

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM

1426 Howe Avenue, Suite 54 Sacramento, CA 95825-3236 (916) 263-2382 FAX (916) 263-2487

www.medbd.ca.gov



JICERSII IUI AUGRAM APPLICATION FOR PHYSICIAN'S AND SURGEON'S LICENSE

Please READ all instructions prior to completing this application. ALL questions on this application must be answered, and all supporting documents must be submitted as per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are

considered pa	rt of the application.						
	FALSIFICA ATT	TION OR MISREPRESENTA ACHMENT HERETO IS A SU	TION OF ANY ITEM OR I	RESPONSE ON THIS AF DENYING OR REVOKING	PLICATION O	RANY	MBC USE ONLY
1. NAME:	Last	· · · · · · · · · · · · · · · · · · ·	First		Middle		Personal
J. 13. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	Bryant		Allison		Sav	an	Data
2. Other names	s you have used (incl	ude maiden name):		3. U.S. Social Se	curity Number		
4A (PUBLICA	DDRESS: will be rele	ased by the Board to the pu	blic): Number and Stree	t/P.O. Box/Rural Route/	Apartment Nu	imber, if any.	-
	/ <u>-</u>	et Azartmen					
City	(1,1,1,0,0,1,1,0,1,1,0,1,1,1,1,1,1,1,1,1	State		Zip Code	Country		d
Jamai	caplain	MA		2130	USA	F 1	
4B. (CONFIDE)	NTIAL ADDRESS): N a	umber and Street/Rural Roo ddress if a P. O. Box is used	ute/Apartment Number, i I as the Public Address i	fany. [Applicants mus n #4A above.]	t provide a cor	ifidential street	P
City		State		Zip Code	Country		1 9
5. Telephone N Hom Work	ie: 🚧) 👺	***	6. California Driver's NUMBER	License Number (optional): EXPIRATION		d
7. Date of Birth	(Month/Day/Year) a	nd Place of Birth: NCW YOYK CIT	У				Ø
8. Sex:	☐ Male 📆	Female	9. Are you a U.S. c	itizen?	☐ Yes	5 No	Ø
	ver filed an application	on for Physician's and Surg	eon's examination or lic	ensure in California?	☐ Yes	No Zi No	Ø
11. List the nan	nes and locations of	all colleges or universities a ith the school seal affixed for e	ttended where pre-profe each school attended. Tra	essional, postsecondar nscripts will not be retu	y instruction v rned.	ras received.	Pre- Medical Education
N	ame	City, State	s, Country		ates of Attendan	ce] p
Harvard	(011600	Cambridge, N	IA USA	9/1990	- 6/190	14	🗇
TIMI VIVO	conego	1 1					
12. Listthe nam PLEASE SU	JBMIT: 1) an original C and the school	chools where professional me ertificate of Medical Education (F ol seal affixed from <u>each</u> school al ledical diploma and a 8 1/2" x 11"	form L2) and official transcrip tlended; and,	its with the signature of the o	lean or registrar		Medical Education
School N	lame	City, State, Co	22-03-03-03-03-03-03-03-03-03-03-03-03-03-	Dates of Attend	- 10	Degree Awarded	d d
Harvard Me	dical School	Boston, MA	USA	9/1994-6/	1998	M.D.	שמש
DOCTOR OF ME	DICINE DEGREE, as refe	erenced above.	NAME OF STREET			群。	
Name of	Medical School	Address of Medical	School		Exact Date	of Issuance	n'
Harvan	a Medical S	icinorol 25 Sha-	HUCK Street,	Boston, MA 02	2115	14/1998 MBC USE	P
Disclosure of your U.S collection of your soci or order for family sup which utilizes a palice	al security number. Your soc open in accordance with Sectional examination and where lice	SECURITY NUMBERS nandatory. Section 30 of the Business at security number will be used exclusion 17520 of the Family Code, or for vensure is reciprocal with the requesting ported to the Franchise Tax Board, will section to the Board Tax Board	vely for tax enforcement purposes, erification of licensure or examina state, if you fail to disclose your s	tion status by a licensing or exan ocial security number your applic	nination entity ation for initial	ONLY Chool Code	1A





MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM

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www.medbd.ca.gov CERTIFICATE OF COMPLETION OF ACGME/RCPSC POSTGRADUATE TRAINING

To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

To be completed by the facility for	every medical scribbl gradi	date complet	ing posigraduate	training in the Oi	niled States of Carlada.
ATTENTION PROGRAM DIRECTORS AND DIRECTORS OF M. Only the Program Director and the Director of Medical I	Schication may sign this form. If that:	signature author	ity is being delegated to	anotherperson, evide	BLOOD, MARRIAGE, OR ADOPTION. Doce of that delegation must be
PART 1: To be completed by the APPLIC	CONTROL OF THE PROPERTY OF THE PARTY OF THE	d and must be det	ed within the last 12 mon	tha.	
LAST NAME of Applicant		Name			Middle Initial
BRYANT			1		S
The state of the s		MOSITI			
U.S. Social Security Number:	Date of Birth: MW/DE	JYYYY	Telephone Number:		
	-433:43	b	Home: ()	P S V	Vork: (400)
Current Address:	- #DZO .				
III PERKINS STREET	State		Zip Code		
JAMAICA PLAIN	MA		0 21		
PART 2: To be completed by the PROGRA	CONTRACTOR OF THE PARTY OF THE				是一种有效性的
ATTENTION PROGRAM DIRECTOR! Do n		fore the last	day of any postgra	duate training ye	ar which will be used by the
applicant to qualify for licensure. Comple	tion of this form will certify t	hat the indivi	dual named in PAR	RT 1 above comp	leted a period of accredited
postgraduate training at this facility. If a parative explanation. The following infer-	period of training <u>WAS NOT</u> of	ompleted in	a satisfactory mani	ner, please provi	de a separate detailed
narrative explanation. The following infor OF "SATISFACTORY."	mation is provided to certify	Satisfactory	completion. PLE	ASE SEE THE R	EVERSE FOR A DEFINITION
Name of Facility:	PARTICULAR PROPERTY OF THE PROPERTY OF THE PARTY OF THE P	E James Geral Maria	Address of Facility:		1975年2月11日日本人共和国共和国共和国
Brigham & Women's /N	lassification Hos	pitals	15 Fran	ac 0 / 18	655m, MA 02/15
Name of Program Director:		EV	13 11000		
Dr. Robert Barbieri Signature of Program Director.	*	WA	7	1617	Number: 732 4265
Signature of Program Director:	22			Date Signe	d:
사용 그는 사용 이 없는 것이 없는 것이 되면 살아보는 것이 없는 것이다.	7			2-7	7-2005
List Categorical Specialty Area of Training Completes	d byTrainee:	Date Training (1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ng Completed:
Obstetrice and syneco	olosy	June	- 1998	Jun	IC 2002
GENERAL MEDICINE TRAINING REQUIREMENT):					1
PART 3: To be completed by the DIRECTO	R OF MEDICAL EDUCATION	and affixed	with the official fac	ility seal.	
Name of the Director of Medical Education:			Name of Facility:		- 11 . 1
Jo Shepiro, MD			Bricham	& Wor	ien's Hosphal
Address of Facility: 75 Francis Street				4 .	
City	State		Zip Code	Telephone	Number:
Boston	MA		02115	(617)	132-8540
PART 4: Signature of DIRECTOR OF MEDIC	STORE STORES STORES	atisfactory co	STREET STATE OF STREET, STREET STREET,	A STATE OF THE PARTY OF THE PAR	
Attention: Director of Medical Education! Do not licensure. This form may be signed by the current D the training listed above.	sign and date this form before the la irector of Medical Education; it does	ast day of any po s not need to be	ostgraduate training yea signed by the person w	ar which will be used to the was the Director o	by the applicant to qualify for If Medical Education at the time of
Notice to Applicant: If this form is used to verify po the Program Director before the final day of training, the training year, a new form must be completed and	However, if you are licensed after t	he date upon wi			
The second secon	deminition to the Michigal Dodla Of (Junionna,			
/			EAL OR NOTARY SEA		
	MUST B	E AFFIXED IN	THE BOX TO THE LEF	T TO CERTIFY TRA	INING.
	hereby declare under penalty				
3	true and correct and that the ti				
	level of training completed b		nt and that the applic CPSC program posit		an approved ACOME or
: L				10.50(70)	
S S	ignature of Director of Medical	Education:		Date Sign	II ISSUE A VOP. V
		1111)		0/2	105

