



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: med.ohio.gov/

Ohio Physician Licensure Application Addendum

1. **Indicate License Type** ☒ M.D. ☐ D.O. ☐ M.D. Telemedicine ☐ D.O. Telemedicine

2. **Name: Indicate your full legal name. Please list any maiden names or other names used.**

Last	First	Middle	Suffix
Gursahaney	Priya	R	
Maiden Name		All other names used	

3. **Contact Information: Please complete all sections**

Indicate which address you wish to use for mailings from the Medical Board. ☐ Practice Address ☒ Home Address

Practice Address

Street 1	The Emory Clinic, Gynecology and Obstetrics, Building A, 4th	Phone Number	+1 (404) 778-3401
Street 2	1365 Clifton Rd NE	Fax Number	+1 (404) 778-2471
City	Atlanta	State	GA
Zip Code	30322	email	pgursah@emory.ed

Home Address

Street 1		Phone Number	
Street 2		Fax Number	
City		State	
Zip Code		email	

4. **Identification**

Date of birth	Birth City	State	Country
11/17/1981	Vadodara		India
SSN	Gender		
Redacted	<input type="radio"/> Male <input checked="" type="radio"/> Female		

Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. §666 and §3123.50, O.R.C.). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. §11101 and 45 C.F.R. pt. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760., 4762., or 4778. O.R.C. or as otherwise required by state or federal law.

Gursahaney, Priya

MAR 10 2018 C #

130880

5. Preliminary Education.

High School or equivalent: Hudson High School

City Hudson

State OH

Country USA

Date From 9/1/1996

Date To

6/1/2000

Undergraduate College 1 Miami University

City Oxford

State OH

Country USA

Date From 8/1/2000

Date To 5/1/2004

Degree BS Biochemistry

Undergraduate College 2

City

State

Country

Date From

Date To

Degree

6. TOEFL- IBT. This section is only required to be completed by International Medical School Graduates.

The TOEFL, TWE, ECFMG's ENGLISH EXAM (PRIOR TO 7/1/98), ETC., ARE NOT EQUIVALENT AND CANNOT BE SUBSTITUTED FOR THE TOEFL-IBT.

Graduates of medical schools located outside the United States and Canada must achieve a score of at least 26 in Speaking and 26 in Listening with a total score of 90 on the TOEFL-IBT, regardless of citizenship or country of birth. Prior to July 2006 the Test of Spoken English was required with a minimum score of 40 (between 7/95 and 7/06) or 230 (prior to 7/95). The following are the only exceptions permitted under Ohio law:

- ☐ YES ☐ NO Have you completed two years of undergraduate college work in the United States?
- ☐ YES ☐ NO During the five years immediately preceding the date of your application have you:
Held a current medical license (i.e., unrestricted, training certificate, educational permit) in the United States **AND** Have you been actively practicing medicine (graduate medical education is included) in the United States?
- ☐ YES ☐ NO Have you completed a Fifth Pathway program?
- ☐ YES ☐ NO Have you passed the Clinical Skills Assessment exam given by the ECFMG on or before July 1, 1998?

If you answered 'NO' to all of the above, you are required to take the TOEFL-IBT. Please refer to the instructions for information on contacting the Educational Testing Service. The Board cannot waive this requirement.

7. Ohio Training Program.

- ☐ YES ☒ NO Are you or will you be in an accredited training program in Ohio? If yes, please identify the program below.

Program Name

8. Military.

- ☐ YES ☒ NO Are you currently in the United States Military or Reserves or a Military Veteran?
- ☐ YES ☒ NO Are you the spouse of an individual currently serving in the United States Military or Reserves?

9. Medical School: List all medical schools you have attended, including those from which you did not graduate in chronological order. Attach an additional sheet if necessary.

1. School Name	University of Pittsburgh			Date From	8/1/2005
Address	3550 Terrace Street, M240 Scaife Hall			Date To	5/29/2010
City	Pittsburgh	State	PA	Zip Code	15261
Country	USA			Graduation Date	5/29/2010
				Degree	MD, MS Clinical Research

2. School Name				Date From	
Address				Date To	
City		State		Zip Code	
Country				Graduation Date	
				Degree	

10. Postgraduate Training: List all postgraduate programs you have attended, including those you did not complete. Copy and attach additional pages if necessary.

1. Hospital Name	University of Minnesota			Date From	6/7/2010
Address	420 Delaware St SE, MMC 395			Date To	6/8/2014
City	Minneapolis	State	MN	Zip Code	55455
Country	USA				
Department/Specialty:	Obstetrics, Gynecology, and Women's Health			Successfully Completed?	
				<input checked="" type="radio"/> Yes	<input type="radio"/> No
PGY	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
PGT	<input type="radio"/> Internship	<input checked="" type="radio"/> Residency	<input type="radio"/> Fellowship	<input type="radio"/> Research	<input type="radio"/> other

2. Hospital Name	Emory University			Date From	7/1/2014
Address	1639 Pierce Drive NE, 4th floor			Date To	7/1/2015
City	Atlanta	State	GA	Zip Code	30322
Country	USA				
Department/Specialty:	Gynecology and Obstetrics, Division Gynecologic Oncology			Successfully Completed?	
				<input type="radio"/> Yes	<input type="radio"/> No
PGY	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
PGT	<input type="radio"/> Internship	<input type="radio"/> Residency	<input checked="" type="radio"/> Fellowship	<input type="radio"/> Research	<input type="radio"/> other

3. Hospital Name				Date From	
Address				Date To	
City		State		Zip Code	
Country					
Department/Specialty:				Successfully Completed?	
				<input type="radio"/> Yes	<input type="radio"/> No
PGY	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
PGT	<input type="radio"/> Internship	<input type="radio"/> Residency	<input type="radio"/> Fellowship	<input type="radio"/> Research	<input type="radio"/> other

4. Hospital Name Date From
 Address Date To
 City State Zip Code
 Country
 Department/Specialty: Successfully Completed?
☐ Yes ☐ No

PGY ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ other
 PGT ☐ Internship ☐ Residency ☐ Fellowship ☐ Research ☐ other

5. Hospital Name Date From
 Address Date To
 City State Zip Code
 Country
 Department/Specialty: Successfully Completed?
☐ Yes ☐ No

PGY ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ other
 PGT ☐ Internship ☐ Residency ☐ Fellowship ☐ Research ☐ other

11. Examination History: List each licensure examination you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, copy and attach an additional sheet.

Examination	Date Taken (mm,yyyy)	Pass / Fail	No. of Attempts
USMLE Step 1	05/2007	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
USMLE Step 2 CK	12/2008	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
USMLE Step 2 CS	03/2009	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
USMLE Step 3	08/2011	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	1
COMLEX Level 1		<input type="radio"/> Pass <input type="radio"/> Fail	
COMLEX Level 2 CE		<input type="radio"/> Pass <input type="radio"/> Fail	
COMLEX Level 2 PE		<input type="radio"/> Pass <input type="radio"/> Fail	
COMLEX Level 3		<input type="radio"/> Pass <input type="radio"/> Fail	
NBME Part I		<input type="radio"/> Pass <input type="radio"/> Fail	
NBME Part II		<input type="radio"/> Pass <input type="radio"/> Fail	
NBME Part III		<input type="radio"/> Pass <input type="radio"/> Fail	
NBOME Part I		<input type="radio"/> Pass <input type="radio"/> Fail	
NBOME Part II		<input type="radio"/> Pass <input type="radio"/> Fail	
NBOME Part III		<input type="radio"/> Pass <input type="radio"/> Fail	
LMCC Part I		<input type="radio"/> Pass <input type="radio"/> Fail	
LMCC Part II		<input type="radio"/> Pass <input type="radio"/> Fail	
FLEX Component 1		<input type="radio"/> Pass <input type="radio"/> Fail	
FLEX Component 2		<input type="radio"/> Pass <input type="radio"/> Fail	
FLEX Pre-1985		<input type="radio"/> Pass <input type="radio"/> Fail	

State Board Exam Date Taken State taken for No. of Attempts Pass / Fail
☐ Pass ☐ Fail

12. ECFMG and Fifth Pathway

Certificate Number	<input type="text"/>	Issue Date	<input type="text"/>
School Name	<input type="text"/>	Date From	<input type="text"/>
Address	<input type="text"/>	Date To	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>	Graduation Date	<input type="text"/>
		Degree	<input type="text"/>

13. State or Professional Licensure: List all state and Canadian provinces where you currently hold or have ever held any type of medical/osteopathic license. You must complete the attached "Licensure Verification" form (Form #1) and forward it to all states in which you have held any healthcare license or certification. The verifying entity must forward all documentation directly to the Board. Some state boards charge a fee for this information. Contact the state board where you hold or held a license to determine their requirements. (Attach additional pages if necessary).

	State / Province	License Type	License Number	License Status	Issue Date
1	GA	Medical license	71735	<input checked="" type="radio"/> Active <input type="radio"/> Inactive	4/4/2014
2				<input type="radio"/> Active <input type="radio"/> Inactive	
3				<input type="radio"/> Active <input type="radio"/> Inactive	
4				<input type="radio"/> Active <input type="radio"/> Inactive	
5				<input type="radio"/> Active <input type="radio"/> Inactive	
6				<input type="radio"/> Active <input type="radio"/> Inactive	
7				<input type="radio"/> Active <input type="radio"/> Inactive	
8				<input type="radio"/> Active <input type="radio"/> Inactive	
9				<input type="radio"/> Active <input type="radio"/> Inactive	
10				<input type="radio"/> Active <input type="radio"/> Inactive	
11				<input type="radio"/> Active <input type="radio"/> Inactive	
12				<input type="radio"/> Active <input type="radio"/> Inactive	
13				<input type="radio"/> Active <input type="radio"/> Inactive	
14				<input type="radio"/> Active <input type="radio"/> Inactive	
15				<input type="radio"/> Active <input type="radio"/> Inactive	

14. Specialty Board Certification: Are you ABMS and / or AOA certified?☐ Yes ☒ NoIf **Yes** complete information below

Name of Board	<input type="text"/>	Certificate Number	<input type="text"/>	Issue Date	<input type="text"/>
Name of Board	<input type="text"/>	Certificate Number	<input type="text"/>	Issue Date	<input type="text"/>
Name of Board	<input type="text"/>	Certificate Number	<input type="text"/>	Issue Date	<input type="text"/>

15. Chronology of Activities: List ALL activities (medical, non-medical, and postgraduate training) in chronological order beginning with medical school graduation to the PRESENT date, using **MONTH** and **YEAR**. For any non-working time, you **MUST** state on the form exactly what your activities were, such as "vacation" or "seeking employment," as well as your permanent address. If you worked for a physician-staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. **DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM.** Be sure to indicate the percentage of working time spent in clinical /administrative duties.

Dates: From/To | Activity (medical, non-medical and post graduate training)

FROM:	Month	Activity Name (Practice/Employment/Non-Working*)			
	06	Obstetrics and Gynecology Residency			
	Year	Activity Address			
	2010	420 Delaware St SE, MMC 395			
		City	State	Zip Code	
		Minneapolis	MN	55455	
TO:	Month	Position / Department			
	06	Resident physician			
	Year	Percent Clinical	Percent Administrative		
	2014	100%	0%		
		<input checked="" type="radio"/> Employment <input type="radio"/> Staff Privileges <input type="radio"/> Administrative <input type="radio"/> Other, Please describe below			
		<input type="radio"/> In Progress			

Dates: From/To | Activity (medical, non-medical and post graduate training)

FROM:	Month	Activity Name (Practice/Employment/Non-Working*)			
	07	Pelvic Surgery Fellowship			
	Year	Activity Address			
	2014	1639 Pierce Drive NE, 4th floor			
		City	State	Zip Code	
		Atlanta	GA	30322	
TO:	Month	Position / Department			
	07	Fellow, Associate. Department Gynecology and Obstetrics			
	Year	Percent Clinical	Percent Administrative		
	2015	100%	0%		
		<input checked="" type="radio"/> Employment <input type="radio"/> Staff Privileges <input type="radio"/> Administrative <input type="radio"/> Other, Please describe below			
		<input type="radio"/> In Progress			

Dates: From/To | Activity (medical, non-medical and post graduate training)

FROM:	Month	Activity Name (Practice/Employment/Non-Working*)			
	Year	Activity Address			
		City	State	Zip Code	
TO:	Month	Position / Department			
	Year	Percent Clinical	Percent Administrative		
		<input type="radio"/> Employment <input type="radio"/> Staff Privileges <input type="radio"/> Administrative <input type="radio"/> Other, Please describe below			
		<input type="radio"/> In Progress			

Dates: From/To | Activity (medical, non-medical and post graduate training)

FROM: Month Year Activity Name (Practice/Employment/Non-Working*)
Activity Address
City State Zip Code
Position / Department
TO: Month Year Percent Clinical Percent Administrative
☐ Employment ☐ Staff Privileges ☐ Administrative ☐ Other, Please describe below
☐ In Progress

Dates: From/To | Activity (medical, non-medical and post graduate training)

FROM: Month Year Activity Name (Practice/Employment/Non-Working*)
Activity Address
City State Zip Code
Position / Department
TO: Month Year Percent Clinical Percent Administrative
☐ Employment ☐ Staff Privileges ☐ Administrative ☐ Other, Please describe below
☐ In Progress

16. Malpractice: List of all claims or suits for medical malpractice made against you. A claim is any formal or informal demand for payment to any person or organization. If you do not have any such claims or suits, this section will be blank. Please provide a detailed written description of the background and medical issues involved in each case. Attach additional sheets if necessary.

