning</u>	<u>13</u>
<u>7/14-1/15</u>	<u>ACOG Manuscript Review</u>	<u>12</u>
<u>3/5/15</u>	<u>ACOG Congressional Leadership Conference</u>	<u>21</u>
<u>3/5/13</u>	<u>ACOG Congressional Leadership Conference</u>	<u>21</u>
<u>3/4/14</u>	<u>ACOG Congressional Leadership Conference</u>	<u>21</u>

I attest that the above is valid.

Sarah M Wallett
Signature

3/30/15
Date

Kentucky Board of Medical Licensure
310 Whittington Pkwy., Suite 1B
Louisville, KY 40222

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APR - 6 2015

K.B.M.L.

Reference Form

This form is to be completed by a physician fully licensed in the state which the form is notarized. The recommending physician must have known the applicant for at least six months. Relatives may not serve as recommending physicians nor may physicians who are currently in the process of applying for a KY license. Recommending physicians are strongly urged to include additional comments. The recommending physician must have this form notarized. All questions must be answered. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to ensure that certain information is included. Please complete the form and return to the Kentucky Board of Medical Licensure at the address above.

*Do not complete unless a color photo of applicant is attached to the bottom of this form.
Black and white photos are not accepted.*

I, Vanessa Dalton, a licensed and practicing physician in the state of Michigan
(recommending physician, print name legibly) (state of practice)
affirm that Sarah Walleth has been known to me personally for 6 years
(applicant, print name legibly)

and that he/she is of good moral character. Further, the photograph affixed hereto is a genuine likeness of the applicant. I offer the following in support of his/her application for Kentucky licensure:

I rate his/her medical knowledge and technique as: excellent

His/her relationship with patients is: excellent

I rate his/her ability to work well with peers and medical staff as: excellent

His/her command of the English language is: excellent

Additional comments: _____

I hereby recommend the applicant for a license to practice medicine or osteopathic medicine in the state of Kentucky.

Printed Name and Signature of Recommending Physician (name stamps will not be accepted)	
<u>VANESSA DALTON</u> <u>[Signature]</u>	
State of Licensure and License Number <u>MICHIGAN 4301-070490</u>	

Address of Recommending Physician	1500 E. Medical Center Dr.	Ann Arbor MI 48109	(734) 764-8429
	Street Address	City, State, Zip	Phone (include area code)



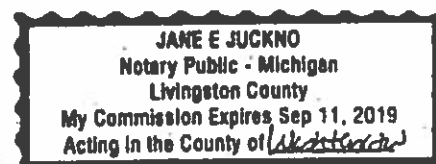
Subscribed and sworn to before me this 1 day of April, 2015.

[Signature]
Notary Public Signature

Date Commission Expires 09/11/2019

Signature of Applicant [Signature] Date Photo Taken 3/30/15

Printed Name of Applicant Sarah M Walleth



Kentucky Board of Medical Licensure
310 Whittington Pkwy., Suite 1B
Louisville, KY 40222

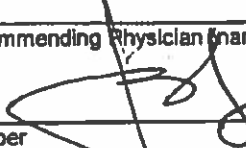
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APR - 6 2015
K.B.M.L.

Reference Form

This form is to be completed by a physician fully licensed in the state which the form is notarized. The recommending physician must have known the applicant for at least six months. Relatives may not serve as recommending physicians nor may physicians who are currently in the process of applying for a KY license. Recommending physicians are strongly urged to include additional comments. The recommending physician must have this form notarized. All questions must be answered. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to ensure that certain information is included. Please complete the form and return to the Kentucky Board of Medical Licensure at the address above.
Do not complete unless a color photo of applicant is attached to the bottom of this form.
Black and white photos are not accepted.

I, JASON BELL, a licensed and practicing physician in the state of MICHIGAN
(recommending physician, print name legibly) (state of practice)
affirm that SARAH WALLETT has been known to me personally for 6 years
(applicant, print name legibly)
and that he/she is of good moral character. Further, the photograph affixed hereto is a genuine likeness of the applicant. I offer the following in support of his/her application for Kentucky licensure:
I rate his/her medical knowledge and technique as: EXCEPTIONAL
His/her relationship with patients is: "
I rate his/her ability to work well with peers and medical staff as: "
His/her command of the English language is: "
Additional comments: SHE IS A PHENOMENAL PHYSICIAN

I hereby recommend the applicant for a license to practice medicine or osteopathic medicine in the state of Kentucky.

Printed Name and Signature of Recommending Physician (name stamps will not be accepted)	
JASON BELL	
4301-091473	
State of Licensure and License Number	

Address of Recommending Physician	1500 E medical center Dr	Ann Arbor MI 48109	(734) 589-5060
	Street Address	City, State, Zip	Phone (include area code)



Subscribed and sworn to before me this 1 day of April, 2015.

Jane E. Juckno
Notary Public Signature

Date Commission Expires 09/11/2019

Signature of Applicant

Sarah M Wallett

Date Photo Taken 3/30/15

Printed Name of Applicant

Sarah M Wallett

JANE E JUCKNO
Notary Public - Michigan
Livingston County
My Commission Expires Sep 11, 2019
Acting in the County of Liveston

WALLETT, SARAH MARY - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: WALLETT, SARAH MARY
Date of Birth: [REDACTED] Gender: [REDACTED]
Work Address: [REDACTED]
Social Security Number: [REDACTED] NPI: 1750510905
License: PHYSICIAN (MD), 4301094048, MI, OBSTETRICS & GYNECOLOGY
Professional School(s): JEFFERSON MEDICAL COLLEGE-THOMAS JEFFERSON UNIVERSITY (2009)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$5.00* NPDB Bill Reference Number: N36541594

* Each charge will appear separately on your credit card statement.

Transaction Date: 03/22/2015

Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/22/2015

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceeding cover page.

----- No Reports Found -----

Certificate of Achievement for Continuing Education Sponsored by the

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

This is to certify that

Sarah Wallett

SUCCESSFULLY COMPLETED THE REQUIREMENTS FOR
"HIV/AIDS Professional Education in KY ... Making it Count"

Online Module – TRAIN Course ID # 1021131

on

3/30/2015

Kentucky Board of Nursing
Provider Number: 7-0038-01-2018-11501
Contact Hours = 3.6
VivEllen Chesser, RN, BSN, MBA
Continuing Education Administrator
Kentucky Department for Public Health
275 East Main Street
Frankfort, KY 40621
502-564-4990

The Kentucky Medical Association
designates this educational activity for a
maximum of 3 AMA PRA Category 1
Credit(s)(tm).

Physicians should only claim credit
commensurate with the extent of their
participation in the activity.

Kentucky Board of
Social Work
Approved for

3.6 Contact
Education Units

CHFS # 0311-1566-M
CHFS # 0413-1566-M
CHFS # 1013-1566-M
CHFS# 0415-1566-M



Greg Lee
Continuing Education Program Director
Kentucky Department for Public Health
HIV/AIDS Branch
275 East Main Street, HS2EC
Frankfort, KY 40621

Certificate of Completion

NetCE certifies that
Sarah M. Wallett 4301094048
has participated in the enduring material titled
#94750 HIV/AIDS: Epidemic
Update for Kentucky
on March 30, 2015
and is awarded 1
AMA PRA Category 1 Credit(s)™.

Freda S. O'Brien *Erin K. Meinyer*

Freda S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
Executive Director

NetCE is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Florida CE Broker Provider #50-2405, Board of Medicine.

This 2 contact hour/credit activity, approved by the Kentucky Cabinet for Health and Family Services, has been assigned Series 0116-0990-S. This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency.



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MAR 26 2015

K.S.M.