07A-100-L3 (Revised 11/03)

Physicians dedicated to the health of America

Division of Database Products and Licensing \$15 North State Street Chicago, Illinois 60610 http://www.ama-assn.org/go/amaprofiles



AMA Physician Profile

Name and Mailing Address:

Primary Office Address:

ALLISON SARAH BRYANT MD APT 20 111 PERKINS ST JAMAICA PLAIN MA 02130-4320

BRIGHAM AND WOMEN'S HOSPIT DIVISION OF MATERNAL-FETAL 75 FRANCIS ST

BOSTON MA 02115-6110 Phone: UNKNOWN

Birthdate:

Company of the last

Birthplace: NEW YORK, NY UNITED STATES OF AMERICA

Physician's Major Professional Activity: NOT CLASSIFIED

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

"Self-Designated Practice Specialities/Areas of Practice (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, certification by a Member Medical Specialty Board of the American Board of Medical Specialities, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

All Information from this Point Forward is Provided by the Primary Source

Current and/or Historical Medical School:

HARVARD MED SCH. BOSTON MA 02115

Degree Awarded:

Yes

Reported Year of Graduation 1998



VNIVERSITAS HARVARDIANA

CANTABRIGIAE IN REPVBLICA MASSACHVSETTENSIVM

Praeses et Socii Collegii Harvardiani consentientibus honorandis ac reverendis Inspectoribus in comitiis sollemnibus

ALLISON SARAH BRYANT ad gradum Medicinae Doctoris

admiserunt eique dederunt et concesserunt omnia insignia et iura quae ad hunc gradum spectant.

In cuius rei testimonium litteris Academiae sigillo munitis die mi Iunii anno Domini MDCCCCLXXXXVIII Collegiique Harvardiani CCCLXII auctoritate rite commissa nomina subscripserunt.

Neil (Rudenstine

DECANVS ORDINIS MEDICINAE



OFFICE OF THE REGISTRAR

25 SHATTUCK STREET
GORDON HALL 213
BOSTON, MASSACHUSETTS 0205-5092
Telephone (617) 452-3315

Translation of M.D. diploma

HARVARD UNIVERSITY IN CAMBRIDGE

Reverend Board of Overseers, in solemn council assembled, have admitted The President and Fellows of Harvard College with the consent of the Honorable and the

ALLISON SARAH BRYANT

to the rank of Doctor of Medicine and have given her and conferred upon her rights and privileges belonging to this rank.

4th of June year 1998 Harvard College the three hundred and sixty-two. and Dean, by the authority rightfully committed to them have subscribed their names on the In testimony whereof, to these letters, authenticated by the seal of the University, the President,

Neil L. Rudenstine President

Joseph B. Martin

Dean of the Faculty of Medicine

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Division of Database Products and Licensing 515 North State Street Chicago, Illinois 60610 http://www.ama-assn.org/go/amaprofiles



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: BRIGHAM & WOMEN'S HOSP

State: MASSACHUSETTS

Specialty: OBSTETRICS & GYNECOLOGY

07/1998 - 06/2002

(VERIFIED)

Note:

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:

<u>Jurisdiction</u>	MD/ DO	Date Granted	Expiration <u>Date</u>	Status	License Type	Last Reported
MASSACHUSETTS	MD	05/08/2002	12/09/2006	ACTIVE	UNLIMITED	02/08/2005
MASSACHUSETTS	MD	NOT RPTD	06/30/2002	INACTIVE	LIMITED	08/25/2003

Note:

When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certfication:

Applicant Number:

Notes The Education 16

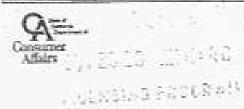
Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

DEA Number *	Schedule	Expiration Date	Last Reported
XXXXXX072	22N 33N 45	07/31/2005	01/03/2005

Note: 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.