Name of patient involved: State action took place
Name of Court Case Number (if applicable):
Current status of claim: ☐ Open (pending) ☐ Closed (settled or judgment) ☐ Dismissed (no money paid out)
Amount of judgment or settlement: Amount paid on your behalf
Month and Year of incident Month and Year of lawsuit
Insurance carrier at the time
What is / was your status: ☐ Primary Defendant ☐ Co-defendant ☐ Other

Name of patient involved: State action took place
Name of Court Case Number (if applicable):
Current status of claim: ☐ Open (pending) ☐ Closed (settled or judgment) ☐ Dismissed (no money paid out)
Amount of judgment or settlement: Amount paid on your behalf
Month and Year of incident Month and Year of lawsuit
Insurance carrier at the time
What is / was your status: ☐ Primary Defendant ☐ Co-defendant ☐ Other

Ohio Addendum to Application
ADDITIONAL INFORMATION QUESTIONS

If you answer "YES" to any of the following questions, you are required to furnish complete details, including date, place, reason and disposition of the matter. All affirmative answers must be thoroughly explained on a separate sheet of paper. You must submit copies of all relevant documentation, such as court pleadings, court or agency orders, and institutional correspondence and orders. Please note that some questions require very specific and detailed information. Make sure all responses are complete.

- | | | |
|---------------------------|-------------------------------------|--|
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 1. Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 2. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended or terminated, been put on probation, or been requested to withdraw from or resign privileges at any hospital, nursing home, clinic, health maintenance organization, or other similar institution in which you have trained, been a staff member, or held privileges, for reasons other than failure to maintain records on a timely basis, or failure to attend staff or section meetings? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 3. Have you ever resigned from, withdrawn from, or terminated, or have you ever been requested to resign from, withdraw from, or otherwise been terminated from, a position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 4. Have you ever resigned from, withdrawn from, or have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from, a medical school, clinical clerkship, externship, preceptorship, residency, or graduate medical education program? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 5. Have you ever transferred from one graduate medical education program to another? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 6. Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 7. Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license, certificate or registration granted to you; placed you on probation; or imposed a fine, censure or reprimand against you? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 8. Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body; or have you ever withdrawn any application for licensure, relicensure, or examination, in any state (including Ohio), territory, province, or country? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 9. Have you ever, for any reason, been denied licensure or relicensure, application for licensure or relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country? |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | 10. Have you ever been requested to appear before any board, bureau, department, agency, or other body, including those in Ohio, concerning allegations against you? |

- ☐ Yes ☒ No 11. Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?
- ☐ Yes ☒ No 12. Have you ever been notified of any investigation concerning you by any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?
- ☐ Yes ☒ No 13. Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?
- ☐ Yes ☒ No 14. Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?
- ☐ Yes ☒ No 15. Have you ever pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders. Photocopies will not be accepted.
- ☐ Yes ☒ No 16. Have you ever been arrested, forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders. Photocopies will not be accepted.
- ☐ Yes ☒ No 17. Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? In addition, ask your malpractice insurance carrier(s) to provide a complete claims history report for the last 10 years to the State Medical Board of Ohio. If your current carrier has provided coverage for less than 10 years, ask your previous carrier to submit a claims history report to the Board.
- ☐ Yes ☒ No 18. Have you ever been denied professional liability insurance or coverage, or had such insurance or coverage canceled, limited, or restricted in any way?
- ☐ Yes ☒ No 19. Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?
- ☐ Yes ☒ No 20. Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced, or terminated by the Department of Defense, the Veteran's Administration, or any of their respective components?
- ☐ Yes ☒ No 21. Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

- ☐ Yes ☒ No 22. a) Within the last ten years, have you been diagnosed with or have you been treated for, bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?
- ☐ Yes ☒ No 22. b) Have you, since attaining the age of eighteen or within the last ten years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

If you answered YES" to any part of this question, please provide details on a separate sheet, including date of diagnosis or treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, and the reason for treatment. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

For purposes of questions 23 and 24 the following phrases or words have the following meaning:

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental, or psychological conditions or disorders, such as but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

- ☐ Yes ☒ No 23. Do you have, or have you been diagnosed as having, a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? **You may answer "NO" to this question if you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Sections 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.**
- ☐ Yes ☒ No a) Are the limitations or impairment caused by your medical condition reduced or ameliorated because you receive ongoing treatment or received treatment in the past (with or without medication) or participate in a monitoring program?

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

- ☐ Yes ☒ No b) Are the limitation or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

"Chemical substances" is to be construed to include alcohol, drugs, or medications including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescribers direction, as well as those used illegally.

- ☐ Yes ☒ No 24. Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?
- ☐ Yes ☒ No a) Are the limitations or impairment caused by your use of chemical substances reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

☐ Yes

☒ No

b) Are the limitation or impairments caused by your use of chemical substances reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

For purposes of question 25 the following phrases or words have the following meaning:

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed healthcare practitioner.

☐ Yes

☒ No

25. Are you currently engaged in the illegal use of controlled substances?

☐ Yes

☐ No

a) If "YES," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not using illegal controlled substances.

This form must be completed if you have responded yes to Additional Information Question #15 and/or #16.
Make additional copies of this form as needed.

Name of applicant

Date of incident

Location of Incident (City / State)

Were you arrested:

If the incident was alcohol-related, did you submit to a breath, blood, urine or other test to determine the amount of alcohol in your body?

☐ Yes

☒ No

If Yes, type if test and result

What offense(s) were you charged with?

Were the charges amended?:

☐ Yes

☐ No

If Yes, what were the final charges

Disposition:

☐ Pending ☐ Charges Dismissed ☐ Charges Dropped ☐ Conviction

☐ Plea

☐ Other

You must provide a detailed written explanation of the event including a description of the event, what led up to the event and what was learned. This must be described in your own words. Do not reference attached documentation. If additional space is needed, attach a separate sheet. Submit copies of the police report/arrest record, a copy of the charges or ticket, a copy of the final court disposition and any other relevant documentation.

To Mail you application:

You cannot save data typed into this form. Please print 2 copies of your completed form. Keep one copy for your records and mail the other copy to:

State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, Ohio 43215

Print Form



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: med.ohio.gov/

Ohio Addendum to Application EMPLOYER RECOMMENDATION FORM

Dr. **PRIYA GURSAHANEY**

Please print applicants first name and last name

is applying for licensure in the State of Ohio. We would appreciate your assistance in filling out the following evaluation so that we can process their application for licensure. To ensure processing of the physicians application, please complete and return this form to the State Medical Board of Ohio at the above address within two (2) weeks. **The form may also be faxed to the Board at (614) 644-1464.** Your immediate attention to this matter will be greatly appreciated by the applicant as well as by us. Thank you for your time and assistance.

Position(s) held: **Associate Emory University School of Medicine**

Dates of Employment **7/7/14 → 6/30/15**

- How long have you known the applicant? **8 mos**
- What is/was your supervisory capacity? **Chair of Dept**
- At what hospital/ clinic? **Emory Clinic / Emory University**
- How would you rate their medical knowledge and techniques? **Excellent**
- In your opinion is the applicant of good moral and ethical character? **yes**
- Does the applicant work well with peers and medical staff? **yes**
- Does the applicant relate well to patients? **yes**
- How is the applicant's command of the English language (if applicable)? **Excellent**
- Would you recommend the applicant for licensure? **yes**

Additional comments (an additional sheet may be added if needed)

Physician Signature:

Name of Physician:

Ir. R. Horowitz MD, SM, FACOG, FACS

Position:

Chair Dept Gyn-OB - Emory University School of Medicine

Telephone number (include area code)

404 727 8600

Fax number (include area code)

404 778 2471

E-mail

ihorowi @ emory.edu

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

EXECUTIVE DIRECTOR
LaSharn Hughes, MBA



MEDICAL DIRECTOR
Jim H. McNatt, MD

2 Peachtree St., N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • Fax 404.656.9723
<http://www.medicalboard.georgia.gov> E-Mail: Medbd@dch.ga.gov

March 09, 2015

RE: Priya Gursahaney

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is **71735** and was issued on **April 04, 2014**

The current license status is **Active**

The license expiration date is **November 30, 2015**.

Board Actions A review of public records indicates that no public board orders have been docketed.

Certified this day Monday, 9 March, 2015

Composite State Board of Medical Examiners

LaSharn Hughes
Executive Director

LLH/



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: med.ohio.gov/

Affidavit and Authorization for Release of Information: 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 this Board.

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.

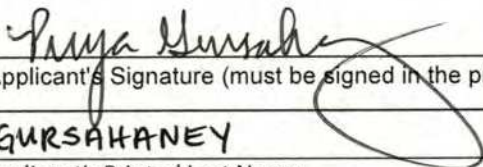
I acknowledge that I have read and understand the Application for Physician Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under 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 Board, 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.



Applicant's Signature (must be signed in the presence of a notary)

GURSAHANEY

Applicant's Printed Last Name

Priya R Gursahaney

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

2/18/15

Date of Signature





Notary Public Signature

1/13/18

Date Commission Expires

Subscribed and Sworn to before me on this

18th

day of

February

, 20

15

MEDICAL BOARD

MAR 9 2015





State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: med.ohio.gov/

Recommending physician, print name legibly

I Nicholas Fagleson, currently hold an active license to practice as a physician in the state of GA, attest that all information I am providing is in conformance

with the "Instructions for Completion of Recommendation Form," the photograph affixed hereto is a genuine likeness of the applicant, and

provide this recommendation form related to the request for professional licensure by

PRIYA GURSAHANEY

Applicant, print name legibly

1. How do you know this applicant?

Attending physician to her in her fellowship

2. How would you describe the applicant's medical knowledge?

Excellent

3. How would you describe the applicant's clinical technique?

Excellent

4. How would you characterize the applicant's relationship with the patients?

Excellent

5. How would you the applicant's ability to work with peers and clinical staff?

Excellent

6. Have you personally known the applicant at least six months?

☒ Yes ☐ No

7. Does the applicant possess good moral character? (If no, explain)

☒ Yes ☐ No

8. Do you recommend this applicant for the professional license being sought? (If no, explain)

☒ Yes ☐ No

9. Are you aware of any information (favorable or unfavorable) that could potentially impact this applicant's suitability for professional licensure or the Board's consideration of his/her application? (If yes, explain)

☐ Yes ☒ No

10. Have you attached additional correspondence or information to this form?

☐ Yes ☒ No



Nicholas Fagleson
Signature of Recommending Physician (Name stamp not accepted)

184 Inman Lane Atlanta, GA
Address (including house number and street, city, state and zip code) 30307

MEDICAL BOARD

MAR 9 2015

1/13/18
Date Commission Expires

Notary Public Signature

Subscribed and Sworn to before me on this

18th

day of

February

, 20 15





State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: med.ohio.gov/

Recommending physician, print name legibly

I, Alan N. Gordon, currently hold an active license to practice as a physician in the state of Georgia / license number 66740, attest that all information I am providing is in conformance with the "Instructions for Completion of Recommendation Form," the photograph affixed hereto is a genuine likeness of the applicant, and provide this recommendation form related to the request for professional licensure by PRIYA GURSAHANEY

Applicant, print name legibly

1. How do you know this applicant?

She is a fellow in training on my service

2. How would you describe the applicant's medical knowledge?

Excellent

3. How would you describe the applicant's clinical technique?

Excellent

4. How would you characterize the applicant's relationship with the patients?

Excellent

5. How would you the applicant's ability to work with peers and clinical staff?

Excellent

6. Have you personally known the applicant at least six months?

☒ Yes ☐ No

7. Does the applicant possess good moral character? (If no, explain)

☒ Yes ☐ No

8. Do you recommend this applicant for the professional license being sought? (If no, explain)

☒ Yes ☐ No

9. Are you aware of any information (favorable or unfavorable) that could potentially impact this applicant's suitability for professional licensure or the Board's consideration of his/her application? (If yes, explain)

☐ Yes ☒ No

10. Have you attached additional correspondence or information to this form?

☐ Yes ☒ No

MEDICAL BOARD

MAR 9 2015



Alan N. Gordon MD

Signature of Recommending Physician (Name stamp not accepted)

69 Jesse Hill Jr Drive Atlanta, GA 30303

Address (including house number and street, city, state and zip code)

Notary Public Signature

[Signature]

1/13/18

Date Commission Expires

Subscribed and Sworn to before me on this 18th day of February, 2015



FCVS

FEDERATION
CREDENTIALS
VERIFICATION
SERVICE

Medical Professional Information Profile

This report provides credentialing information for

Name: **Priya Ramesh Gursahaney**

Social Security Number: **Redacted**

Date of Birth: **November 17, 1981**

FID#: **215334947**

Recipient: **OH - State Medical Board of Ohio**

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.