AMA Physician Profile

Name and Mailing Address

SARAH MARY WALLETT MD

Primary Office Address

UNIVERSITY OF MICHIGAN
SPC 5002
1500 E MEDICAL CENTER DR
ANN ARBOR MI 48109-5002

Phone 1-484-639-1108

Birth date

Physician's major professional activity OFFICE BASED PRACTICE

Self-designated practice specialty OBSTETRICS & GYNECOLOGY (primary)

UNSPECIFIED (secondary)

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

AMA membership status

NON 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
1750510905	07/09/2009	NOT RPTD	NOT RPTD	NOT RPTD	NOT RPTD
1750510905	07/09/2009	NOT RPTD	NOT RPTD	NOT RPTD	02/21/2015

Current and/or historical medical school

SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY

Degree Awarded: Yes

Degree Year: 2009

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association ("AMA") and the Requesting Organization that the physician profiles being requested are provided to the Requesting Organization with the understanding that: (1) the information on the physician profiles will be treated with complete confidentiality; (2) such information is granted solely to the Requesting Organization and is granted as a non-exclusive limited license, consistent with and limited to the sole and specific purpose of verifying physicians' credentials; (3) no physician profile information will be released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency; (4) no physician profile obtained or any information contained therein will be used as a vehicle to create, maintain or enhance another database; and (5) that upon breach of any of the foregoing covenants this license to use and possess physician profiles shall be automatically and immediately terminated and no further physician profiles shall be provided by AMA.

AMA endeavors to maintain its physician profiles with information that is accurate, complete and current; however, because AMA compiles data from numerous and varied sources, and therefore may experience reporting and processing errors or delays, no representations or warranties as to the accuracy or completeness of the data or as to the uninterrupted access can be or are made.

AMA makes no representations or warranties of any nature, with respect to the physician profiles obtained including without limitation, the implied warranties of merchantability and fitness for any particular purpose, nor assumes any responsibility or legal liability for Requesting Organization's use or the results of its use of such profiles. In consideration of the receipt of each physician profile provided by AMA, the Requesting Organization hereby releases AMA and their respective agents and servants from any and all liability whatsoever for inaccurate or incomplete information in any physician profile obtained.



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.

Sponsoring Institution: UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS
Sponsoring State: MICHIGAN
Program name: UNIVERSITY OF MICHIGAN PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 06/2009 - 06/2013 (Verified)

If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or historical medical licensure

Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
MICHIGAN	MD	05/31/2013	01/31/2017	ACTIVE	UNLIMITED	03/09/2015
ALASKA	MD	08/01/2011	08/29/2011	INACTIVE	RESIDENT	03/02/2015

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/>

AMA Physician Profile (continued)

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U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
XXXXXX427	22N 33N 4 5	05/31/2016	03/03/2015	University Of Michigan, Spc 5002, 1500 E Medical Center Dr, Ann Arbor, MI 48109-5002

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.

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.

AMA Physician Profile (continued)

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

Certificate:

Certificate type:

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
----------	----------------	-----------------	---------------------	------------	--------------------

*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 2015 American Board of Medical Specialties. All right reserved.

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 Public Health Service.

AMA Physician Profile (continued)

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Additional Information

To date, there is no additional information for this physician on file.

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 onto our website (www.ama-assn.org/go/amaprofiles) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association
Division of Database Products
Attn: Physician Products Portfolio
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Fax: (312) 464-5900

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

AMA Physician Profile (continued)

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RECEIVED
MAR 31 2015
K.B.M.L

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
ACTING DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF March 30, 2015**

NAME: Sarah Mary Wallett

BIRTHDATE: [REDACTED]

ADDRESS: [REDACTED]

TYPE: Medical Doctor

ORIGINAL DATE: 05/31/2013

LICENSE NUMBER: 4301094048

STATUS: Active

EXPIRATION DATE: 01/31/2017

OBTAINED BY: Examination

EXAM DATE

EXAM TYPE

EXAM SCORE OR RESULT

DISCIPLINARY ACTION

NONE

OPEN FORMAL COMPLAINTS

NONE

This license information was last updated on: 3/28/2015



RECEIVED
MAR 31 2015
K.B.M.L.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
ACTING DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF March 30, 2015**

NAME: Sarah Mary Wallett

BIRTHDATE: [REDACTED]

ADDRESS: L4100 Womens
1500 E Medical Center Drive
Ann Arbor MI 481090000

TYPE: Medical Doctor - Educational Limited

ORIGINAL DATE: 06/16/2009

LICENSE NUMBER: 4301094048 **STATUS:** Null & Void

EXPIRATION DATE: 06/30/2013

OBTAINED BY: Application

EXAM DATE

EXAM TYPE

EXAM SCORE OR RESULT

DISCIPLINARY ACTION

NONE

OPEN FORMAL COMPLAINTS

NONE

This license information was last updated on: 3/28/2015

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
HEALTH PROFESSIONS LICENSING DIVISION
611 W. OTTAWA ST. 1ST FL. • P.O. BOX 30670 • LANSING, MICHIGAN 48909



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

RECEIVED

MAR 31 2015

K.B.M.L.

VQC
Department of Commerce,
Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

VERIFICATION OF LICENSE

This is to certify that the records of the Alaska State Medical Board indicate the following with regard to the physician named below:

Name: SARAH MARY WALLETT
License Type: MD
Description of License: IS A PHYSICIAN IN A RESIDENCY PROGRAM
License Number: R-6172
Current Status: ACTIVE
Date First Issued: 08/01/2011
Expiration Date: 08/29/2011
School Name: JEFFERSON MEDICAL COLLEGE
Year of Graduation: 2009
Date of Birth: [REDACTED]
Gender: [REDACTED]
Board Actions: No actions on file, license in good standing

This license information was last updated on: 03/29/2015

Deborah Stovern

Deborah Stovern
Executive Administrator
Alaska State Medical Board

Date: March 30, 2015

FCVS

FEDERATION
CREDENTIALS
VERIFICATION
SERVICE

Medical Professional Information Profile

This report provides credentialing information for

Name: Sarah Mary Wallett

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: 215436908

Recipient: KY - Kentucky Board of Medical Licensure

ABOUT THIS PROFILE

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

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

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

Federation of
STATE
MEDICAL
BOARDS

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

Medical Professional Name: **Sarah Mary Wallett**

Date of Birth: [REDACTED]

Social Security Number: [REDACTED]

FID: **215436908**

I. FCVS Reports

II. FSMB and Other Reports

III. Identity

A. Certified Birth Certificate OR Copy w/ Cert. of Identification

IV. Medical Education

A. Pre-medical Schools

B. Medical Schools

Jefferson Medical College of Thomas Jefferson University

1. Medical Education Form and Translation
2. Medical Education Dean's Letter
3. Medical Education Transcript and Translation
4. Medical Education Diploma and Translation

C. Fifth Pathway Program

D. ECFMG Certification

V. Graduate Medical Education

University of Michigan

1. GME Form

VI. Licensure Examination History

A. FSMB Exam Transcript

End of report for: **Sarah Mary Wallett**

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Medical Professional
Information Profile**

Table of Contents

I. FCVS Reports

- A. Physician Information Report
 - B. Credentials Analysis Report
 - C. Chronology of Activities
-

II. FSMB and Other Reports

- A. Board Action Data Bank Report
 - B. American Board of Medical Specialty Verification
-

III. Identity

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

IV. Medical Education

- A. Verification of Medical Education
 - B. Clinical Clerkships (if applicable)
 - C. Verification of Fifth Pathway (if applicable)
 - D. ECFMG Certification (if applicable)
-

V. Graduate Medical Education

- A. Verification of Graduate Medical Education
-

VI. Licensure Examination History (State Licensing Authorities Only)

- A. LMCC Transcript
 - B. State Medical Board Transcript
 - C. NCCPA Transcript
 - D. NBME Transcript
 - E. NBOME Transcript
 - F. FSMB Transcript
-

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section I

FCVS Reports

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Medical Professional
Information Report**Federation of
**STATE
MEDICAL
BOARDS**

Identity

Medical Professional Name: Sarah Mary WallettDocumentation: Certified Birth Certificate OR Copy w/ Cert. of
Identification**Gender:****Date of Birth:****Place of Birth:****Social Security Number:****FID:** 215436908**Physical Description:** Height: 5 ft. 10 in.