MEDICAL BOARD OF CALIFORNÍA

1425 Howe Avenue, Suite 54 Sacramente, CA 95825-3236 (916) 263-2382 FAX (915) 263-2487 www.caldocyrfo.ca.stay





CERTIFICATE OF MEDICAL EDUCATION

MEDICAL SCHOOL	L: PLEASE COMPLETE TH	HIS FORM IN THE ENGLISH LANGUAGE.
	/	
This certifies that ALLIST	N CARAH BRYANTY :	U.S. SOCIAL SECURITY NO. DATE OF BRITH SMICHWYY
nrolled in Harvard N	replaced Schapl	Boston, MA
n the 8 cay of SEP	TEMBER 1994	and was granted the following credits on enrollment:
Advanced Credits: Credit	s previously obtained at an approved max	dical, dental, or ostkopathic school.*
	FON SCHOOL	TOTAL CREDITS DATES
		that the applicant attended in this institution Wasser year
wars of revident instruction of		leting at least 4,000 hours, of which at least 80 percent actua
ittendance is required, in the subject	ts set forth hereunder (Business and	d Professions Code Section 2089), and that the applicant:
₩gs grante:	the degree Bachelon/Doctor of Med	dicine by OR
he above mentioned medical school	I on the day of	TUNE 1998
Anatomy Disiaryngology Disiaryngology Redictics and Gynecology Redictics and Gynecology Rediction Safety Propical Medictine Physiology Biochemistry Pathology, Bacteriology and Immunolog Ophthalmology Dermatology	Embryology Histology Human Sexuality as defined in Se Medicine Surgery, including Orthopedic Sor Urclogy Psychiatry Neurology Alcoholism and Chemical Depend Preventive medicine, including No	Child Abuse Detection and Treatment Genistric Medicine Pediatrics Pharmacology Anesthesia Spousal or Partner Abuse Detection &
 was attended, photocopies of 6 ONLY applicable to medical stu ONLY applicable to medical stu 	I medical instruction was received Mi sis blank form may be made and use dents who enrolled in medical school dents who graduate from medical sc ents who enrolled in medical school	IUST complete one of these forms. If more than one school ad. of on or after September 1, 1994. chool on or after May 1, 1998.
		signs this form NAY NOT be related to the applicant by
Drive to an Such	d, maxinge or adoption. The President, Dean, or Registrar may sign to	this form. If that signature authority is being delegated must be officined to this form (may be a photocopy). J. S. F.E. F. F.W. P.R.Y. D.S.S. 1.5 C.J. F.E. F. F.W. P.R.Y. D.S.S. 1.5 C.J. F.E. F. F.W. P.R.Y. D.S.S. 1.5 C.J. F.E. F. F.W. P.R.Y. D.S.S. 1.6 C.J. F.E. F. F.W. P.R.Y. D.S.S. 1.7 C.J. F. F. F. F.W. P.R.Y. D.S.S. 1.7 C.J. F. F. F. F.W. P.R.Y. D.S.S. 1.7 C.J. F.
BY:	PRESIDE	STRAR 2

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http://www.ama-aum.org/go/amaprofiles



AMA Physician Profile

Specialty Board Certification(s)*:

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

on the Accreditation of Healthcure Organizations (JCAHO) and National Committee for Quality Assurance (NCQA) designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission Certification data. Therefore, the ABMS Board Contification Information on the AMA Physician Profile is considered a The AMA Physician Profile has been designated by the ABMS as an efficial "display agent" of the ABMS Specialty Board

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

Certificates

Certificate Type: Duration

Effective

Expiration

Occurrence

Last Reported

Noon. For certification dates, a default value of "QL" appears in the day or munth field if data were not provided to AMA. Flease contact the appropriate specialty heard directly for this information. (**) Indicates an expired certificate