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: **Priya Ramesh Gursahaney**

Date of Birth: **November 17, 1981**

Social Security Number: **Redacted**

FID: **215334947**

I. FCVS Reports

II. FSMB and Other Reports

III. Identity

A. Valid Original Passport OR Copy w/ Cert. of Identification

IV. Medical Education

A. Pre-medical Schools

B. Medical Schools

University of Pittsburgh School of Medicine

X 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 Minnesota Medical Center

1. GME Form

2. GME Completion Certificate

VI. Licensure Examination History

A. FSMB Exam Transcript

End of report for: Priya Ramesh Gursahaney

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

Identity

Medical Professional Name: **Priya Ramesh Gursahaney**

Documentation: Valid Original Passport OR Copy w/ Cert. of Identification

Gender: Female

Date of Birth: November 17, 1981

Place of Birth: INDIA

Social Security Number: **Redacted**

FID: 215334947

Physical Description: Height: 5 ft. 6 in.

Weight: 128 lbs.

Eye Color: Brown

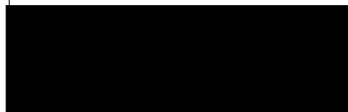
Hair Color: Black

Contact Information

Mailing Address:



Permanent Address:



Telephone Numbers: Primary:

Secondary:

Fax: N/A

Other: N/A

Pre-medical Education

(Provided by Applicant. Not verified with the primary source.)

Institution: Miami University

Address: Oxford, OH 45056-3433

UNITED STATES

Dates of Attendance: 08/--/2000 To 05/--/2004

Degree Conferred/Issued: Bachelor of Science

ECFMG

There are none identified or not applicable.

Medical Education

Medical School: University of Pittsburgh School of Medicine

Address: M240 Scaife Hall

3550 Terrace Street

Pittsburgh, PA 15261

UNITED STATES

Dates of Attendance: 08/15/2005 to 05/20/2010

Date Certificate Issued: 05/29/2010

Degree Conferred/Issued: Doctor of Medicine

Unusual Circumstances

Leave of Absence/Extension: **Yes**

Dates: **06/2008 To 07/2009**

Comments: **Other - Research Fellowship *Approved**

Probation: **No**

Disciplined: **No**

Negative Reports: **No**

Limitations: **No**

Fifth Pathway

There are none identified or not applicable.

Graduate Medical Education

Institution: University of Minnesota Medical CenterAddress: 11-134 Phillips-Wangensteen Bldg
516 Delaware Street, SE, MMC 195
Minneapolis, MN 55455-0321
UNITED STATES

Training Level: 1 - 4

Program Type: Residency

Specialty: Obstetrics and Gynecology

Dates of Attendance: 06/06/2010 To 06/07/2014

Completed Successfully: Yes

Accreditation: ACGME

Unusual CircumstancesLeave of Absence/Extension: **No**Probation: **No**Disciplined: **No**Negative Reports: **No**Limitations: **No**

Licensure Examinations

FSMB Transcript USMLE Step 1	Date: 04/2007	Passed the Exam
FSMB Transcript USMLE Step 2 CK	Date: 12/2008	Passed the Exam
FSMB Transcript USMLE Step 2 CS	Date: 10/2008	Passed the Exam
FSMB Transcript USMLE Step 3	Date: 08/2011	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: Priya Ramesh Gursahaney FID: 215334947

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 Identification

Medical Professional Name: **Priya Ramesh Gursahaney**

Date of Birth: **November 17, 1981**

Social Security Number: **Redacted**

FID: **215334947**

Omissions

There are no omissions identified.

Discrepancies

Discrepancy 1:

Section of Profile: **Medical Education**Discrepancy: **FCVS has identified inconsistent information relating to the Unusual Circumstances section of the Medical Education Form for University of Pittsburgh School of Medicine.****Leave of Absence/Extension**Action Taken: **FCVS does not follow up with the applicant or the institution with inconsistent information on Unusual Circumstances questions. Any supporting information provided by the applicant and/or institution is included in the Medical Professional Information Profile.**

Miscellaneous Information

Miscellaneous 1:

Section of Profile: **Post Graduate Training**Miscellaneous: **Verification of the Graduate Medical Education at Emory University Hospital dated 07/--/2014 to 07/--/2015 as 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: Priya Ramesh Gursahaney

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: **Priya Ramesh Gursahaney**
Date of Birth: **November 17, 1981**
Social Security Number: **Redacted**
FID#: **215334947**

Start Date	End Date	Activity	Location	Overlap Explanation	Program Length Explanation
08/2005	05/2010	Medical Education Record	University of Pittsburgh School of Medicine, M240 Scaife Hall Pittsburgh, PA 15261 UNITED STATES		
06/2010	06/2014	GME Record	University of Minnesota Medical Center, 11-134 Phillips-Wangensteen Bldg Minneapolis, MN 55455-0321 UNITED STATES		
07/2014	07/2015	GME Record	Emory University Hospital, 1639 Pierce Drive NE Atlanta, GA 30322 UNITED STATES		

End of report for: Priya Ramesh Gursahaney

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:4/20/2015

PRACTITIONER INFORMATION

Name: Priya Ramesh Gursahaney
 DOB: 11/17/1981
 Medical School: University of Pittsburgh School of Medicine
 Pittsburgh, Pennsylvania, UNITED STATES
 Year of Grad: 2010
 Degree Type: MD

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
GEORGIA	71735	4/4/2014	11/30/2015	2/20/2015

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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VERIFICATION SERVICE

Medical Professional Information Profile

Federation of
**STATE
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Section III

Identity

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.

Notary:

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

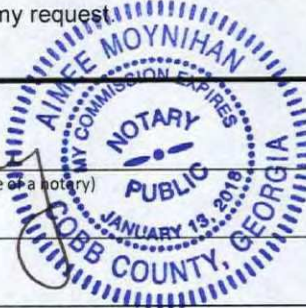


Priya Gursahaney
Applicant's Signature (must be signed in the presence of a notary)

GURSAHANEY
Applicant's Printed Last Name

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

14 January 2015
Date of Signature (must correspond to date of notarization)



State of Georgia, County of Cobb

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 14 day of January, 2015.

Notary Public Signature: [Signature]

My Notary Commission Expires: 1/13/18

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

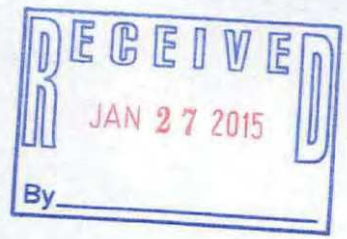
400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 868-5000

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330575

215334947

CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required



Applicant Full Legal Name: GURSAHANEY PRIYA RAMESH
Last First Middle

FCVS ID Number: 330575

Notary – Please complete the section below:

State of Georgia County of Cobb

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) 14th, of (Month) January, (Year) 2015.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) 1 / (Day) 13 / (Year) 2018

*** 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

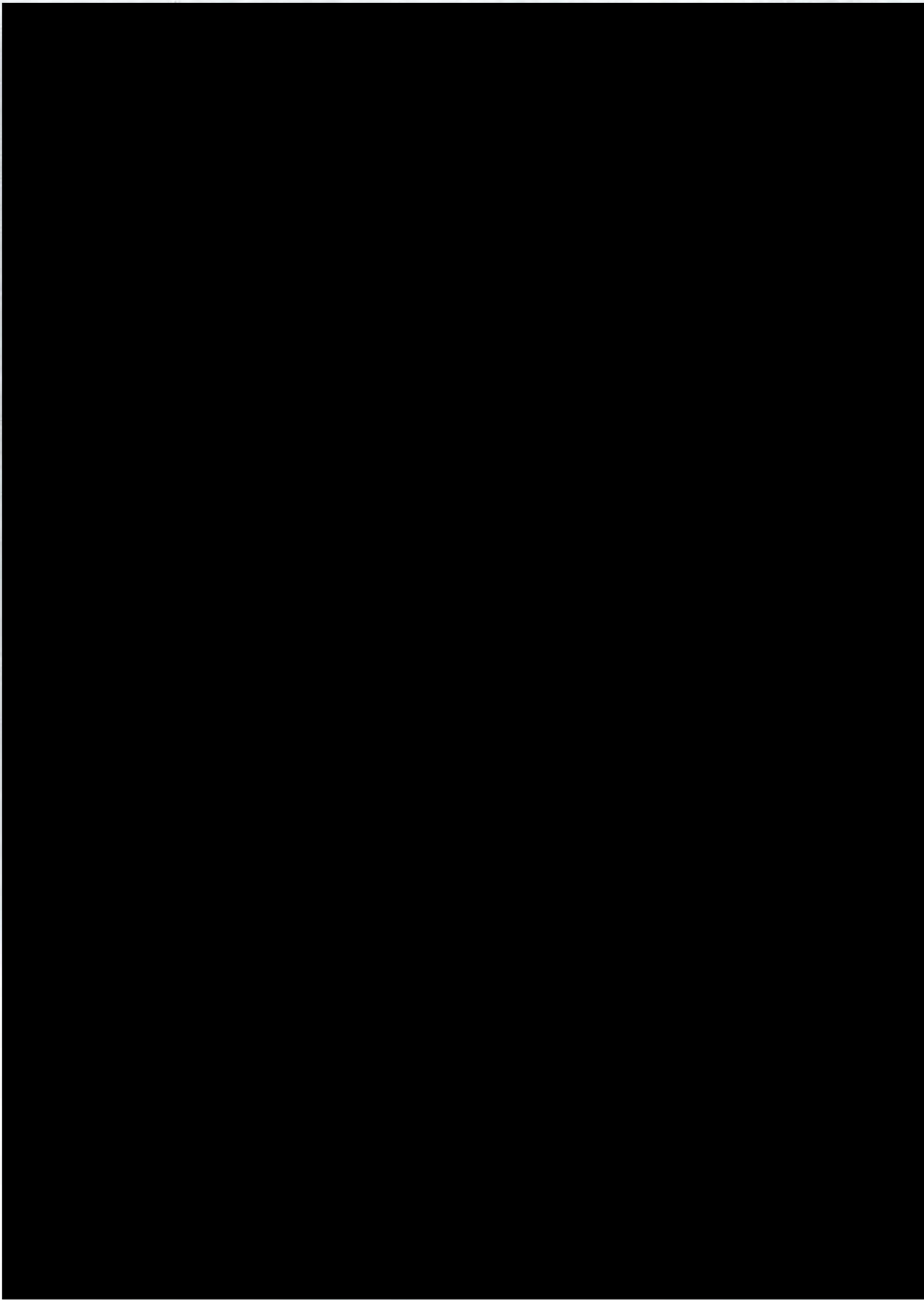


Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

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

330575 PP

215334947



330575

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Professional Information Profile

Federation of
**STATE
MEDICAL
BOARDS**

Section IV

Medical Education

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 Rd
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: University of Pittsburgh School of Medicine

Address Line 1:

S532 Scaife Hall Box 101

Address Line 2:

3550 Terrace Street

City: Pittsburgh

State/Province: PA

Zip Code (Postal Code):

15261

Country: US

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

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: Bachelors Degree

Enrollment and Participation: Our records indicate that Priya Gursahaney, Priya, Ramesh

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

attended our medical school for total of 172 weeks of medical education on the following dates:

From: 05/15/2005 To: 05/20/2010
Month Day Year Month Day Year

This individual

Was awarded the degree of MD on 05/20/2010

Month Day Year

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

Attestation

Affix Institutional
Seal Here

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

Watermark

For FCVS internal use only.