Weight: 130 lbs.

Eye Color: Green

Hair Color: Brown

Contact Information

Mailing Address:**Permanent Address:****Telephone Numbers:** Primary:

Secondary: N/A

Fax: N/A

Other: N/A

Pre-medical Education*(Provided by Applicant. Not verified with the primary source.)***Institution:** Dickinson College**Address:** Carlisle, PA 17013-2986**UNITED STATES****Dates of Attendance:** 01/--/2004 To 05/--/2005**Degree Conferred/Issued:** Bachelor of Science*(Provided by Applicant. Not verified with the primary source.)***Institution:** Davidson College**Address:** Davidson, NC 28036-7154**UNITED STATES****Dates of Attendance:** 08/--/2012 To 12/--/2013**Degree Conferred/Issued:** Applicant did not graduate**ECFMG**

There are none identified or not applicable.

Medical Education**Medical School:** Jefferson Medical College of Thomas Jefferson University**Address:** 1025 Walnut Street**Philadelphia, PA 19107-5083****UNITED STATES****Dates of Attendance:** 08/08/2005 to 04/24/2009**Date Certificate Issued:** 05/29/2009**Degree Conferred/Issued:** Doctor of Medicine**Unusual Circumstances****Leave of Absence/Extension:** No**Probation:** No**Disciplined:** No**Negative Reports:** No**Limitations:** No**Fifth Pathway**

There are none identified or not applicable.

Graduate Medical Education

Institution: University of Michigan
Address: 1500 East Medical Center Drive
L4510 Women, SPC 5276
Ann Arbor, MI 48109
UNITED STATES

Training Level: 1
Program Type: Residency
Specialty: Obstetrics and Gynecology
Dates of Attendance: 06/16/2009 To 06/30/2010
Completed Successfully: Yes
Accreditation: ACGME

Training Level: 2
Program Type: Residency
Specialty: Obstetrics and Gynecology
Dates of Attendance: 07/01/2010 To 06/30/2011
Completed Successfully: Yes
Accreditation: ACGME

Training Level: 3
Program Type: Residency
Specialty: Obstetrics and Gynecology
Dates of Attendance: 07/01/2011 To 06/30/2012
Completed Successfully: Yes
Accreditation: ACGME

Training Level: 4
Program Type: Residency/Chief Residency
Specialty: Obstetrics and Gynecology
Dates of Attendance: 07/01/2012 To 06/30/2013
Completed Successfully: Yes
Accreditation: ACGME

Unusual Circumstances

Leave of Absence/Extension: No
Probation: No
Disciplined: No
Negative Reports: No
Limitations: No

Licensure Examinations

FSMB Transcript USMLE Step 1	Date: 06/2007	Passed the Exam
FSMB Transcript USMLE Step 2 CK	Date: 08/2008	Passed the Exam
FSMB Transcript USMLE Step 2 CS	Date: 05/2008	Passed the Exam
FSMB Transcript USMLE Step 3	Date: 11/2010	Passed the Exam

ABMS Verification

A report of the result from a search of the data provided by the American Board of Medical Specialties is enclosed.

Board Action

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

End of report for: Sarah Mary Wallett FID: 215436908

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Credentials Analysis Report**Federation of
**STATE
MEDICAL
BOARDS**

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

Medical Professional IdentificationMedical Professional Name: **Sarah Mary Wallett**

Date of Birth: [REDACTED]

Social Security Number: [REDACTED]

FID: **215436908****Omissions**

There are no omissions identified.

Discrepancies

There are no discrepancies identified.

Miscellaneous Information

Miscellaneous 1:

Section of Profile: **Post Graduate Training**

Miscellaneous: **Verification of the Graduate Medical Education at University of Michigan dated 07/--/2013 to 06/--/2015 reported by the applicant in the Chronology of Activities is not included in the Medical Professional Information Profile.**

Action Taken: **FCVS does not obtain verification of non-accredited Fellowship/Research programs.**

End of report for: Sarah Mary Wallett

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Chronology of Activities**Federation of
**STATE
MEDICAL
BOARDS**

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

Medical Professional Name: Sarah Mary Wallett
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
FID#: 215436908

Start Date	End Date	Activity	Location	Overlap Explanation	Program Length Explanation
08/2005	05/2009	Medical Education Record	Jefferson Medical College of Thomas Jefferson University, 1025 Walnut Street Philadelphia, PA 19107-5083 UNITED STATES		
07/2009	06/2013	GME Record	University of Michigan, 1500 East Medical Center Drive Ann Arbor, MI 48109 UNITED STATES		
07/2013	06/2015	GME Record	University of Michigan, 1500 E Medical Center Dr. Ann Arbor, MI 48109 UNITED STATES		

End of report for: Sarah Mary Wallett

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section II

FSMB and Other Reports

PRACTITIONER PROFILE

Prepared for:

FCVS

As of Date:5/12/2015

PRACTITIONER INFORMATION

Name: Sarah Mary Wallett
DOB: [REDACTED]
Medical School: Jefferson Medical College of Thomas Jefferson University
Philadelphia, Pennsylvania, UNITED STATES
Year of Grad: 2009
Degree Type: MD
NPI: 1750510905

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALASKA	MED R 6172	8/1/2011	8/29/2011	8/9/2013
MICHIGAN	4301094048	5/31/2013	1/31/2017	4/9/2015

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

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FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section III

Identity

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Affidavit and Release**Federation of
STATE
MEDICAL
BOARDS**Notary:**

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

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

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

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

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



Sarah M. Wallett
Applicant's Signature (must be signed in the presence of a notary)

Wallett
Applicant's Printed Last Name

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

March 30, 2015
Date of Signature (must correspond to date of notarization)

State of Michigan County of Washtenaw

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 30 day of March, 2015.

Notary Public Signature: [Signature]

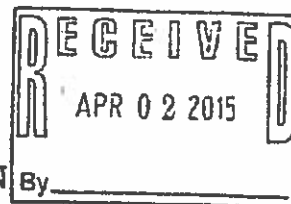
My Notary Commission Expires: June 21, 2020

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

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 868-5000
© 2014 Federation of State Medical Boards

336521

215436908



CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: Walleth Sarah Mary
Last First Middle

FCVS ID Number: 336521

Notary – Please complete the section below:

State of Michigan County of Washtenaw

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

The statements on this document are subscribed and sworn to before me by the applicant on this
(Day) 30, of (Month) March, (Year) 2015.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) June / (Day) 21 / (Year) 2020

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

Notary Stamp Here



**SEAL
VERIFIED**

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

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

336521 BC

215436908



Registrar of Vital Statistics

Certified Copy

NO. 2-A
2)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Registration District No. 755 Primary Registration District No. 2277