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Medicare/Medicaid Sanction(s):

OF HEALTH AND HUMAN SERVICES TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT

Other Federal Sanction(s):

THE US MILITARY, THE VETERAN'S ADMINSTRATION OR THE US PUBLIC HEALTH SERVICE TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF

(U.S. Social Security Number)



This is to certify that

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM 1426 Howe Avenue, Suite 54 Sacramento, CA 95625-3236 (916) 263-2382 FAX (916) 263-2487 www.galdocinfo.ca.gov



ELIGIBILITY FOR REDUCED INITIAL LICENSE FEE

Allison Bryant

ACGME/RCPSC Postgraduate Training.*

(Name of Applicant)

(If you are enrolled in an ACGME/RCPSC postgraduate training program at the time of licensure, you are entitled to a reduced initial license fee. This form is used to certify current participation in a training program.)

DATE OF B		Is in an approv	ed ACGME/RCPS	C postgraduate training position that
mmenced on _	YYYYGGMMAHTSI Y I V C. HTNOM	Į DAY	2-002- YEAR	and is expected to be completed or
June	2.4	2005	in Mater	nal Fetal Mediane
MONTH	DAY	YEAR		(Type of Training)
Brigho	imand Wo	men's Hospit		nasst / Boston MA 02119
		(Name and Address	(or Facility)	
			300000	
and correct and by the applic TO Streets Type or print relation	the facility is approviously and that the approviously and that the approviously actor of Medical Edition (Control of Medical Edition)	ed by the ACGME or plicant is being traine lucition)	the RCPSC to offer d in an approved A	omia that the above statements are true rithe type and level of training completed CGME or RCPSC program position.
Date)	<u> </u>	7/05	6/7-75- (Telephone Number	D - 8540
			OFFICIAL HO	STPITAL SEAL, OR L (WITH DATE AND

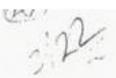


SOVERNOR

KERRY HEALEY

LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine



560 Harrison Avenue, G-4 Boston, Massachusetts 02118 (617) 654-9800

Enforcement Division Fax: (617) 451-9568 Legal Division Fax: (617) 357-8453 Licensing Division Fax: (617) 426-9358 MARTIN CRANE, MD BOARD CHAIR

NANCY ACHIN AUDESSE EXECUTIVE DIRECTOR

2/7/2005

To Whom it May Concern:

This certifies that Allison S Bryant M.D., a 1998 graduate of Harvard Medical School, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 214041 was issued to Dr. Bryant on 05/08/2002. This license is Current. The expiration date is 12/09/2006.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 Board Discipline(s) to this physician.

This information is derived from consumer complaint files and Board disciplinary actions from January 1, 1987 to the present. It does not include all the information contained in a license application.

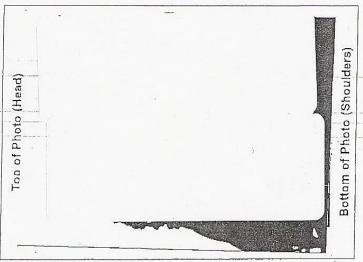
As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website; www.massmedboard.org.

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

Member, Board of Registration in Medicine

Sandra Lentine

SEAL



Notice: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Chief of the Licensing Program is the custodian of records.

Applicant Declaration/Signatur and NOTARY The applicant, being first duly sworn upon his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine my medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure. I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING-OR REVOKING A LICENSE. (PLEASE SIGN FULL NAME, NOT INITIALS) Signed and sworr to before me this KRISTEN P. KOCH NOTARY SEA COMMONIVEALTH OF MASSACHUSET'S 07A-100 Web (Revised 11/03)

STATE DEPARTMENT OF CONSUMER AFFAIRS APPLICANT TRACKING SYSTEM MEDICAL BOARD OF CALIFORNIA APPLICANT NOTE LEDGER

27-MAY-05 16:10:42 ATRANOTL

ē 178089

NAME: BRYANT, ALLISON S

QUALIFICATION METHOD: LIC: **2170USCAN**

A 91489

SUBJECT: DUE DILIGENCE

CREATE USER/SOURCE: 178089

CRE DATE: 04-FEB-05

MOD USER/SOURCE: MBAKNIG

MOD DATE: 27-MAY-05

2/22/05 Rec'd web app.