SEAL
VERIFIED

Name: Joanne K. Colligan

Signature: Joanne K. Colligan

Title: Asst. School Registrar

Date of Signature: 03/30/2015 Phone: (412) 648-9239

Fax: (412) 624-0290

scheduling records @
Email: medschool.pitt.edu

330575

330575

2311

2311

215334947

Unusual Circumstances

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

☒ YES ☐ 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:

Personal/Family _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Academic remediation _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Health _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Financial _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in joint degree				
Program (e.g., MD/PhD) _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-research special study				
(e.g., fellowship, international experience) _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-degree research _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Other _____	From (Mo/Yr) <u>06/2004</u>	To (Mo/Yr) <u>07/2009</u>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unapproved

Please Specify:

Research Fellowship

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

☐ YES ☒ 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:

Academic Probation _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____
Probation for unprofessional conduct/behavioral _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____
Probation for other reason _____	From (Mo/Yr) ____/____	To (Mo/Yr) ____/____

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?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO

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

330575

330575

2311

215334947

Medical School

Medical Professional Name: Priya Ramesh Gursahaney
University of Pittsburgh School of Medicine

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: Priya Ramesh Gursahaney

PROVIDED BY
APPLICANT



University of Pittsburgh
School of Medicine
Office of Student Affairs

November 1, 2009

Medical Student Performance Evaluation
Re: Priya Ramesh Gursahaney

IDENTIFYING INFORMATION

Priya Gursahaney is a fourth-year student at the University of Pittsburgh School of Medicine and candidate for a first-year position in graduate medical education.

UNIQUE CHARACTERISTICS

Priya was born in India and raised in Cleveland, Ohio. Awarded the Harrison Scholarship as one of the top 20 matriculants, she attended Miami University, in Oxford, Ohio and graduated with a Bachelor of Science degree in Biochemistry. Her outstanding performance was recognized with induction into Phi Beta Kappa, a Barry M. Goldwater Scholarship, and the Provost's Academic Achievement Award, as one of the top ten senior students who "demonstrated academic excellence and made a significant and sustained intellectual contribution to the university." Her four years of basic research on the protein transport system in *E. coli* culminated in an Honors thesis and co-authored publications. With a growing interest in research, Priya spent a year following graduation at the Learner Research Institute at the Cleveland Clinic in the Department of Cell Biology, where her studies on the role of muskulin in cell morphology regulation resulted in an article in the Journal of Cell Biology in which she and two other co-authors contributed equally as first-authors to the manuscript.

Priya entered the University of Pittsburgh School of Medicine in August, 2005 and is expected to graduate in May, 2010. While here, she has excelled in her pursuits in clinical research in women's health along with in-depth extracurricular activities in underserved and global health. In the summer after first year, she received a Dean's Summer Research Fellowship and began a long-term project on factors associated with sexually transmitted disease (STD) acquisition in women. In recognition of her outstanding achievements and potential for a career in academic medicine, she was accepted after third year to the Doris Duke Clinical Research Fellowship Program at the University of Pittsburgh. During her fellowship year, Priya continued her work in the field of STD by conducting a primary analysis study of partner notification practices and preferences in patients with STDs under the mentorship of Dr. Harold Wiesenfeld in the Department of Obstetrics and Gynecology. For this study, she developed and administered a survey instrument to 200 patients at the Allegheny County Health Department STD Clinic on the day of enrollment and at one month follow-up. With extra course work in addition to her year of research, she will receive a Master of Science degree in Clinical Research in the Outcomes and Effectiveness Track. From her work thus far, she has been first author on three posters, which she has presented at the International Society for STD Research Conferences, at the Doris Duke Annual Symposium and at Science 2006 at the University of Pittsburgh. She has also submitted a manuscript of her research findings to a peer-reviewed journal and is in the process of writing a second first-authored manuscript for publication.

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On the basis of her participation in a longitudinal program of in-depth exposure to issues concerning the care of women patients, Priya will graduate with a certificate in the Area of Concentration in Women's Health Along with her outstanding academic and research endeavors, Priya has been a major contributor to underserved and global communities and she has completed a second Area of Concentration in Underserved Populations. As coordinator of the Students and Latinos United against Disparities (SALUD) program at the Birmingham Free Clinic, she not only participated regularly in the care of patients and coordinated weekly Spanish-speaking interpreters and volunteers, but she also created and implemented a day-long interpreter training session on cultural competence, ethics and language assessment. She participated for two weeks in the Shoulder to Shoulder medical brigade in Honduras and served as treasurer for the Kenyan Pediatric HIV Project. (KPHP) as well.

ACADEMIC RECORD

Pre-clinical/Basic Science Curriculum

For the first two years, our medical school has a fully integrated, interdepartmental curriculum which includes multiple blocks as described in Appendix B. Courses in the Pre-clinical/Basic sciences are graded as: Honors, Satisfactory, or Unsatisfactory. Therefore, there is no ranking system. Between ten and twenty percent of students receive Honors in any of the three major Basic Science or the three major Organ System Blocks. In the pre-clinical sciences, Priya performed very well, earning Satisfactory grades in all of the Basic Science and Organ System Blocks, as well as Honors in several other courses, including Introduction to Patient Care 2 and Scientific Reasoning 3.

Core Clinical Clerkships

For the third and fourth years, the eight core clinical clerkships and two required selectives are described in Appendix B. The rotations are graded as Honors, High Satisfactory, Satisfactory, Low Satisfactory, and Unsatisfactory. In the required clerkships of the third year, Priya performed in a very strong manner. She earned High Satisfactories in Obstetrics and Gynecology, Family Medicine Clerkship, Clinical Neurosciences, Adult Inpatient Medicine, Pediatric Inpatient Medicine, Combined Ambulatory Medicine, Pediatric Clerkship. Specific comments in chronological order are listed in Appendix A.

SUMMARY

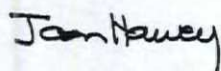
In summary, Priya Gursahaney is an individual with exceptional commitment, perseverance, and desire to learn. She has distinguished herself throughout her education with research projects of increasing independence, culminating in a year as a Doris Duke Research Fellow and an expected Master of Science degree in Clinical Research. She will also be one of two students to graduate with a certificate from two Areas of Concentration, Women's Health and Underserved Populations. In addition, Priya has stood out among her peers as an individual who applies her considerable leadership skills to areas of particular interest to her, namely women's health and service to underrepresented populations, both here and internationally, through her work at the Birmingham Free Clinic, SALUD and the Kenyan HIV project.

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Priya performed at an advanced level during the clinical years. The faculty were impressed with her intelligence, energy and interest in learning, noting that she "actively managed her time to maximize the efficiency of her learning opportunities." She worked hard to educate not only herself but the team and put in work effort "over and above" that of her peers, always willing to go beyond what was expected to learn and to help the team. She clearly showed initiative in taking on clinical responsibility and was efficient and effective in the care of her patients. She displayed "good clinical sense," strong problem solving skills, and an excellent ability to plan care and interrelate patient problems. Her "wonderful interaction with patients" was evident in all her rotations and led to the strong therapeutic relationships she formed. During the fourth year, she earned Honors grades in both her Obstetrics and Gynecology Sub-internship and Adult Inpatient Medicine Acting Internship.

Priya stands out as an exceptional student based on her passionate pursuit of health care for women and underserved populations as well as her strong interest and experience in clinical research and academics. We are pleased to recommend her as an excellent candidate for graduate medical education.

Sincerely yours,

A handwritten signature in black ink that reads "Joan Harvey". The signature is written in a cursive, slightly slanted style.

Joan Harvey, MD
Associate Dean for Student

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APPENDIX A

PRIYA RAMESH GURSAHANEY - CLASS OF 2010

COMMENTS FROM COURSE EVALUATIONS IN ORDER OF COMPLETION

Sexually Transmitted Diseases (05/07/2007 - 06/03/2007) Honors

"Self starter. Good grasp of basic knowledge."

Adult Cardiology (06/04/2007 - 07/01/2007) High Satisfactory

"In spite of the fact that it is only second month of her clinical exposure, she did more than expected for her level of training."

Surgery and Perioperative Care (07/02/2007 - 08/26/2007) Satisfactory

SURGERY EVALUATION: "Priya Gursahaney put in a good clinical performance on the St. Margaret's surgical services. Her oral presentations were succinct, yet complete. Her fund of knowledge seemed to be good. She was friendly, motivated and interested in learning. She was very engaging. She worked well with the residents and other students. She demonstrated considerable improvement with care of surgical patients over the course of the clerkship. Her technical skills in the operating room seemed to be above average. She was very helpful to the team as a whole. Her exam score was...below the mean." **ANESTHESIOLOGY EVALUATION:** "I was very impressed by Priya. She actively managed her time to maximize efficiency in learning opportunities. She was well prepared to discuss her learning objectives. She did a nice job with intubations but needs help with PIV starts. Priya made significant and "over and above" effort to work within the constraints of the rotation to maximize her time spent here."

Obstetrics and Gynecology (08/27/2007 - 09/23/2007) High Satisfactory

The Obstetrics and Gynecology Clerkship lasts four weeks, equally divided among labor and delivery, gynecological surgery and outpatient clinic. The didactic portion of the clerkship consists of small group problem-based discussion sessions with a faculty facilitator. The final exam is department written, with multiple choice and short answer questions. "Ms. Gursahaney participated actively throughout the Obstetrics and Gynecology rotation. She was enthusiastic and took initiative in seeking out clinical responsibility. She demonstrated a high level of interest which was greatly appreciated by those with whom she worked. Her skills in performing a history and physical exam were above the level expected. In the outpatient setting she was particularly knowledgeable. She asked good questions, and she was efficient and accurate in her evaluations of patients. Her rounding and charting was always prompt. She rapidly gained new skills required in the follow-up of postoperative patients. Ms. Gursahaney interacted very well with patients as well with others with whom she worked. She was mature and professional, and readily gained rapport with patients throughout all parts of the rotation. In her small group setting she prepared effectively for discussions. She participated actively, and she demonstrated strong problem solving skills. On the final written exam she received an average grade. In view of her strong clinical skills she is given a grade of HIGH PASS for the rotation."

Family Medicine Clerkship (09/24/2007 - 10/21/2007) High Satisfactory

"Priya performed extremely well on the Family Medicine required clerkship. Her preceptor noted that her cognitive, knowledge base was superior, and that her problem solving skills were sound. Priya related wonderfully to the staff, physicians and patients on the rotation. She established an excellent rapport with patients, and seems to truly care about people. There were no professionalism issues identified and work was done on time and in proper order. Priya distinguished herself in the rotation by her good clinical sense, with particular strengths in an extraordinary fund of knowledge. Performance was rated higher than her colleagues in the rotation cohort and in comparison to other members in this year level. Her clinical preceptor commented that Priya was one of the best students she'd ever had. Priya is highly recommended for a house staff position in the specialty of her choice, and would make an excellent Family Medicine resident. Overall, the student received the grade of HIGH PASS based on our Department's established standards." The four components of the family medicine rotation are clinical evaluation, family and community assessment, written and oral exam. The total grade is simply the sum of each of these four components.