FILE NO. 116 83 34252
REGISTRAR'S NO. 8539

CHILD—NAME FIRST MIDDLE LAST <u>Sarah Mary Wallett</u>		DATE OF BIRTH (MONTH, DAY, YEAR) Mo. <u>[REDACTED]</u> DAY <u>[REDACTED]</u> YEAR <u>[REDACTED]</u>		HOUR <u>2:08</u> P.M.
1. SEX <u>[REDACTED]</u>	2. THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) <u>[REDACTED]</u>	3. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) <u>[REDACTED]</u>		4. COUNTY OF BIRTH <u>5</u>
5. CITY, TOWN, OR LOCATION OF BIRTH <u>[REDACTED]</u>		6. HOSPITAL—NAME (If not in hospital, give street and number) <u>[REDACTED]</u>		
7. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>[REDACTED]</u>		8. AGE (at time of birth) <u>25</u>	9. STATE OF BIRTH (If not in Kentucky, specify) <u>[REDACTED]</u>	
10. RESIDENCE—STATE <u>[REDACTED]</u>		11. COUNTY <u>104X</u>	12. CITY, TOWN, OR LOCATION (ZIP CODE) <u>[REDACTED]</u>	
13. FATHER—NAME FIRST MIDDLE LAST <u>[REDACTED]</u>		14. AGE (at time of birth) <u>32</u>	15. STATE OF BIRTH (If not in Kentucky, specify) <u>[REDACTED]</u>	
16. INFORMANT <u>[REDACTED]</u>		17. RELATION TO CHILD <u>mother</u>		
18. I CERTIFY THAT THE ABOVE DATA WERE OBTAINED FROM THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 19a. SIGNATURE <u>Russell R. Rice, M.D.</u>		19b. DATE <u>[REDACTED]</u>		20. ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) <u>[REDACTED]</u>
21. CERTIFIER—NAME <u>Russell Rice, M.D.</u>		22. MAILING ADDRESS <u>[REDACTED]</u>		23. DATE RECEIVED BY REGISTRAR <u>[REDACTED]</u>
24. REGISTRAR—CO-SIGNS <u>Wallace J. [REDACTED]</u>		25. DATE <u>[REDACTED]</u>		

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this [REDACTED] day of [REDACTED], 19[REDACTED].

Fee Control Number

Omar L. Greeman
Omar L. Greeman, State Registrar

336521

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section IV

Medical Education

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Verification of
Medical Education**Federation of
**STATE
MEDICAL
BOARDS**

Page 1

Instruction to the Dean

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

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

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

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

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

Institution Name: Jefferson Medical College of Thomas Jefferson University

Address Line 1: 1015 Walnut Street Room G22

Address Line 2:

City: Philadelphia

State/Province: PA

Zip Code (Postal Code): 19107

Country: US

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

N/A

Premedical Education:

Years of education required for admission to your medical school: 16

Credential/degree presented by the applicant for admission to your medical school: bachelor of science

Enrollment and Participation: Our records indicate that Wallett, Sarah Mary

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

attended our medical school for total of 144 of medical education on the following dates: From: 08/08/2005 To: 04/24/2009

Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine

on 05/29/2009

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

Month Day Year

Attestation

Affix Institutional
Seal Here

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

Watermark
For FCVS internal use only.

**ELECTRONIC
SEAL VERIFIED**

Name: Sheryl High

Signature: Sheryl High

Title: associate registrar

Date of Signature: 04/22/2015

Phone: (215) 503-8734

Fax: (215) 923-6974

Email: Sheryl.High@jefferson.edu

336521

720

215436908

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL (817) 868-5000 FAX (817) 868-5099

Unusual Circumstances

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

No

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

From Date:

To Date:

Personal/Family _____

Academic remediation _____

Health _____

Financial _____

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

Participation in non-research special study

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

Participation in non-degree research _____

Other:

Other:

Please Specify:

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

No

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

From Date:

To Date:

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other:

Please specify a reason:

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

No

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

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

No

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

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

No

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

336521

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215436908

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances**Federation of
**STATE
MEDICAL
BOARDS**

Page 1 of 1

Medical School**Medical Professional Name:** Sarah Mary Wallett
Jefferson Medical College of Thomas Jefferson University**Unusual Circumstances**

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

End of report for: Sarah Mary Wallett

**PROVIDED BY
APPLICANT**



Charles A. Pohl, MD
Chair
Postgraduate Recommendation Committee
Associate Dean
Student Affairs and Career Counseling

T 215.503.6988 F 215.503.7510

charles.pohl@jefferson.edu

**Postgraduate
Recommendation Committee**

Marc J. Altshuler, MD
Christine A. Arenson, MD
Vincent T. Armenti, MD, PhD
David J. Axelrud, MD
Jason K. Baxter, MD
Clara A. Callahan, MD
John W. Caruso, MD
Edward B. Christian, PhD
Joseph A. DeSimone, MD
Kristin L. DeSimone, MD
Alan T. Forstater, MD
Karen M. Glaser, PhD
Jay Goldberg, MD
Steven K. Herrine, MD
Edward A. Jaeger, MD
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Bernard L. Lopez, MD
Peter A. McCue, MD
William G. McNett, MD
Karen D. Novelli, MD
Robert L. Perkel, MD
Susan L. Rattner, MD
Ralph J. Riviello, MD
Joseph L. Seltzer, MD
John M. Spandorfer, MD
Christopher T. Skidmore, MD
Tara A. Uhler, MD

November 1, 2008

Dear Colleague:

RE: Sarah Mary Wallett

The Postgraduate Recommendation Committee of Jefferson Medical College of Thomas Jefferson University is pleased to submit the following evaluation of Sarah Mary Wallett who is applying to your training program.

After three semesters at Davidson College, Sarah transferred to Dickinson College where she continued to excel academically, earning her membership to Phi Beta Kappa Society and the Chemistry Honor Society. She completed the undergraduate curriculum after three more semesters and received a Bachelor of Science degree in Biochemistry and Molecular Biology, *summa cum laude*, in 2005. During the summer preceding medical school, Sarah worked as a student research assistant in our Department of Pathology, Anatomy, and Cell Biology, and assisted in a peer-reviewed publication on the link between chronic hepatitis B infection and hepatocellular carcinoma.

Sarah matriculated at Jefferson Medical College in August of 2005. She earned a grade of Honors in every preclinical course, a rare feat at Jefferson, and scored 252 in the United States Medical Licensing Step 1 Examination. Sarah's excellent academic record, as well as her commitment to the Jefferson community, resulted in being one of twelve students in her class who was elected to the Alpha Omega Alpha Honor Society in their junior year. She also was inducted into the Hobart Amory Hare Honor Medical Society and the Association of Pathology Chairs Honor Society.

The following are excerpts in chronological order from the clinical rotations that we have received for her thus far:

Internal Medicine Clerkship - twelve weeks:

"Sarah is a hardworking team player. Her initiative is outstanding and her commitment to learning is impressive. She is very resourceful with computers and literature research. She took the initiative to look up information on her own about questions she had on patients, which was relevant to patient care and provided learning opportunities for the team. What impressed me was that she would read up on her patients and suggest rationally cogent diagnostic and therapeutic changes to the plan of care. She shows compassion and empathy when working with patients and families. She would read up on many medical issues on her own and present it during rounds. She has tremendous initiative and her knowledge base is stellar. She is very studious and inquisitive. She is able to synthesize clinical information and come up with reasonable plans on her own. I was impressed by her knowledge of biostatistics. Sarah's oral presentations and documentation are excellent. She is still refining her physical diagnosis skills. She is very caring and puts her patients at ease. Her history and physicals were organized, logical and legible. She has excellent written histories and physicals with good differential diagnoses. She writes excellent progress notes. I have been impressed by her knowledge and ability to apply it. I am impressed by her acumen, judgment and the practicality of her suggestions. Sarah is reliable, hardworking, and dedicated. She is very enthusiastic, caring and knowledgeable. She is the complete package. She is well-rounded, professional, and an avid self-learner. Sarah is kind, caring and thorough. She has excellent people skills. She will make an excellent physician in whatever field she chooses to pursue. I admire her enthusiasm for learning and the way she used external resources to further her learning about patients and the pathophysiology of their disease."

Housestaff potential - "Great, excellent."

She received a grade of Excellent for this rotation.

Surgery Clerkship - twelve weeks:

General Surgery (6 weeks):

"Interacts well with patients and residents. Excellent presentations and notes. Would read about patients' illness and topics that were unfamiliar. Presentations very well-organized. Intelligent student. Outstanding housestaff potential." Grade for this portion of the clerkship was High Honors.

Orthopaedics (3 weeks):

"Sarah exhibited high moral qualifications. She has a superior knowledge base and was highly regarded by all. She is an outstanding student. She will be an outstanding house officer." Grade for this portion of the clerkship was High Honors.