2/3/05 Rec'd web fees of \$515.00

NOTES:

3/6/05 Submitted FP cards for processing.

3/7/05 Updated person detail screen. Reviewed file. Could not locate Maturnal Fetus Medcn. in ACGME dir. Sent def. Itr. Needs:

Awaiting FP clearanes.

SUBJECT: DUE DILIGENCE

CREATE USER/SOURCE: MBAKNIG

MOD USER/SOURCE

MOD DATE: CRE DATE: 11-MAY-05

NOTES:

4/21/05 Rec'd \$600.00

Awaiting FP clearances only

CREATE USER/SOURCE: SUBJECT: MBAKNIG DUE DILIGENCE

MOD DATE: CRE DATE: 27-MAY-05

MOD USER/SOURCE:

NOTES:

5/27/05 Located FP clearances.

File complete. Checked CAS, OK, Submitted application for licensure.

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Division of Dutabase Products and Licensing 515 North State Street Chicago, Illinois 60610

http://www.ana-assn.org/go/annprofiles



AMA Physician Profile

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE

of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Containsion/URAC. The Physician Masterfile meets the contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation certification, DEA status, and Medicare/Medicaid saugious. The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board

the duta in question. Or you can mark the issues on a copy of the profile and mail or lax to: If you note any discrepancies, please log onto our web site and go to the order detail page, select the D following the physician's name and enter

Division of Database Products and Licensing Attn: Credentialing Products \$15 N. State Street

Chicogo, IL 69610 800-665-2882

312 464-5900 (fax)

Medical Board of California



1426 Howe Avenue, Suite 54 Sacramento, CA 95825-3236 Consumer Information Line: (916) 263-2382

Physician Information

Licensee Name: ALLISON SARAH BRYANT, MD

License Type: PHYSICIAN AND SURGEON

License Number: A91489

License Status: LICENSE RENEWED & CURRENT

Public Record Actions: NONE AVAILABLE ON WEB SITE (To find out what

information is and is not available on the Web site, please click

here).

Original Issue Date: JUNE 03, 2005

Expiration Date: DECEMBER 31, 2006

Address: UCSF DIV OF MATERNAL FETAL MEDICINE

505 PARNASSUS AVENUE BOX 0132

SAN FRANCISCO, CA 94110

County: SAN FRANCISCO

Public Disclosure

To find out what information is and is not available, please click here. If information is posted in the Administrative Disciplinary Actions or Administrative Citation Issued categories below, documents may be available for review. Please click here to search the public document database.

Administrative Disciplinary Actions

No records returned

Disciplinary Actions Taken by Other State or Federal Government

No records returned

Felony Convictions

No records returned

Administrative Citation Issued

No records returned



MEDICAL BOARD OF CALIFORNIA

Licensing Program





Web-Site: www.medbd.ca.gov

I ICENSING EEE INVOICE

ATS NUMBER 100189

	LIOLI	NOING FEE INVO	JIOL	17,007
Name:	Bryant Hest)	delease		LL)
SSN:		3irth date:	Amount Due \$ _/	
P		d check, cashler's che fedical Board of Calif	ck, or money order payable ornia	to
	PAYMENTS RECEIVE DELAY PROCESSING		NVOICE MAY . EX. STORY ATION.	OS APR 21 MILLS
LICENSING OF	FICE USE ONLY:		· (Us) Šģ	GW 2
ABOVE FEE(a);	LIG RIL (Geole tipe of ac	P&S FP	Licensing staff initia	is: JK
*************		TRANSFER FEES	-	**********
Transfer fees from: Account:_	ATS #:	Receipt #:	Date Received:	
Transfer fees to Account:	ATS #:		Include payment above?	YES NO
NOTES:				

CASHIERING OFFICE USE ONLY:

Receipt #:

006264 Date Received: 4/20/65

Amount: 600-00

Initials:

Your payment transaction is complete. Please print or close this window to continue



Department of Consumer Affairs Medical Board of California 1426 Howe Avenue, Suite 56 Sacramento, CA 95825-3236 Phone: (916) 263-2382 www.medbd.ca.gov



ONLINE INITIAL LICENSE APPLICATION RECEIPT

Thank you for using the Online Professional Licensing System to submit your application for initial license.