Clinical Neurosciences (10/29/2007 - 12/23/2007) High Satisfactory

INPATIENT: "Priya is an excellent student. She is intelligent, energetic and is very easy to work with. Top 10% of all medical students I've worked with." **OUTPATIENT:** "Great attendance and participation during clinical activities." **EMERGENCY ROOM:** "Priya did a great job here, working well with patients and staff alike, following me attentively, asking good questions; met every expectation." **PSYCHIATRY CLERKSHIP DIRECTOR'S COMMENTS:** "Ms. Gursahaney received a grade of Honors for the Psychiatry component of the Neuroscience Clerkship. She was able to reliably collect information and interpret findings for patients during the clerkship. Wrote eloquently in her caselog about systems issues and how care changes over times for a single patient; very thoughtful. Overall, she had a strong clinical performance during the psychiatry rotation. Her performance on the NBME examination placed her in the 32nd percentile when compared to a nationalized norm of medical students who took the psychiatry subject test

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Clinical Neurosciences (cont'd)

exam at the end of their third year clerkship. Her score on the performance based video examination placed her within one standard deviation from the mean for all students taking the exam in the clerkship. In summary, Ms. Gursahaney had a strong performance during the psychiatry component of the Neuroscience Clerkship." NEUROLOGY CLERKSHIP DIRECTOR'S COMMENTS: "Ms. Gursahaney had wonderful interaction with patients and comprehensive H&P's. She is very hardworking and dedicated. It was a pleasure to work with her. She is enthusiastic and very motivated to be an active member of the team. She is always willing to stay, learn, ask questions, and assist in duties/responsibilities beyond what is expected. Priya functioned at a higher than a third year level. Her confidence in presenting grew according to the situation. Overall, excellent job."

Adult Inpatient Medicine (01/02/2008 - 02/24/2008) High Satisfactory

"Priya Gursahaney performed in an above average fashion throughout the course of the rotation. Her data collection skills were above average for her level of training. Her histories were precise, detailed and broad based and her physical examinations were organized, focused and relevant. Her written histories and physicals were accurate and complete and she documented key information in a way that was focused and comprehensive. Her progress notes always reflected the ongoing problems and learning plan. Her oral presentations were fluent and focused. Her general medical knowledge was above average for her level of training. She demonstrated a thorough understanding of basic pathophysiology and was able to generate an expanded differential diagnosis of problems in her patients. She consistently offered a reasonable interpretation of the data at hand. She assumed responsibility for her patients, consistently knew test results, and maintained the patient record. She was efficient and effective, often taking the initiative in the care of her patients. She was efficient and effective, often taking the initiative in the care of her patients. She was an active participant in the student teaching setting and appeared eager to improve her knowledge base. She was perceived by her patients as the primary caregiver and provided them with excellent care. She worked hard not only to educate herself but the team. One attending commented on an outstanding PowerPoint review on intrinsic renal diseases that she presented to the group. Her potential for future growth is judged to be outstanding. Because of her above average performance throughout the course of the rotation, Ms. Gursahaney receives a grade of PASS, considered to be a HIGH PASS by the Department of Medicine"

Pediatric Inpatient Medicine (02/25/2008 - 03/23/2008) High Satisfactory

"For her third year rotation in pediatric inpatient medicine, Priya Gursahaney was assigned to the Limited Stay Unit and 9th floor. The LSU unit is dedicated to the care of infants, toddlers, older children and adolescents who are expected to be in the hospital less than forty-eight hours. The 9th floor is dedicated to the care of infants, toddlers and older children who are expected to be in the hospital longer than forty-eight hours. For her clinical performance as a third year student on the pediatric inpatient medicine clerkship, Priya Gursahaney received a grade of HIGH PASS. Priya was a very interested and curious student who showed exceptional initiative and was eager to learn. She was able to gain the confidence and trust with her patients and their families. She had a good rapport with her team and with other healthcare members. She was reliable and dependable and was able to anticipate the needs of others and followed through. She sought feedback and improved throughout the clerkship. In terms of her clinical skills, Priya's knowledge base was solid. Her histories and her physical exam skills were comprehensive, focused and organized. Her oral presentations were poised and she tailored them to the situation. Her written presentations were organized, focused and complete. Her judgment and problem-solving ability was reasonable and she was able to make good diagnostic decisions. Specific comments include, "Very solid student." "Responded to feedback." Priya received a grade of PASS on the final examination and an overall evaluation of HIGH PASS for the Inpatient Pediatric Clerkship."

Mentored Project (03/24/2008 - 04/20/2008) Honors

"Priya has worked hard during her month long rotation, examining an expanded data base to determine variables associated with transmission of sexually transmitted diseases in women. She performed queries into the database and worked with our statistician to verify the dataset. She then did critical analysis of the data and identified that hormonal contraceptives reduce the risk of acquisition of *Neisseria gonorrhoeae* in women who are exposed to this organism. This finding is novel and represents an important finding in understanding the biology of STD transmission. Priya has also devoted considerable time writing the manuscript, which she has completed and is undergoing revision based on extensive collaboration and supervision with myself and other investigators. We anticipate that the manuscript will be ready for submission for publication in the next month."

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Combined Ambulatory Medicine and Pediatric Clerkship (05/05/2008 – 06/29/2008) High Satisfactory

GENERAL INTERNAL MEDICINE: "Priya Gurshaney worked with Dr. Melissa McNeil in Women's Health from 05/05/08 – 05/30/08. Evaluation for markers of professionalism were outstanding. Her fund of knowledge was thought to be thorough. She demonstrated good self-directed learning and problem solving skills. She paid adequate attention to health maintenance issues. History and physical exams were comprehensive and organized. Oral presentations were fluent, focused and poised. Notes were well done. It was noted that she had excellent data collection and interpersonal skills. She was thought to be entering the Manager level on the RIME continuum. She receives a HIGH PASS for the rotation." **GENERAL PEDIATRICS:** "Ms. Priya Gursahney spent one week in the Teaching Practice and evening Acute Concern Services at Children's Hospital of Pittsburgh, two weeks in the office of a Private Pediatrician, and one week in the Acute Concern Services at Children's Hospital of Pittsburgh. Priya was unusually reliable. Her work was always done well and she was eager to learn. She sought feedback throughout the clerkship. She communicates exceptionally well with her patients and their families. She had an unusually extensive fund of knowledge, which was applied effectively. Priya was a self-directed learner who took extra initiative in obtaining information. Her problem solving ability and ability to synthesize data showed common sense. She had an exceptional ability to plan care and interrelate patient problems. With regards to health maintenance and prevention, Ms. Gursahaney always incorporated prevention and education appropriately. Her histories were exceptional, she asked the right questions and her physical examinations were careful and thorough. Her oral presentations were poised and she tailored them to the situation and her written records were extremely accurate, thorough and logical. Priya was mature, motivated and thorough. She was well-prepared, and had great interaction with patients. Overall, she was outstanding! Overall, Ms. Priya Gursahaney received a grade of HONORS for her Pediatric portion of the Ambulatory Care Clerkship."

Individual Study in Obstetrics or Gynecology (07/06/2009 - 08/02/2009) Honors

Priya was very well-liked by patients and staff. She integrated easily into our clinical practice. Priya is eager to learn and is very motivated, willing to stay after hours and on weekends to gain further experience and teaching. She has a solid foundation of knowledge and has good clinical skills. Priya is inquisitive and thoughtful, and will be an outstanding obstetrician/gynecologist.

Outpatient Medicine (08/03/2009 - 08/30/2009) Honors

Priya is diligent, personable and caring. She worked up patients independently, sought help when appropriate. She is comfortable working with patients from diverse socio-economic and ethnic backgrounds.

Medicine Acting Internship (08/31/2009 - 09/27/2009) Honors

Priya Gursahaney completed her Acting Internship in Internal Medicine in an outstanding fashion. Her fund of medical knowledge was excellent. She followed her patients very carefully and wrote thorough and complete progress notes. She was functioning at the level of a very good categorical intern. She was felt to have a potential to develop into an excellent physician. Priya Gursahaney receives a grade of Honors for her Acting Internship in Internal Medicine.

Specialty Care Clerkship (09/28/2009 - 10/25/2009) High Satisfactory

Priya completed her required Specialty Care Clerkship during the above noted dates and performed at an overall outstanding level. During the clerkship she actively participated in several laboratory workshop sessions as well as a continuing lecture series in ophthalmology and otolaryngology. Clinically the clerkship consisted of rotations in Adult and Pediatric Emergency Medicine, Ophthalmology and Otolaryngology. During the lab and didactic sessions and during her clinical shifts she was noted to be prompt and professional. Written evaluation comments from faculty and resident preceptors and instructors included phrases such as, "respectful, warm, and caring bedside manner", "excellent patient rapport, very thorough", and "reliable member of the team". This evaluation is based on a summary of written evaluations completed by residents and faculty members, and performance on the clerkship final written examination. She receives a grade of HIGH SATISFACTORY for this clerkship.

Infectious Disease-Ob/Gyn (ILS) (11/02/2009 - 11/29/2009) Satisfactory

Priya Gursahaney has successfully completed and passed the Infectious Disease-Ob/Gyn (ILS) elective.

Critical Care Medicine (11/30/2009 - 12/22/2009) Honors

Excellent knowledge base. Quickly acquired and applied new knowledge to patient management. Excellent communication skills. Assumed a leadership role in simulated crisis scenarios and demonstrated ability to analyze information, initiate a treatment plan and evaluate effectiveness.

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Advanced Radiology (02/01/2010 - 02/28/2010) High Satisfactory

Priya Gursahaney, performed in a highly satisfactory manner during the four week course in Diagnostic Radiology and Imaging. She was an active participant in class discussions and demonstrated a good sense of general medical knowledge and a better than average basic understanding of the general principles of diagnostic radiology and imaging. A High Pass grade was merited by her performance on the written final examination, student case presentation, and class participation.

Basic Dermatology (03/01/2010 - 03/28/2010) Satisfactory

Was attentive in clinic. Asked insightful questions and worked well with everyone in the department.

Get Ready for Internship (04/26/2010 - 05/20/2010) Honors

Priya did a great job. She attended all didactic lectures. She shows great potential.

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APPENDIX B

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE

CURRICULUM AND EVALUATION INFORMATION: CLASS OF 2010

The University of Pittsburgh School of Medicine curriculum focuses on fundamental principles of basic and clinical science and emphasizes self-directed learning and the development of critical thinking and problem solving skills. The basic science courses are interdisciplinary and multi-modal, with a minimum of one third of the time spent in a collaborative small group.

FIRST AND SECOND YEAR: In the first two years, there are three Basic Science and three Organ System Blocks. All courses are graded Honor, Satisfactory, Unsatisfactory (H/S/U) and therefore there is no ranking of our students. See Appendix C for distribution of grades.

FIRST YEAR:

Basic Science 1:
Medical Anatomy

Basic Science 2:
Cell & Tissue Physiology
Human Genetics
Fuel Metabolism

Basic Science 3:
Immunology
Medical Microbiology

Organ System 1:
Neuroscience
Introduction of Psychiatry

SECOND YEAR:

Organ System 2:
Body Fluid Homeostasis

Organ System 3:
Digestion & Nutrition
Endocrine
Dermatology
Reproductive & Development Biology

Integrated Case Studies

Additional longitudinal courses include the Patient, Physician and Society 1 and 2; Scientific Reasoning in Medicine 1, 2 and 3; and Introduction to Patient Care 1, 2 and 3.

THIRD AND FOURTH YEARS: All students complete eight required clerkships during their third and four years (through September). The grading system for third and fourth years includes: Honors, High Satisfactory, Satisfactory, Low Satisfactory and Unsatisfactory. See Appendix C for distribution of grades.

CLERKSHIPS AND DURATIONS:

Adult Inpatient Medicine (8 weeks)	Clinical Neurosciences (8 weeks)	Specialty Care Course (4 weeks)
Pediatric Inpatient Medicine (4 weeks)	Surgery & Perioperative Care (8 weeks)	Obstetrics & Gynecology (4 weeks)
Combined Ambulatory Medicine & Pediatrics [CAMPC] (8 weeks)		Family Medicine (4 weeks)

MSPE is composed by the Associate Dean for Student Affairs, with the assistance of the five Advisory Deans. Recourses used include the AMCAS application, internal medical school record, student biographical form and individual interviews with each student. Students are required to review and sign a consent prior to the release of their MSPE.

USMLE: Our medical school requires successful completion of USMLE Step I and II for graduation. Students are required to take Step I before entering third year, Step II Ck by November 30th of senior year and Step II by December 31st of senior year.

MENTORED SCHOLARLY PROJECT (SP): Beginning with the Class of 2008, all students are required to complete a longitudinal scholarly project. This is a mentored, hypothesis driven work beginning with preparatory coursework in the first two years and due in March of senior year. Students often spend one summer and may additionally take up to 3 one-month electives or a year of fellowship focused on their particular area of research.