Urology (3 weeks):

"Great interpersonal skills; great interaction with residents, patients and attendings. Good intuition. Excellent fund of knowledge. Great job on technical aspects and presentations. Great initiative and talent. Great job on the rotation." Grade for this portion of the clerkship was Excellent.

Surgery Clerkship (continued):

Overall grade for the Surgery Clerkship was High Honors.

Family Medicine Clerkship - six weeks:

"Strong commitment to learning; actively sought out different patient populations and experiences. One preceptor commented about an interaction she had with a patient who does not usually like learners: 'She not only charmed the patient, but also pulled together a very cohesive story and came up with an excellent plan.' Very good data gathering skills. Clear, organized and efficient in presentations and time usage. Sarah was a pleasure to work with. She has a solid fund of knowledge, works very well with staff and patients, and seeks out learning experiences. She will be a valuable housestaff officer."

She was awarded High Honors for this rotation.

Obstetrics/Gynecology Clerkship - six weeks:

"Sarah was fun to work with. She was reliably cheerful and motivated. She took advantage of every learning opportunity. She was reliably well-prepared, completed all assigned tasks and looked for more work. She demonstrated great patience with patients. She demonstrated true understanding and dedication to psychosocial issues, including domestic violence. She truly put the needs of the patient before her own. Sarah was inquisitive and studious. She demonstrated an outstanding fund of knowledge with an ability to apply her knowledge well. She capably performed a vaginal delivery. She demonstrated appropriate surgical skills. She performed excellent focused interviews. She provided efficient patient care in clinic and the prep rooms. Sarah did an excellent job on the clerkship OSCE."

Housestaff potential - "Outstanding."

She was awarded High Honors for this rotation.

Pediatrics Clerkship - six weeks:

"Sarah did an excellent presentation. She was very helpful and I really enjoyed working with her. Compassionate, motivated. Committed to learning. She was a wonderful team player. She was of great help to the resident. Extremely reliable, motivated and committed to learning all that she could. Forged great relationships with other members of the team, patients and families. Sarah's fund of knowledge was above the level of a 3rd year student. She asked clinically relevant questions on rounds. Excellent fund of knowledge. Able to apply what she knows to clinical situations. Concise, yet thorough presentations. Excellent care of patients. Outstanding student in many ways; bright, highly motivated, very interested. Great rapport built with families effortlessly. Sarah spoke with ease in front of the team and families. Excellent clinical skills. Good at following up. Good PE's. Speaks confidently to families. She was very good at reading everything in the many charts available and synthesizing the material into a coherent plan. She will be a wonderful resident to work with. Great commitment, really cares for patients."

Housestaff potential - "Excellent, great."

Pediatrics Clerkship (continued):

She received a grade of Excellent for this rotation.

Psychiatry Clerkship - six weeks:

"Sarah is professional, mature and reliable. She gets along well with members of the team. Excellent communicator. Always one step ahead in her tasks. Extended her care beyond what was expected. Interested and curious about her patients' condition and their interaction with family members. She asked thoughtful questions and developed detailed differential diagnosis. Excellent fund of knowledge. Very intelligent and inquisitive. Sophisticated level of thinking. Sarah applied her knowledge to make useful suggestions to patient care. Excellent clinical and interview skills. She is bright, reliable and takes initiative all the time. Case write-up was excellent. Residents working on-call with Sarah reported that she was an excellent interviewer and data gatherer. She is an excellent student; mature, caring and professional."

Housestaff potential - "Excellent."

She was awarded High Honors for this rotation.

Obstetrics/Gynecology Research - four weeks:

"Sarah shows incredible initiative, enthusiasm, passion and dedication. She's very self-motivated and all around a pleasure to work with. One of the best students that I've ever been lucky enough to work with. She was integral in study design as well as implementation."

She was awarded High Honors for this rotation.

While compiling this superior academic record, Sarah also distinguished herself from her peers through an array of worthwhile extracurricular activities. She has held leadership positions in numerous organizations, including the AOA Society and Medical Students for Choice. She also has generously devoted endless hours providing free medical care and educational resources to Philadelphia's homeless, cancer screening at women shelters, sex education to inner-city youths, and education and social support to underserved pregnant women and mothers. Currently, Sarah is pursuing scholarly activity by investigating the cost-effectiveness of various therapeutic options for miscarriages.

This student has performed exceptionally well at Jefferson Medical College. At the completion of the third year of medical school, she ranked among the top ten students of her class of 255 students.

In summary, Sarah Wallett already has the qualities of an exceptional clinician. She is consistently noted to be a bright, intuitive, highly motivated student who has excellent clinical skills. She effortlessly applies her superior knowledge base clinically in order to enhance the care of her patients and the medical team. "She truly puts the needs of the patient before who own", which reassures the patients that they are receiving top-notch care. Her stellar academic performance, scholarly activities, leadership qualities, and commitment to others have been lauded by her induction to our AOA

RE: Sarah Mary Wallett

5

Society as a third year student. We concur that "Sarah is an outstanding medical student" and "will be a wonderful resident...she is the complete package."

For the Postgraduate Recommendation Committee

A handwritten signature in cursive script, reading "Charles A. Pohl", followed by a small circular flourish.

Charles A. Pohl, M.D.
Associate Dean for Student Affairs and Career Counseling

CAP:jan

Enclosures: Transcript
Histogram

Student No: XXX-XX-3

Date Issued: 16-APR-2015

Record of: Sarah Mary Wallett

University Office of the Registrar

1015 Walnut Street, Room G-22

Philadelphia, PA 19107-5099

215-503-8734

Ragland
Jefferson
University

Official

Prior College: Dickinson College BS
Davidson College NDAcad. Events: Passed Sophomore Comp. Exam
June 2007Cumulative Credit and Grade
Issued End of Third-Four
Week Block

Elected to Alpha Omega Alpha

Passed Senior Comp. Exam
August 2008

Degree Awarded: Doctor of Medicine 29-MAY-2009

Major: Medicine
Inst. Honors: Summa Cum Laude

SUBJ NO COURSE TITLE GRADE CREDITS

First Year Block 01

08/08/05 - 12/16/05

ANAT 105 Human Form & Development HON 20.0

BIOC 105 Molec & Cell Basis of Medicine HON 20.0

Medical-1st Year-3rd Block

01/03/06 - 05/13/06

IDPT 105 The Systems HON 20.0

Medical-1st Year-4th Block

05/16/06 - 06/07/06

IDPT 150 The System: Neurosciences HON 6.0

Medical-2nd Yr-Contin Curricu

08/22/06 - 05/11/07

***** CONTINUED ON NEXT COLUMN *****

SUBJ NO COURSE TITLE GRADE CREDITS

Continued:

IDPT 201 Intro to Clinical Medicine II HON 6.0

Medical-2nd Year-1st Block

08/22/06 - 09/08/06

IDPT 200 Found of Pathology/Pharmacol HON 6.0

MICR 201 Immunity, Infection & Disease HON 12.0

Medical-2nd Year-3rd Block

11/13/06 - 05/11/07

IDPT 202 Found. of Clinical Medicine HON 32.0

IDPT 202 Cardiovascular/Volume Bal HON 0.0

IDPT 202 Neoplas/Pulm/Gastroent HON 0.0

IDPT 202 Neph/Endocrinology HON 0.0

IDPT 202 Neuro/Psych/Ophth HON 0.0

IDPT 202 Topics Clin Med/Hematology HON 0.0

IDPT 202 SkinConnTiss/Muscoskel/Repro. PASS 0.0

IDPT 204 Physical Diagnosis HON 16.0

Medical Clinical Curri-Blk 10

07/09/07 - 08/03/07

MED 350 Clinical Clerkship-York 0.0

Medical Clinical Curri-Blk 11

08/06/07 - 08/31/07

MED 350 Clinical Clerkship-York 0.0

Medical Clinical Curri-Blk 12

09/04/07 - 09/28/07

MED 350 Clin Clkshp TJUH-3 EXCELL 14.0

MED 351 Examination 98 4.0

***** CONTINUED ON PAGE 2 *****

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In accordance with the Family Educational Rights and Privacy Act of 1974, this information may not be released to any other party without the student's written consent.