February 03, 2005

C00 4648995

Transaction Date:
Transaction ID:
Transaction Auth. Code:
Transaction Fee Paid: (US \$)
Application Fee:
Applicant Name:
License Type:

003130

Application ID:

Application Type:

515.00
Allison Sarah Bryant
Physician and Surgeon
Initial Application
224734

referenced applicant This receipt is provided as a record of an online application for licensure for the above

application on the following Online Initial License Application Final Instructions page. NOTE: Be sure to carefully read the important information regarding your initial license

Illegal use or alternation of this receipt may result in criminal prosecution.

For all of the below, also include any disciplinary actions by the U.S. Militarentity.	y, U.S. Public Health Service, or other U.S. federal governmental Data
17A. Have you ever been charged with, or been found to have committed, un negligence, or repeated negligent acts or malpractice by any medical licens	nprofessional conduct, professional incompetence, gross ing board, other agency, or hospital?
17 <u>B</u> . Has any disciplinary action ever been filed or taken, including but not letters of warning, regarding any healing arts license which you now hold o	limited to, informal or confidential discipline, consent orders, or r have ever held?
17C. Is any such action as described above pending?	17(A) Yes 🤼 No
	17(B) 🛣 Yes 🔞 No
IF YOU ANSWERED YES TO 17A, 17B OR 17C, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.	17(C) Yes No
18. Has a claim or action for damages ever been filed against you in the cou	rse of the practice of medicine or any other healing art which
resulted in a malpractice settlement, judgement, or arbitration award of ove	
IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.	Yes No
19. Have you ever been denied a license, permission to practice medicine o	any other healing art, or denied permission
to take an examination in any state, territory, country, or U.S. federal jurisdi	
IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.	Yes No
20. Have you ever voluntarily surrendered a license to practice medicine or surrendered your narcotic (controlled substance) permit (state or federal) to pending?	any other healing arts in this or any other state, or voluntarily any licensing board or any other agency, or is any such action
IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.	₹ Yes No D
21. Have you ever had staff privileges in a hospital denied, suspended, limit	ed, revoked, or not renewed for medical disciplinary cause, or
resigned from a medical staff in lieu of disciplinary or administrative action,	or is any such action pending?
YOU MUST DISCLOSE ANY INFORMAL OR CONFIDENTIAL DISCIPLINARY ACTION.	Yes No
22. Do you have any condition which in any way impairs or limits your ability	y to practice medicine with reasonable
skill and safety, including but not limited to, any of the following?	A Ver A No.
IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:	Tes William 7
 ☐ A condition which required admission to an inpatient psy ☐ Alcohol or chemical substance dependency or addiction. ☐ Emotional, mental or behavioral disorder. ☐ Other (explain): 	
FOR ANY OF THE BOXES CHECKED ABOVE, PLEASE SUBMIT COMPLETE OFFICIAL INPATIE REHABILITATION TREATMENT, AND A PERSONAL WRITTEN EXPLANATION.	NT AND OUTPATIENT TREATMENT RECORDS, EVIDENCE OF ONGOING
FOR ALL OF THE BELOW, YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEE EXECUTION HAS BEEN ISSUED.	N SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF
23A. Have you ever been convicted of, or pled noto contendere to, ANY viol or federal law of any state, territory, country, or U.S. federal jurisdiction?	ation (include every mísdemeanor or felony) of any local, state,
23 <u>B</u> . Is any criminal action related to the above pending?	23 (A) Yes No
IF YOU ANSWERED YES TO 23A OR 23B, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.	23 (B) S Yes No
NAME OF APPLICANT: Allison S. Bryant	DATE OF BIRTH: L1C