YEAR OFF PROGRAM: An increasing number of our students take one or more years off to pursue research or a second degree. These include Howard Hughes, Doris Duke, Sarnoff and NIH Research Programs, as well as a number of institutional training grants. We also have an active Medical Scientist Training Program (MSTP); as well as two five-year research programs, the Clinical Scientist Training Program (CSTP) and the Physician Scientist Training Program (PSTP).

AREAS OF CONCENTRATION: This optional, supracurricular program, enables individual students to pursue an area of interest in-depth, over the time they are in medical school. AOC's generally offer a regular journal club, workshops and speakers, close mentorship by faculty, clinical and community experiences in the area and a required scholarly project, which may also meet the SP school requirement. Current AOC's include:

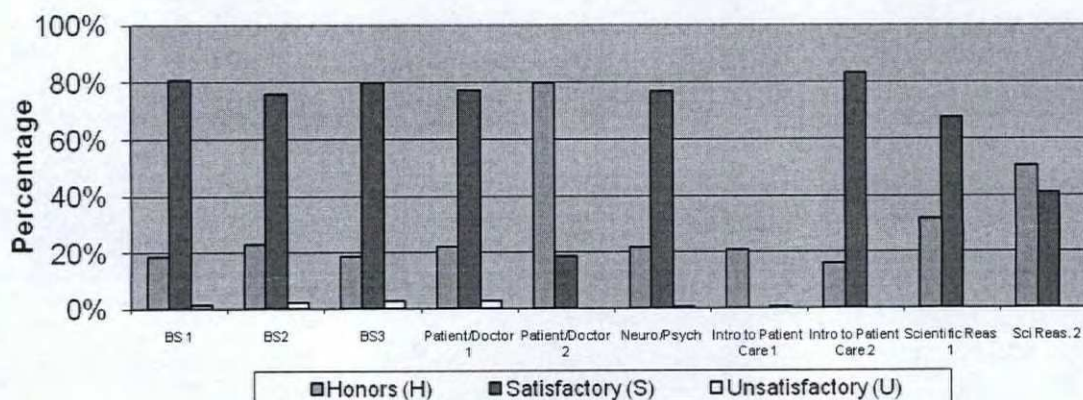
Disabilities Medicine	Women's Health	Underserved Populations	Geriatric Medicine
Global Health;	Medical Bioethics	Public Health	

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APPENDIX C

Grade Distribution Statistics - Class of 2010

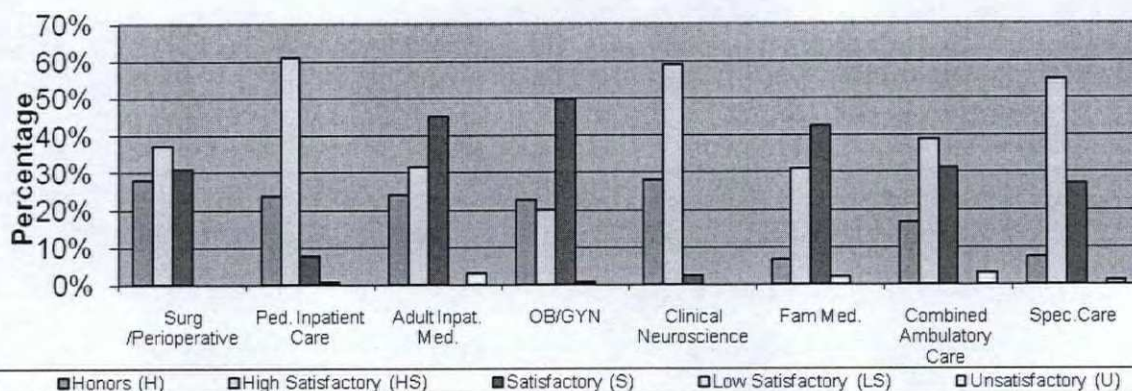
First Year



Second Year



Third Year Clerkships



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Priya Ramesh Gursahaney
Student ID: 3349025



University of Pittsburgh

Institution: University of Pittsburgh
4200 Fifth Avenue
Pittsburgh, PA 15260
Print Date: 03/17/2015

Degrees Awarded

Degree: Master of Science
Confer Date: 05/01/2010
Plan: Clinical Research

Degree: Doctor of Medicine
Confer Date: 05/29/2010
Plan: Professional Program Medicine

Academic Program History

Program: School of Medicine

07/05/2005: Professional Program Medicine Major

Program: School of Medicine

06/10/2008: Professional Program Medicine Major
Med FP Full-Time Res St Major

Program: School of Medicine

12/21/2009: Professional Program Medicine Major

Beginning of Medical School Record

Course	Description	Attempted	Earned	Grade	Points
Fall Term 2005-2006					
MED 5112	BASIC SCIENCE FUNDAMENTALS 1	0.00	0.00	S	0.000
MED 5113	BASIC SCIENCE FUNDAMENTALS 2	0.00	0.00	S	0.000
MED 5124	PATIENT/PHYSICIAN & SOCIETY 1	0.00	0.00	S	0.000
MED 5137	INTRO TO PATIENT CARE 1	0.00	0.00	S	0.000
MED 5180	SCIENTIFIC REASONING 1	0.00	0.00	S	0.000

SEAL
VERIFIED

RAISED SEAL NOT REQUIRED

This official University transcript is printed on SCRIP-SAFE secured paper and does not require a raised seal

Patricia J. Mathay

Patricia J. Mathay
University Registrar



Course	Description	Attempted	Earned	Grade	Points
Spring Term 2005-2006					
MED 5114	BASIC SCIENCE FUNDAMENTALS 3	0.00	0.00	S	0.000
MED 5126	PATIENT/PHYSICIAN & SOCIETY 2	0.00	0.00	S	0.000
MED 5133	NEUROSCIENCE/PSYCHIATRY	0.00	0.00	S	0.000
MED 5138	INTRO TO PATIENT CARE 2	0.00	0.00	H	0.000
MED 5181	SCIENTIFIC REASONING 2	0.00	0.00	S	0.000
Fall Term 2006-2007					
MED 5217	BODY FLUID HOMEOSTASIS	0.00	0.00	S	0.000
MED 5260	BASIC SCIENCE OF CARE	0.00	0.00	S	0.000
MED 5285	SCIENTIFIC REASONING 3	0.00	0.00	H	0.000
Spring Term 2006-2007					
MED 5222	ENDOCRINE SYMS/GI/HEMATOLOGY	0.00	0.00	S	0.000
MED 5224	PHARMACOLOGY	0.00	0.00	S	0.000
MED 5227	INTEGRATED CASE STUDIES	0.00	0.00	S	0.000
MED 5233	INTRO TO PATIENT CARE 3	0.00	0.00	S	0.000
MED 5234	INTRODUCTION TO PATIENT CARE 4	0.00	0.00	S	0.000
Fall Term 2007-2008					
MED 5775	GERIATRIC INTERSESSION COURSE	0.00	0.00	S	0.000
Spring Term 2007-2008					
FM 5316	FAMILY MEDICINE CLERKSHIP	0.00	0.00	HS	0.000
MED 5322	ADULT INPATIENT MEDICINE	0.00	0.00	HS	0.000
MED 5328	AMBULATORY CARE CLERKSHIP	0.00	0.00	HS	0.000
MED 5440	CARDIOLOGY	0.00	0.00	HS	0.000
MED 5580	SEXUALLY TRANSMITTED DISEASES	0.00	0.00	H	0.000
MSELCT 5720	MENTORED PROJECT	0.00	0.00	H	0.000
OBGYN 5341	OBSTETRICS AND GYNCOLOGY	0.00	0.00	HS	0.000
PEDS 5351	PEDIATRIC INPATIENT MEDICINE	0.00	0.00	HS	0.000
PSYC 5365	CLINICAL NEUROSCIENCES	0.00	0.00	HS	0.000
SURG 5371	SURGERY AND PERIOPERATIVE CARE	0.00	0.00	S	0.000

Send To: FEDERATION CREDENTIALS VERIFICATION SERVICE
400 FULLER WISER ROAD
SUITE 300
EULESS, TX 76039
United States

GRADUATE/PROFESSIONAL ACADEMIC TRANSCRIPT

Priya Ramesh Gursahaney

Student ID: 3349025



University of Pittsburgh

Fall Term 2009-2010		Description	Attempted	Earned	Grade	Points
Course						
EMED	5376	SPECIALTY CARE CLERKSHIP	0.00	0.00	HS	0.000
MED	5770	ADVANCED CLINICAL SKILLS	0.00	0.00	S	0.000
Spring Term 2009-2010		Description	Attempted	Earned	Grade	Points
Course						
CCM	5430	CRITICAL CARE MEDICINE	0.00	0.00	H	0.000
DERM	5420	BASIC DERMATOLOGY	0.00	0.00	S	0.000
MED	5401	MEDICINE ACTING INTERNSHIP	0.00	0.00	H	0.000
MED	5600	OUTPATIENT MEDICINE	0.00	0.00	H	0.000
MSELC	5450	GET READY FOR INTERNSHIP	0.00	0.00	H	0.000
MSELC	5730	MENTORED PROJECT COMPLETION	0.00	0.00	S	0.000
OBGYN	5725	INFECTIOUS DISEASE-OB/GYN (ILS)	0.00	0.00	S	0.000
OBGYN	5886	INDIVIDUAL STUDY	0.00	0.00	H	0.000
RAD	5420	RADIOLOGY	0.00	0.00	HS	0.000
Medical School Career Totals			Cum GPA:	0.000	Cum Totals:	0.00 0.00 0.000

----- End of Transcript -----

SEAL
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RAISED SEAL NOT REQUIRED

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Patricia J. Mathay

Patricia J. Mathay
University Registrar

Send To: FEDERATION CREDENTIALS VERIFICATION SERVICE
400 FULLER WISER ROAD
SUITE 300
EULESS, TX 76039
United States

Priya Ramesh Gursahaney
Student ID: 3349025



University of Pittsburgh

Institution: University of Pittsburgh
4200 Fifth Avenue
Pittsburgh, PA 15260
Print Date: 03/17/2015

Degrees Awarded

Degree: Master of Science
Confir Date: 05/01/2010
Plan: Clinical Research
Graduate Degree Awarded in Conjunction with First Professional Program

Degree: Doctor of Medicine
Confir Date: 05/29/2010
Plan: Professional Program Medicine

Academic Program History

Program: School of Medicine

05/01/2008: Clinical Research Certificate-Gainful Employment

Program: School of Medicine

01/20/2010: Clinical Research Major

Beginning of Graduate Record

Summer Term 2007-2008

Course	Description	Attempted	Earned	Grade	Points
CLRES 2005	CMPTR METH FOR CLIN RSRCH	1.00	1.00	A	4.000
CLRES 2010	CLINICAL RESEARCH METHODS	3.00	3.00	A	12.000
CLRES 2020	BIOSTATISTICS	4.00	4.00	A+	16.000
CLRES 2040	MEASUREMENT IN CLINICAL RESEARCH	1.00	1.00	A	4.000

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Patricia J. Mathay

Patricia J. Mathay
University Registrar

Fall Term 2008-2009

Course	Description	Attempted	Earned	Grade	Points
CLRES 2021	REGRESSION AND ANOVA	1.00	1.00	A	4.000
CLRES 2022	LOGISTIC REGRESSION	1.00	1.00	A	4.000
CLRES 2080	MASTERS THESIS RESEARCH	3.00	3.00	S	0.000
CLRES 2120	COST EFFECTVNS ANAL HLTH CARE	1.00	1.00	A	3.750
CLRES 2121	CLINICAL DECISION ANALYSIS	1.00	1.00	B+	3.250
CLRES 2122	ADV METH DECISN CST-EFFCTN ANAL	1.00	1.00	A	4.000
CLRES 2710	EPIDEMIOLOGY OF WOMEN'S HEALTH	2.00	2.00	A	8.000
HPM 2135	HEALTH POLICY	2.00	2.00	A	8.000
MED 5770	ADVANCED CLINICAL SKILLS	0.00	0.00	S	0.000

Spring Term 2008-2009

Course	Description	Attempted	Earned	Grade	Points
CLRES 2023	SURVIVAL ANALYSIS	1.00	1.00	A+	4.000
CLRES 2024	APPLD NON PARAMETRIC STATISTICS	1.00	1.00	A	4.000
CLRES 2050	ETHICS & REGULATION OF CLIN RES	1.00	1.00	A	4.000
CLRES 2080	MASTERS THESIS RESEARCH	3.00	3.00	S	0.000
CLRES 2100	OUTCOMES & EFFECTN RSRCH METHODS	2.00	2.00	B	6.000
MEDEDU 2140	MEDCL WRIT & PRESENTATION SKILLS	1.00	1.00	A	4.000

Graduate Career Totals

Cum GPA:	3.875	Cum Totals:	30.00	30.00	93.000
----------	-------	-------------	-------	-------	--------

----- End of Transcript -----

Send To: FEDERATION CREDENTIALS VERIFICATION SERVICE
400 FULLER WISER ROAD
SUITE 300
EULESS, TX 76039
United States

In September 2005, the University implemented a new student administration computer system resulting in the change to some historic terminology. Depending on the status of the student at the time the transcript is produced, the transcript labels may contain either current or historic terminology. These wording changes follow with the historic terminology in parentheses: Career (Level); Program (Academic Center); Plan (Major/Minor); Subplan (Area of Concentration); GPA (QPA).