David R. Clawson
Senior Associate University Registrar
& University Director of Student Records

APR 28 2015

Date

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Student No: XXX-XX-3 Date Issued: 16-APR-2015

Record of: Sarah Mary Wallett
Level: First Professional

University Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-6099
215-503-8734



SUBJ NO	COURSE TITLE	GRADE	CREDITS	SUBJ NO	COURSE TITLE	GRADE	CREDITS
Continued:				Continued:			
	Medical Clinical Curri-Block 3				Medical Clinical Curri-Blk 11		
18/01/07 - 12/21/07				08/04/08 - 08/29/08			
SURG 350	Clinical Clerkship	HON	14.0	MED 401	Inpatient Subinternship-York	HON	6.0
SURG 350	General Surgery-Mercy	HON	0.0				
SURG 350	Surg-Orth-TJUH	HON	0.0				
SURG 350	Surg-Urol-TJUH	EXCELL	0.0				
SURG 351	Examination	98	4.0				
	Medical Clinical Curri-Block 5				Medical Clinical Curri-Blk 12		
01/07/08 - 02/15/08				09/02/08 - 09/26/08			
FMED 350	Clin Clkshp TJUH	HON	7.0	OBGY 408	Gyn Oncology TJUH	HON	6.0
FMED 351	Examination	93	2.0				
	Medical Clinical Curri-Block 6				Medical Clinical Curri-Blk 13		
02/18/08 - 03/28/08				09/29/08 - 10/24/08			
OBGY 350	Clin Clkshp TJUH	HON	7.0	OBGY 405	Clin Clkshp	HON	6.0
OBGY 351	Examination	96	2.0				
	Medical Clinical Curri-Block 7				Medical Clinical Curri-Blk 14		
03/31/08 - 05/09/08				10/27/08 - 11/21/08			
PED 350	Clin Clkshp Del Valley	EXCELL	7.0	OBGY 402	Outpatient Subinternship TJUH	HON	6.0
PED 351	Examination	90	2.0				
	Medical Clinical Curri-Block 8				Medical Clinical Curri-Blk 16		
05/12/08 - 06/20/08				01/05/09 - 01/30/09			
PSYH 350	Clin Clkshp TJUH	HON	7.0	ANAT 404	Topics In Gross Anat	HON	6.0
PSYH 351	Examination	87	2.0				
	Medical Clinical Curri-Blk 10				Medical Clinical Curri-Blk 17		
07/07/08 - 08/01/08				02/02/09 - 02/27/09			
				IDPT 400	Neuro/Rehab Medicine	PASS	6.0
					Medical Clinical Curri-Blk 18		
				03/02/09 - 03/27/09			
				EMRG 400	Emerg Med Adv. Clin Skills-TJUH	HON	6.0

CONTINUED ON NEXT COLUMN

CONTINUED ON PAGE 3

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David R. Clawson
Senior Associate University Registrar
& University Director of Student Records

APR 28 2015

Date

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Student No: XXX-XX-3 Date Issued: 16-APR-2015

Record of: Sarah Mary Wallett
Level: First Professional

University Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-5089
215-603-8734



SUBJ: NO COURSE TITLE GRADE CREDITS

Continued

Medical Clinical Curri-Blk 19

03/30/89 04/24/89

FMED 484

Elective

HON

6.0

*****IN PROGRESS WORK*****

*****END OF TRANSCRIPT*****

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David R. Clawson
Senior Associate University Registrar
& University Director of Student Records

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Date

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SIDNEY KIMMEL MEDICAL COLLEGE
at
THOMAS JEFFERSON UNIVERSITY

GENERAL INFORMATION ON THE EDUCATION PROGRAM

ACCREDITATION – Sidney Kimmel Medical College at Thomas Jefferson University is accredited by the Liaison Committee on Medical Education.

CALENDAR - The first two years consists of variable length blocks totaling 36 to 40 weeks each year.

The clinical curriculum for the final two years consists of 100 weeks, of which 84 weeks are required and 16 weeks are vacation. Phase I clinical curriculum is 48 weeks. Phase II clinical curriculum is 36 weeks.

COURSE DESIGNATION - Courses are designated by number and title.

100 - 199 First Year Courses (Core Curriculum)	300 - 399 Clinical Curriculum (Phase I)
200 - 299 Second Year Courses (Core Curriculum)	400 - 499 Clinical Curriculum (Phase II)

CORE CURRICULUM GRADES - Honors (H), Pass (PASS), Fail (F)

CLINICAL CLERKSHIP GRADES

Phase I clinical courses have two grades recorded on the student's academic record. One grade reflects the student's overall clinical performance, skills and attitude during the clerkship, designated as follows:

HON	High Honors
EXCEL	Excellent
GOOD	Good
MAR	Marginal Competence
INC	Incomplete
PASS (PAS)	Pass
F	Failure

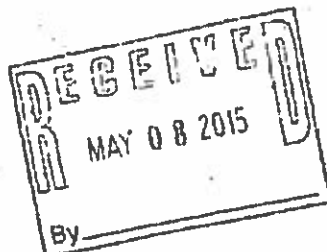
The second grade (reported on a 0-100 scale with passing at 70) reflects the knowledge component of the clerkship measured by formal examinations. Many clerkships use NBME Subject Examinations.

Phase II clinical grades are recorded with the grades listed above, but objective examinations are not used.

IN-PROGRESS/FUTURE ENROLLMENT COURSES – Courses in progress, scheduled in the future, or scheduled in the past and have not had a final grade submitted appear at the end of the transcript in the "Registered" section.

UNITED STATES MEDICAL LICENSING EXAMINATIONS - Passing Step 1 is required for promotion into the third year. Passing Step 2 CK and Step 2 CS are graduation requirements.

Office of the Registrar
June, 2014





Quandoquidem **GRADUS ACADEMICUS** cum in finem institutus sit
vint, ut homines ingenio, et doctrina praediti, titulis praeter, cultores insignirentur: eo ipso
presit, nec non, aliorum, provocetur industria, et inter homines, studium Virtutis, et Bonum
Literarium,augeatur. Quando, etiam, huc, potissimum spectant, amplissima iura
nostro Collegio publico Diplomas, collatu. **Idcirco.**

VOTUM SIT, QUOD AUS. PRAESES ET PROFESSORES
Collegii Medicinalis Jeffersoniani Philadelphiensis
Universitatis Thomasinae Jeffersonianae
IN REPUBLICA PENNSYLVANIENSIS.

Sarah Mary Wallcut

Nominem probum, nobis, doctissimum

propter mores, bonos, et omnes, eas, artes, quae, optimum, quicquid, ornant, qui, etiam, dicitur
tia, eximius, in Arte Medicali, reque, ac Chirurgica, nostro Collegio, sibi, acquisitus, nobisque
examinatione, publice, habitus, plenius, manifestum, se, dignum **DIPLOMATIS HONORIBUS**
ACADEMICIS, ostendit. **Doctorem in Arte Medendi** creavimus, et constituimus.

Eque, praefato, Sarah Mary Wallcut, huius **DIPLOMATIS** virtute, singula, Tunc,
Honores, et Privilegia, ad Gradum Doctoris, in Arte Medendi, inter nos, et, ubique, genti
um, pertinentia, libentissime, et, plenissime, concessimus, et, ratum, fecimus.

Insuper, nos, fulam. **HAC MEMBRANA.** Chirographis, nostri, subscripta, et, Si
gillo Universitatis, nostro, munita, testimonio, sit.