13. Have you taken any of the	e following written examinatio	ons: National Boards,	other state bo	ards, USMLE, SI	PEX, FLEX, ECFMG or LMCC	Written Examination
IF YES, LIST NAME, LOCATION, DATE ALL EXAMINATION HISTORY REPORT DIRECT	ND RESULT OF EACH EXAMINATION; FAIL TLY TO THE MEDICAL BOARD OF CALIFO				T SUBMIT AN ORIGINAL OFFICIAL	
Ex	amination		Date		Result (Pass/Fail)	
USMLE, Step 1	VSMLE, Step 1		June 1996		Pass	T of
USMLE, Step 11		Auc	JS+ 199	1	Pass	
USMLE Step 111			1 1999		Pass	
14. Have you ever been licens IF YES, UST THE JURISDICTION, LICEN LIMITED LICENSE, OR PERMIT. AN ORI TEMPORARY, TRAINING, PROVISIONAL TION. EACH LGS, OR COMPARABLE CE	SE NUMBER, DATE ISSUED AND DATES GINAL OFFICIAL LETTER OF GOOD STA LIMITED LICENSE, OR PERMIT OBTAIN	y state, territory, prov OF PRACTICE IN THAT JURIS NDING (LGS), OR COMPARAI ED IN ANY U.S. STATE, U.S.	ince, country, DICTION. PLEASE I BLE LICENSE HISTO DR CANADIAN TERF	INCLUDE PERMANENT RY CERTIFICATION, R RITORY, CANADIAN PE	Yes No T, TEMPORARY, TRAINING, PROVISIO 5 REQUIRED FOR FACH PERMANENT ROVINCE, OR U.S. FEDERAL JURISCIO	100
Jurisdiction	License Number	Date of I	Mark and the second	70.37	f Practice in that Jurisdiction	
DAAGGA day GG H G	214041	5/8/20		1996	- Present	_ ø
Massachusetts	217071	5/5/20		1.1.19	11534.1	⊣ ′п
						\neg
				-	Log sente	— <u>—</u>
15. Do you hold any other prof						>
IF YES: PROFESSION:	D, OR SUBJECT TO DISCIPLINE? IF YE	NSE NO.:	, JUI	RISDICTION:	MATTER IN ADDITION TO A WRITTER	Other Professional Licenses
16A. Are you currently, or hav (You must include every resid IF YES, LIST NAMES AND ADDRESSES OF FACILITY. (DO NOT COMPLETE FORM L WAS SATISFACTORILY COMPLETED OR	ency, internship, and fellowsh FALL FACILITIES. SUBMIT AN ORIGINA 3As to DOCUMENT TRAINING RECEIV	nip, whether or not cou L CERTIFICATE OF COMPLET ED IN RESEARCH FELLOWSH	npleted.) ION OF ACGME/RC	PSC POSTGRADUATE	Yes No	
Facility Name	Addr		Categorial S	Specialty Area	Dates of Attendance	
erignam ewomen's/MGt	1 75 Francist. /Bo	ston, MADZIIS	Obstetne:	slaunkology	6/98-1/02	
Bilgham ewomen's Hospi					6/02 - Present	Ø
121131001 (11011)	1211 21100 31. []00	3(04())/(, , , , , , , , , , , , , , , , , , , ,	24. (1.)	
QUESTIONS 16B through If you answer YES to any of the explanations. An applicant medirectors. If these documents a REQUIRED TO REPORT ANY MEDIS. 16B. Have you ever withdrawn have you ever taken a leave of	e following questions, please ust provide official hearing/co are not provided with the applic MATTER THAT IS <u>PENDING</u> Of from, or been suspended, dis absence from such a school	ourt documents and or cation, they will be requ R IN WHICH CHARGES missed or expelled fro or program?	iginal letters o lested <u>before r</u> HAVE BEEN <u>l</u>	of explanation from the september of the	om medical schools or train lication can proceed. APPLI X <u>PUNGED</u> .	ing program CANTS ARE
NAME OF APPLICANT: Allism S. B	nyant			DATE OF BIRT	H:	1B