GRADING POLICY

The following are grades and grade/quality points associated with each grade:

A+	4.00	C+	2.25
A	4.00	C	2.00
A-	3.75	C-	1.75
B+	3.25	D+	1.25
B	3.00	D	1.00
B-	2.75	D-	0.75
		F	0.00

The following grades carry no grade/quality points:

G	Unfinished Course Work
H	Honors
HS	High Satisfactory
I	Incomplete
LS	Low Satisfactory
N	Audit
NC	No Credit
R	Resignation
S	Satisfactory
U	Unsatisfactory
W	Withdrawal

The following are discontinued grades:

K	Competent Attainment
P	Pass
Q	Qualified
WF	Withdrawal/Failing
Z	Invalid Grade
**	No grade Reported

Note: Plus and minus grades were added to the University's grading system in the Winter Term 1975-1976.

For additional grade information please see the University grading policy on line at <http://www.bc.pitt.edu/policies/policy/09/09-01-01.html>

SPECIAL NOTATIONS (Applies only to students who attended prior to Fall Term 2005-2006).

1. Indicates that the course was repeated. The credits and quality points earned in this course are not used in the calculation of the QPA.
2. Indicates that the course was offered through the University Honors College

TRANSCRIPT GUIDE

3. Indicates that the course was taken at one or more of the institutions participating in the University of Pittsburgh cross-registration program. Decode for the abbreviations are:

CAR	Carlow University (formerly Carlow College)
CMU	Carnegie-Mellon University
CHA	Chatham University (formerly Chatham College)
CCA	Community College of Allegheny County
DUQ	Duquesne University
LAR	La Roche College
PTS	Pittsburgh Theological Seminary
PPU	Point Park University (formerly Point Park College)
RMU	Robert Morris University (formerly RMC Robert Morris College)
SE	Seton Hill University (formerly Seton Hill College)
WC	Westmoreland County Community College

GPA/QPA POLICY: Prior to the Fall Term 2005-2006, the University cumulative Quality Point Average (QPA) was calculated based on all University of Pittsburgh courses relevant to the student's degree goal(s). Effective with the Fall Term 2005-2006, the cumulative Grade Point Average (GPA) is associated with credits completed at the Career Level. For additional QPA/GPA information, please see the University GPA/QPA policy on line at <http://www.bc.pitt.edu/policies/policy/09/09-01-02.html>

THREE-TERM CALENDAR: The University of Pittsburgh utilizes a three-term academic calendar which is equivalent to the semester-hour system. The first-professional programs operate on the semester calendar.

ACCREDITATION: The University of Pittsburgh is accredited by the Middle States Association of Colleges and Schools, Commission on Higher Education. Individual school or program accreditation may be verified by contacting the Dean's Office of the Academic Center/Program identified on the student's record.

DEGREES AWARDED FROM OTHER INSTITUTIONS: Any information displayed reflecting degrees awarded by other institutions should be verified with the awarding institution for accuracy.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974: In compliance with the Family Educational Rights and Privacy Act of 1974, as amended, this document has been released on the condition that the recipient will not permit any other party or agency to have access to the record without the written consent of the student.

COURSE NUMBERING SYSTEM

Effective Fall Term 1990-1991

0001-0999 and 7000-7999	Lower Level Undergraduate
1000-1999 and 8000-8999	Upper Level Undergraduate
2000-2999	Master Level Graduate
3000-3999	Doctoral Level Graduate
4000-4999	Noncredit
5000-5999	First Professional Programs (Medicine, Dental Medicine, Law)
6000-6999	Career Development Undergraduate
9000-9999	Career Development Graduate

Prior to Fall Term 1990-1991

0001-0099	Lower Level Undergraduate
0010-0099	First Year Sectioned Courses (Law)
0100-0199	Upper Level Undergraduate
0100-0399	Upper Level Electives (Law)
0200-0299	Master Level Graduate
0300-0399	Doctoral Level Graduate
0400-0499	Third Year Limited Enrollment Courses (Law)
0500-0599	First Professional Programs (Medicine and Dental Medicine)
0500-0699	Upper Division Seminars (Law)
0700-0799	Lower Level (General Studies)
0800-0899	Upper Level (General Studies)
0900-0999	Other
0900-0999	Activities for Credit (Law)

TO TEST FOR AUTHENTICITY: Translucent globe icons **MUST** be visible from both sides when held toward a light source. The face of this transcript is printed on blue **SCRIP-SAFE**® paper with the name of the institution appearing in blue type over the face of the entire document.

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Greensburg Campus	(724) 837-7040
Johnstown Campus	(814) 269-7055
Pittsburgh Campus	(412) 624-7635
Titusville Campus	(814) 827-4482

10146610

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The University of Pittsburgh

SCHOOL OF MEDICINE

UPON RECOMMENDATION OF THE FACULTY,
AND BY AUTHORITY OF THE BOARD OF TRUSTEES, CONFERS UPON

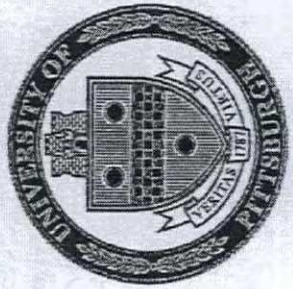
PRIYA RAMESH GURSAHANEY

THE DEGREE OF

DOCTOR OF MEDICINE

WITH ALL THE RIGHTS, PRIVILEGES AND RESPONSIBILITIES PERTAINING THERETO.
IN WITNESS THEREOF, THE SEAL OF THE UNIVERSITY AND THE SIGNATURES
OF THE AUTHORIZED OFFICERS ARE AFFIXED AT PITTSBURGH, PENNSYLVANIA.

MAY 29, 2010



Stephen R. Tishler
CHAIRMAN, BOARD OF TRUSTEES

James V. Maher
PROVOST

Mark G. Henderson
CHANCELLOR

Arthur S. Levine
DEAN, SCHOOL OF MEDICINE

SEAL
VERIFIED

330575

2311

This is to certify that this is a true and accurate copy of the diploma issued to Priya Ramesh Gursahaney by the University of Pittsburgh.

Sincerely,



Carol Miller, Supervisor
Transcripts & Certification



SCANNED #3
MAR 25 2015

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FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Professional Information Profile

Federation of
**STATE
MEDICAL
BOARDS**

Section V

Graduate Medical Education

Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Road, Suite 300, Euless, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Graduate Medical Education

Institution: <u>University of Minnesota Medical Center</u>	Attention: <u>Program Director</u>
Specialty: <u>Obstetrics and Gynecology</u>	Affiliated University: <u>University of Minnesota</u>
Address: <u>Minneapolis, MN</u>	

Verification For:	Name: <u>Gursahaney, Priya Ramesh</u> DOB: <u>11/17/1981</u> Individual's Name on Record (if different from above): _____
--------------------------	---

Program Participation: Important: Report Incomplete Training Levels (years) separate from those that were successfully completed.	Training Level: <u>1-4</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: <u>Obstetrics & Gynecology</u> From: <u>6/6/2010</u> To: <u>6/7/2014</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
---	--	---

If the training level (year) is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately.	Training Level: _____ (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: _____ From: <u>/ /</u> To: <u>/ /</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
---	--	--

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	Training Level: _____ (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: _____ From: <u>/ /</u> To: <u>/ /</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
--	--	--

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 break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
--	--

Certification: Attach your institutional seal in this space. If no seal is available, you must have this certified.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).	
	Name: <u>Phillip N. Raux, M.D.</u> Title of Signatory: <u>Program Director</u> (e.g., Program Director) Tel: <u>(612) 301-3417</u> Fax: <u>(612) 626-0665</u>	Signature: <u>Phillip N. Raux</u> Date of Signature: <u>4/13/15</u> E-Mail: <u>rauxx004@umn.edu</u>

**ELECTRONIC
SEAL VERIFIED**

Graduate Medical Education

Medical Professional Name: Priya Ramesh Gursahaney**University of Minnesota Medical Center****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: Priya Ramesh Gursahaney

**PROVIDED BY
APPLICANT**

University of Minnesota

This certifies that

Priya Gursahaney, MD

Has successfully completed and met all the requirements of the
Obstetrics and Gynecology Residency Program

In the Department of

Obstetrics, Gynecology and Women's Health

At the University of Minnesota from

From June 6, 2010 To June 7, 2014

In witness whereof, we have hereunto subscribed our names and affixed the seal of the
University of Minnesota this

June 6, 2014



Linda Carson, MD
Department Chair



Phillip Kauk, MD
Program Director



FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Professional Information Profile

Federation of
**STATE
MEDICAL
BOARDS**

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 : 03/10/2015

Recipient:

Federation Credentials Verification Service
ATTN: FCVS

Packet ID: 330575

Examinee ID#: 5-185-209-3

Examinee: Gursahaney, Priya Ramesh
Alt Name(s):

Date of Birth: 11/17/1981

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
04/23/2007	Pass	193	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
12/04/2008	Pass	232	(184)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
10/06/2008	Pass			

USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
MINNESOTA	08/29/2011	Pass	220	(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#: 5-185-209-3

Examinee: Gursahaney, Priya Ramesh

Date of Birth: 11/17/1981

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



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

4/23/2015

Priya R. Gursahaney, MD

This is to notify you that you are now licensed to practice medicine or osteopathic medicine and surgery in the State of Ohio. The Board approved your request and your license number **126185** was issued on **04/23/2015** and will expire on **01/01/2017**.

Enclosed is your wallet card and wall certificate. The wall certificate, by law, must be displayed in your office or the place where a major portion of your practice is conducted.

Please be advised that verification of your Ohio license must be obtained directly from the Board's website at <http://med.ohio.gov> in the "Licensee Profile and Status section. The website is updated immediately to reflect newly issued licenses.

The Ohio Medical Board operates a "staggered renewal" system based upon the first letter of your last name at the time of licensure. Enclosed is a chart and information outlining the staggered medical license renewal system and continuing medical education (CME) hours required. Renewal applications are mailed approximately six months prior to the date of expiration. CME information may also be obtained from the Board's website.

SECTION 4731.281, OHIO REVISED CODE REQUIRES WRITTEN NOTICE TO THE BOARD OF ANY CHANGE OF PRINCIPAL PRACTICE ADDRESS OR RESIDENCE ADDRESS WITHIN THIRTY DAYS OF THE CHANGE. A CHANGE OF ADDRESS FORM IS AVAILABLE ON THE BOARD'S WEBSITE.

This notice authorizes you to make application for a U.S. Drug Enforcement Administration certificate of registration (controlled substance permit). To make such application, contact:

Drug Enforcement Administration (DEA)
431 Howard St.
Detroit, Michigan 48226
(800) 230-6844
www.deadiversion.usdoj.gov/

Any questions regarding the DEA registration must be directed to the DEA office.

Sincerely,

A handwritten signature in black ink, appearing to read "Mitchell Alderson".