Datum, in **URBE, PHILADELPHIA.**

vice, nono, die Mai Anno Re-
mana, Salutis **MAX** Annoque

Rerum Publicarum, et, Americanae, Federalis.

rum, Summae, Potestatis, anno, ducentesimo, tricesimo, tertio.



A. J. E.
PRÆSES.

M. T. J. M.
DECANUS, PRO PROFESSORIBUS.

330521

720



University Office of the Registrar

T 215.503.8734 F 215.923.6974

TRANSLATION

DIPLOMA OF THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA

of

THOMAS JEFFERSON UNIVERSITY

TO ALL WHO SHALL SEE THESE WRITINGS, GREETING:

Forasmuch as academic degrees were instituted to the intent that persons endowed with learning and wisdom should be distinguished from others by honors, to the end that this might be profitable to them, and also that the industry of others might be stimulated and the exercise of virtue and the liberal arts be increased among mankind:-

And as the fullest rights conferred publicly by diploma in our College have this end in view:-

Therefore, be it known, that we, the President and Professors of Jefferson Medical College of Philadelphia of Thomas Jefferson University, in the Commonwealth of Pennsylvania, have created and constituted a Doctor in the Art of Healing, SARAH MARY WALLET honorable person endeared to us by correct morals and all those virtues which adorn every good person; who also, by his/her excellent knowledge of medical as well as of surgical art, acquired by him/her in our College, and manifested more fully in an examination publicly held by us, has shown himself/herself worthy of the fullest academic honors.

To the one thus referred to, SARAH MARY WALLET we have, by virtue of this diploma, most freely and fully granted and confirmed all the rights, honors and privileges belonging to the degree of DOCTOR IN THE ART OF MEDICINE, among ourselves, and all nations.

In evidence of which let this diploma, signed in our handwriting, and having appended the seal of the University, be a testimonial.

Given in the City of Philadelphia, on the 29TH DAY of MAY the year of human salvation 2009 and in the 233RD year of the sovereign power of the United States of America.

Hannah Flite
Student Services Coordinator

SEAL OF UNIVERSITY

ELECTRONIC
SEAL VERIFIED

1015 Walnut Street, Room G-22, Philadelphia, PA 19107-5099

THOMAS JEFFERSON UNIVERSITY



University Office of the Registrar

T 215.503.8734 F 215.923.6974

April 22, 2015

TO WHOM IT MAY CONCERN:

RE: SARAH MARY WALLETT, M.D.

Attached is a translated copy of the medical school diploma for Sarah Mary Wallett M.D., who entered into Sidney Kimmel Medical College formerly, known as Jefferson Medical College on August 8, 2005 as a FIRST year student.

She attended medical college for the next several years and graduated from Jefferson Medical College with a Doctor of Medicine degree on May 29, 2009.

The enclosed translation has the original medical school seal that is required for verification purposes.

Sincerely,

Hannah Flite
Student Services Coordinator
Sidney Kimmel Medical College

**ELECTRONIC
SEAL VERIFIED**

1015 Walnut Street, Room G-22, Philadelphia, PA 19107-5099
THOMAS JEFFERSON UNIVERSITY

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Medical Professional
Information Profile**

Federation of
**STATE
MEDICAL
BOARDS**

Section V

Graduate Medical Education

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Verification of
Graduate Medical Education**Federation of
STATE
MEDICAL
BOARDS

Page 1

Institution: University of Michigan

Affiliated University: University of Michigan Medical School

Address Line 1: 1500 East Medical Center Drive

Address Line 2: L4510 Women, SPC 5276

Country: US

City: Ann Arbor

State/Prov.: MI

Zip Code: 48109

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

Verification For: Walcott, Sarah Mary

Date of Birth: [REDACTED]

Individual's Name on Record (If different from above):

**Program
Participation:****Important:**Report Incomplete Training
Levels (year) separate from
those that were successfully
completed.If the training level (years) is
currently in progress, report
the expected completion
date in the "To" field.Report Internships,
Residencies and Fellowships
separately.Use one section per
Department/Specialty. If the
Department or Specialty is
rotating or transitional,
please provide a schedule of
rotations.

Program Type	Training Level: 1-1	Specialty/Subspecialty: Obstetrics and Gynecology
R	From: 06/16/2009	To: 06/30/2010
	Successfully Completed? Yes	
	Accredited by: ACGME	

Program Type	Training Level: 2-2	Specialty/Subspecialty: Obstetrics and Gynecology
R	From: 07/01/2010	To: 06/30/2011
	Successfully Completed? Yes	
	Accredited by: ACGME	

Program Type	Training Level: 3-3	Specialty/Subspecialty: Obstetrics and Gynecology
R	From: 07/01/2011	To: 06/30/2012
	Successfully Completed? Yes	
	Accredited by: ACGME	

**Unusual
Circumstances**

Check the correct response.

Omitted responses require
written explanation.If necessary, you may
continue your explanation
on a separate sheet of
paper.

1. Did this individual ever take a leave of absence or extension from his/her training? No

If "Yes" provide start and end dates: From: To:

2. Was this individual ever placed on probation? No

3. Was this individual ever disciplined or placed under investigation? No

4. Were any negative reports for behavioral reason ever filed by instructors? No

5. Were any limitations or special requirements placed upon this individual because of questions of academic
incompetence, disciplinary problems or any other reason? No

Please explain any "Yes" response from above:

AttestationAffix Institutional
Seal Here.If no seal is available, this
form must be notarized.**Watermark**

For FCVS internal use only.

Completion attests the information above is an accurate account of this individual's records and is true and
correct. Signature line must contain original signature or electronic typed signature of program director.

Print Name: Diana Curran

MD/DO: No

Signature: Diana Curran

Title: Residency Program Director

Date: 03/30/2015

Tel: (734) 936-9434 Fax:

Email: dianacur@med.umich.edu

**ELECTRONIC
SEAL VERIFIED**

114376

215436908

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL (817) 868-5000 FAX (817) 868-5099

Program Participation (Continued):

Important:

Report Incomplete Training Levels (year) separate from those that were successfully completed.

If the training level (years) is currently in progress, report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department or Specialty is rotating or transitional, please provide a schedule of rotations.

Program Type	Training Level: 4-4	Specialty/Subspecialty: Obstetrics and Gynecology
RR	From: 07/01/2012	To: 06/30/2013
	Successfully Completed? Yes	
	Accredited by: ACGME	

Program Type	Training Level:	Specialty/Subspecialty:
	From:	To:
	Successfully Completed?	If no, was credit awarded?
	Accredited by:	

Program Type	Training Level:	Specialty/Subspecialty:
	From:	To:
	Successfully Completed?	If no, was credit awarded?
	Accredited by:	

Program Type	Training Level:	Specialty/Subspecialty:
	From:	To:
	Successfully Completed?	If no, was credit awarded?
	Accredited by:	

Program Type	Training Level:	Specialty/Subspecialty:
	From:	To:
	Successfully Completed?	If no, was credit awarded?
	Accredited by:	

Rotation Schedule

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Verification of
Graduate Medical Education**

Federation of
**STATE
MEDICAL
BOARDS**

Page 3

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114376

215436908

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances**Federation of
**STATE
MEDICAL
BOARDS**

Page 1 of 1

Graduate Medical Education**Medical Professional Name:** Sarah Mary Walleth**University of Michigan****Obstetrics and Gynecology****Unusual Circumstances**

Did you have any interruption(s) or extension(s) in your medical education? Yes No

Were you ever placed on probation? Yes No

Were you ever disciplined or placed under investigation? Yes No

Were any negative reports for behavioral reasons ever filed by instructors? Yes No

Were any limitations or special requirements imposed on you because of
academic performance, incompetence, disciplinary problems or for
any other reason? Yes No

End of report for: Sarah Mary Walleth

**PROVIDED BY
APPLICANT**

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

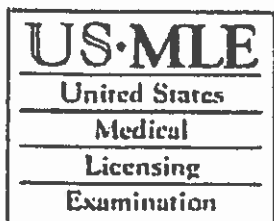
**Medical Professional
Information Profile**



Section VI

Licensure Examination History

(State Licensing Authorities Only)



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

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

Date: 04/27/2015

Recipient:

Federation Credentials Verification Service
ATTN: FCVS

Packet ID: 336521

Examinee: Walleit, Sarah Mary
Alt Name(s):

Examinee ID#: 5-195-669-6
Date of Birth: [REDACTED]

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
06/16/2007	✓ Pass	252	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
08/02/2008	✓ Pass	269	(184)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
05/29/2008	✓ Pass			

USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
DELAWARE	11/02/2010	✓ Pass	232	(187)	

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

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

Examinee ID#: 5-195-669-6

Date of Birth: [REDACTED]

Examinee: Walleit, Sarah Mary

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

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

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Data Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

4/2013

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

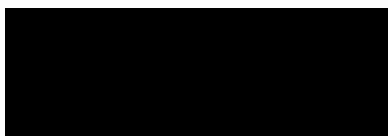
2016 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 02/17/16 4:03 PM
Sarah Mary Walleth M.D. KY License #: 48274

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address:



2. Practice Address: 125 E. Maxwell St

Lexington, KY 40508

3. Phone:



4. Email:



5. Are you retired? No

6. Are you currently practicing in Kentucky? No

2016 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/17/16 4:03 PM

Sarah Mary Walleth M.D. KY License #: 48274

7. Please provide KY County and number of hours worked weekly in this county:

a) county Fayette
b) Hours 40
125 E Maxwell
Lexington, KY 40508

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? No

If so, please list their names.

10. Do you have plans to practice medicine in Kentucky during the year? No

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you prescribe controlled substances to patients for a period of more than 90 days? No

15. Do you have an active DEA license? no

DEA Number(s): FW5344875

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? No

17. Gender 

18. Race 

2016 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/17/16 4:03 PM

Sarah Mary Walleth M.D. KY License #: 48274

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

2016 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/17/16 4:03 PM

Sarah Walleth M.D.

KY License #: 48274

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Sarah Walleth, MD

Date: 02/17/16

2016 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/17/16 4:03 PM

Sarah Mary Walleth M.D. KY License #: 48274

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[REDACTED]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[REDACTED]

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Sarah Walleth, MD
Date: 02/17/16

See above exemption

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

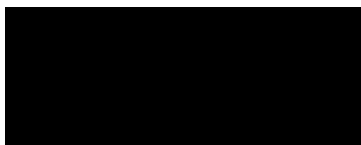
2017 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/31/17 4:43 PM
Sarah Mary Wallett M.D. KY License #: 48274

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address:



2. Practice Address: 2430 Poplar Ave
Suite 100
Memphis, TN 38114

3. Phone:



4. Email:



5. Are you retired? No

6. Are you currently practicing in Kentucky? No

2017 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/31/17 4:43 PM

Sarah Mary Walleth M.D. KY License #: 48274

7. Please provide KY County and number of hours worked weekly in this county:

- a) county Out of State
- b) Hours 0

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? No

If so, please list their names.

10. Do you have plans to practice medicine in Kentucky during the year? No

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? No

15. Do you have an active DEA license? yes

DEA Number(s): FW5344875 FW5582336

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

17. Gender 

18. Race 

2017 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/31/17 4:43 PM

Sarah Mary Walleth M.D. KY License #: 48274

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

2017 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/31/17 4:43 PM

Sarah Walleth M.D.

KY License #: 48274

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Sarah M Walleth

Date: 01/31/17

2017 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/31/17 4:43 PM

Sarah Mary Walleth M.D. KY License #: 48274

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[REDACTED]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[REDACTED]

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Electronic Signature: Sarah M Walleth
Date: 01/31/17

See above exemption

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

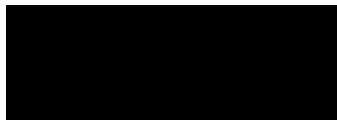
2018 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 03/01/18 10:55 AM
Sarah Mary Walleth M.D. KY License #: 48274

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address:



2. Practice Address: 2430 Poplar Ave
Suite 100
Memphis, TN 38114

3. Phone:



4. Email:



5. Are you retired? No

6. Are you currently practicing in Kentucky? No

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 03/01/18 10:55 AM

Sarah Mary Wallett M.D. KY License #: 48274

7. Please provide KY County and number of hours worked weekly in this county:

- a) county Out of State
- b) Hours 0

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? No

If so, please list their names.

10. Do you have plans to practice medicine in Kentucky during the year? No

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? Yes

15. Do you have an active DEA license? yes

DEA Number(s): FW5344875 FW5582336

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? No

17. Gender 

18. Race 

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 03/01/18 10:55 AM

Sarah Mary Walleth M.D. KY License #: 48274

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

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2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

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5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

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2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 03/01/18 10:55 AM

Sarah Wallett M.D.

KY License #: 48274

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No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

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10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

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Electronic Signature: Sarah M Wallett

Date: 03/01/18

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 03/01/18 10:55 AM

Sarah Mary WalleTT M.D. KY License #: 48274

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

See above exemption

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

☐

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

☐

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Electronic Signature: Sarah M WalleTT
Date: 03/01/18

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 03/01/18 10:55 AM

Sarah Mary Walleth M.D. KY License #: 48274

Continuing Medical Education Requirements

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities.

According to 201 KAR 9:310, each physician licensed to practice medicine or osteopathy within Kentucky who is authorized to prescribe or dispense controlled substances within the Commonwealth shall complete at least 4.5 hours of approved Category I Credit continuing medical education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple approved programs for a total of 4.5 hours or longer for this cycle. Information on approved courses can be found on the Board's website.

A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of sixty (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 03/01/18 10:55 AM

Sarah Mary Walleth M.D. KY License #: 48274

Continuing Medical Education Requirements

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle.

1. Have you completed your CME requirements for the CME cycle January 1, 2015 to December 31, 2017?

Yes

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will assess a \$100.00 fee. According to 201 KAR 9:310. section 4, 'The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.' In order to request an extension, please provide explanation below. You will receive correspondence from the Board after April 1, 2018 accepting your extension request with instructions for submitting required CME hours. Your extension acceptance letter will be mailed separate from your wallet card.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2015 - December 31, 2017. I did not complete the required hours because:

I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Sarah M Walleth

Date: 03/01/18

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

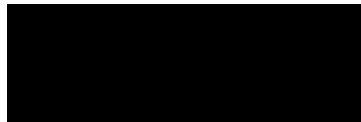
2019 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 02/18/19 9:50 AM
Sarah Mary Wallett M.D. KY License #: 48274

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address:



2. Practice Address: 2430 Poplar Ave
Suite 100
Memphis, TN 38114

3. Phone:



4. Email:



5. Are you retired? No

6. Are you currently practicing in Kentucky? No

2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/18/19 9:50 AM

Sarah Mary Wallett M.D. KY License #: 48274

7. Please provide KY County and number of hours worked weekly in this county:

- a) county Out of State
- b) Hours 0

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? No

If so, please list their names.

10. Do you have plans to practice medicine in Kentucky during the year? No

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? Yes

15. Do you have an active DEA license? yes

DEA Number(s): FW5344875 FW5582336

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? No

17. Gender 

18. Race 

2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/18/19 9:50 AM

Sarah Mary Wallett M.D. KY License #: 48274

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

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5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

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6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

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2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/18/19 9:50 AM

Sarah Walleth M.D.

KY License #: 48274

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11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

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Electronic Signature: Sarah Mary Walleth

Date: 02/18/19

2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/18/19 9:50 AM

Sarah Mary Walleth M.D. KY License #: 48274

The answer to this question is exempt from public disclosure under KRS 61.878(1) (a) and KRS311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

(1.) Since you last registered, have you suffered from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

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See above exemption