Mitchell Alderson
Chief, Licensure

Date Posted: 9/8/2016 9:23:53 AM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

Address Information

CREDENTIAL MAIL ADDRESS

231 Albert Sabin Way
MSB, 4th floor
Dept. Obstetrics and Gynecology
Cincinnati, OH 45267
Hamilton County
United States



MAIN

3767 Aylesboro Ave
Cincinnati, OH 45208
Hamilton County
United States



License Information

License Number

35.126185

License Name

Priya Gursahaney

Fees

Relicensure Fee

\$305.00

=====
Total Fees **\$305.00**

Medical Board Correspondence Email

1. Did you provide a Credential email address? Please note this information is a public record.

..... YES

Specialty Codes

1. Please select one specialty from the field below

..... OBSTETRICS & GYNECOLOGY

2. Please select one specialty from the field below, if applicable.

..... {not Answered}

3. Please select one specialty from the field below, if applicable.

..... {not Answered}

CME-Physicians

1. Have you met the above CME requirements for your license?

..... YES

Discipline

1. **At any time since signing your last application for renewal of your certificate** have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?

..... NO

2. **At any time since signing your last application for renewal of your certificate** have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

..... NO

3. **At any time since signing your last application for renewal of your certificate** have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

..... NO

4. **At any time since signing your last application for renewal of your certificate** has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?

..... NO

5. **At any time since signing your last application for renewal of your certificate** have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**

..... NO

6. **At any time since signing your last application for renewal of your certificate** have you been addicted to or dependent upon alcohol or any chemical substance; relapsed, been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

..... NO

Social Security Number

- 1.

..... Redacted

Nurse Collaboration Info

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

..... YES

2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**

..... Laura Power, CNP; Robin Centner, CNP; Heather McCracken, CNP;
Deborah Dole, CNP; Cynthia Dehlinger, CNP; Elizabeth Niederegger, CNP

Ohio Employment

1. Do you practice in Ohio?

..... YES

Ohio Workforce Questions

1. "Clinical" - direct patient care

..... 50-54

2. "Research" - study of a treatment, procedure or medication done in a medical setting or for a medical purpose

..... 0

3. "Administration" - activities related generally to patient care other than direct contact with a patient (e.g. recordkeeping, clerical tasks, chart review, prior authorizations with insurers, claims, billing issues, etc.)

..... 10-14

4. "Education" - preceptor, mentor, etc.

..... 10-14

5. "Volunteering" - providing medical and medical-related services at no cost

..... 0

6. "Other" - medical professional activities not included in above categories

..... 1-4

Clinical - Practice setting

1. Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care).

..... 20-24

2. Enter the number of hours per week spent in "Hospital (in-patient care)".

..... 25-29

3. Enter the number of hours per week spent in "Emergency Room".

..... 0

4. Enter the number of hours per week spent in "Urgent Care".

..... 0

5. Enter the number of hours per week spent in "Other".

..... 0

Workforce Counties

1. Enter the first zip code:
..... 45219
2. Enter the first county:
..... Hamilton
3. Enter the second zip code:
..... {not Answered}
4. Enter the second county:
..... {not Answered}
5. Enter the third zip code:
..... {not Answered}
6. Enter the third county:
..... {not Answered}
7. Do you have more than one practice location?
..... NO

Practice Arrangement (size)

1. Solo practitioner
..... NO
2. Single-specialty Group
..... N/A
3. Multi-specialty Group
..... N/A
4. Employee of a clinical facility or hospital? (Clinical facility is an urgent care, industrial clinic or similar entity)
..... YES

Workforce Language Question

1. Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English?
..... NO

ABMS Certified

1. Are you certified by an ABMS Board?
..... YES

ABMS Specialty

1. Choose specialty from the dropdown list.
..... Obstetrics and Gynecology
2. Choose specialty from the dropdown list.
..... {not Answered}
3. Choose specialty from the dropdown list.

..... {not Answered}

NPI number

1. Please enter your current NPI number

..... 1427372184

DEA number

1. Please enter your DEA number. Only enter one, or the primary DEA number.

..... FG4461911

OARRS Registration

1. Since signing your last renewal have you prescribed or personally furnished opioid analgesics or benzodiazepines while practicing in Ohio?

..... YES

2. Are you registered with the Ohio Automated Rx Reporting System (OARRS)?

..... YES

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Submission Date and Time: 10/7/2018 1:25 PM

License Renewal Application

License Type - Doctor of Medicine (MD)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

Dr.

First Name

Priya

Middle Name

R.

Last Name

Gursahaney

Maiden Name

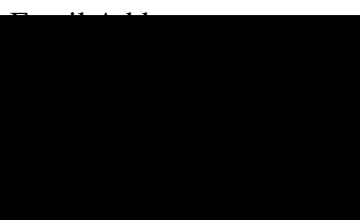
No Response

Social Security Number

Redacted

Date of Birth

11/17/1981



Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?

No

What is your gender?

Female

What is your ethnicity?

Asian Indian

In which country were you born?

India

In which state were you born (if United States)?

No Response

In which city were you born?

Vadodara

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

231 Albert Sabin Way MSB, 4th floor
Cincinnati
OH
45267
United States

License Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

231 Albert Sabin Way MSB, 4th floor
Cincinnati
OH
45267
United States

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

No

Has your spouse served in the military?

Not Applicable

I declined to answer these questions



Secondary Email Recipient

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

Specialty Tracking Component

Please list any American Board of Medical Specialties, American Osteopathic Association, or Council on Podiatric Medical Education specialty and/or subspecialty certifications that you currently hold.

Medical Specialty Certification - American Board of Medical Specialties (ABMS)

Medical Specialty - Obstetrics and Gynecology (ABMS)

Medical SubSpecialty - null

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Question - At any time since signing your last application for renewal of your certificate have you ever been denied a license to prescribe, dispense, administer, supply, or sell a controlled substance by the drug enforcement administration or appropriate issuing body of any state or jurisdiction, based, in whole or in part, on inappropriate prescribing, dispensing, administering, supplying or selling a controlled substance or other dangerous drug?

Answer -

Question - At any time since signing your last application for renewal of your certificate have you ever had a restriction of a license issued by the drug enforcement administration or a state licensing administration in any jurisdiction, under which you could prescribe, dispense, administer, supply or sell a controlled substance, that was restricted, based, in whole or in part, on inappropriate prescribing, dispensing, administering, supplying, or selling a controlled substance or other dangerous drug?

Answer -

Question - At any time since signing your last application for renewal of your certificate have you ever been subject to disciplinary action by any licensing entity that was based, in whole or in part, on inappropriate prescribing, dispensing, diverting, administering, supplying or selling a controlled substance or other dangerous drug?

Answer -

Question - Have you completed at least two hours of continuing medical education, annually for the past two years, that were certified by the Ohio State Medical Association or the Ohio Osteopathic Association, that assist physicians in diagnosing qualifying medical conditions and treating these conditions with medical marijuana including the characteristics of medical marijuana and possible drug interaction.

Answer -

Question - At any time since signing your last application for renewal of your certificate do you have an ownership or investment interest in or compensation agreement with any medical marijuana entity or applicant?

Answer -

Question - At any time since signing your last application for renewal of your certificate have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a

misdemeanor or felony?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

Answer - No

Question - At any time since signing your last application for renewal of your certificate has any board, bureau, department, agency, or any other body, including those in Ohio other than this board, filed any charges, allegations or complaints against you?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons other than failure to maintain records on a timely basis or to attend staff meetings?

Answer - No

Question - At any time since signing your last application for renewal of your certificate have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

Answer - No

Question - Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

Answer - Yes

Question - Since signing your last renewal have you prescribed opioid analgesics or benzodiazepines while practicing in Ohio?

Answer - Yes

Question - Primary NPI Number

Answer - 1427372184

Question - Primary DEA Number

Answer - FG4461911

Question - What is your current employment status?

Answer - Actively working in a position that requires the license I am renewing

Question - Do you currently possess an active license other than that for which you are renewing?

Answer - No

Question - On average, how many hours per week do you work under the license for which you are currently applying or renewing?

Answer - 65

Question - How many locations are you currently working in that require the license you are renewing?

Answer - 3

Question - Please provide the following information for up to 3 locations in which you use the license you are renewing, beginning with the locations you spend the most time: Facility Name, Address, City, State, Zip Code, Health Care Facility Type

Answer - University of Cincinnati Medical Center, 234 Goodman St, Cincinnati OH 45219, Hospital; UC Health Physician Midtown, 3590 Lucille Dr, Suite 2500, Cincinnati OH 45213; Planned Parenthood of Southwest Ohio, 2314 Auburn Ave, Cincinnati OH 45219

Question - Do you have hospital privileges?

Answer - Yes

Question - Which of the following best describes your five-year employment plan?

Answer - Maintain practice hours as is

Question - Please select a language, other than English that you personally use to communicate with patients. Do not include a language that you use with the help of an interpreter or language software.

Answer - Spanish

Question - What is your U.S. residency status related to your employment?

Answer - U.S. Citizen

Question - Do you consider yourself Hispanic, Latino/a or of Spanish origin?

Answer - No

Question - Are you registered with the Ohio Automated Rx Reporting System (OARRS)?

Answer - Yes

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

Attestation

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying.

Consent to Electronic Signature - **Consented**

Date/Time Stamp - 10/7/2018 1:25 PM

Type your First Name and Last Name as they appear on the application to sign electronically.

Priya Gursahaney

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY**

OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

Contact Audit Trail for GURSAHANEY PRIYA

Date	User	Table	Field	New	Old
1/16/2017 2:41:28 PM	Rieve, K	CONTACTADDRESS	COMMENTS		
1/16/2017 2:41:28 PM	Rieve, K	CONTACTADDRESS	COMPANY	Dept. Obstetrics and Gynecology	
1/16/2017 2:41:28 PM	Rieve, K	CONTACTADDRESS	ADDRESS3		Dept. Obstetrics and Gynecology
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	COUNTYID	Hamilton	Out of State
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	COUNTYID	Hamilton	Out of State
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	COUNTRYIDNT	United States	
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	COUNTRYIDNT	United States	
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	ADDRESS3	Dept. Obstetrics and Gynecology	
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	PHONE		
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	ZIPCODE	45208	30308
9/6/2016 12:42:22 PM	Bates, J	CONTACTADDRESS	ZIPCODE	45267	30308
9/6/2016 12:42:21 PM	Bates, J	CONTACTADDRESS	STATECODE	OH	GA
9/6/2016 12:42:21 PM	Bates, J	CONTACTADDRESS	STATECODE	OH	GA
9/6/2016 12:42:21 PM	Bates, J	CONTACTADDRESS	CITY	Cincinnati	Atlanta
9/6/2016 12:42:21 PM	Bates, J	CONTACTADDRESS	CITY	Cincinnati	Atlanta
9/6/2016 12:42:21 PM	Bates, J	CONTACTADDRESS	ADDRESS2	MSB, 4th floor	
9/6/2016 12:42:21 PM	Bates, J	CONTACTADDRESS	ADDRESS1	3767 Aylesboro Ave	620 Glen Iris Dr. NE #302
9/6/2016 12:42:21 PM	Bates, J	CONTACTADDRESS	ADDRESS1	231 Albert Sabin Way	620 Glen Iris Dr. NE #302
3/18/2015 2:32:23 PM	Mack, C	CONTACTSCHOOL	STATE	MN	PA
3/18/2015 2:32:23 PM	Mack, C	CONTACTSCHOOL	DATESATTENDED	6/10-6/14	5/29/2010
3/18/2015 2:32:23 PM	Mack, C	CONTACTSCHOOL	DEGREEORSPECIALTY	Obstetrics & Gynecology	MD
3/18/2015 2:32:23 PM	Mack, C	CONTACTSCHOOL	SCHOOLTYPEID	8833	2
3/18/2015 2:32:23 PM	Mack, C	CONTACTSCHOOL	SCHOOLSTATUSID	6	4
3/18/2015 2:32:23 PM	Mack, C	CONTACTSCHOOL	SCHOOLNAME	H0000867-University of Minnesota Hospital and Clinic	039070-University of Pittsburgh School of Medicine

12/31/2018

Contact Audit Trail

3/18/2015 Mack, C CONTACTSCHOOL LOCATION

Minneapolis Pennsylvania

2:32:23

PM

3/18/2015 Mack, C CONTACT TITLE

Dr.

2:29:49

PM

3/10/2015 Adams, B CONTACT DATEOFBIRTH

19811117

2:27:03

PM

3/10/2015 Adams, B CONTACT BIRTHCITY

Vadodara

2:27:03

PM

3/10/2015 Adams, B CONTACT GENDER

F

2:27:03

PM

3/10/2015 Adams, B CONTACTADDRESS CITY

Atlanta

2:26:33

PM

3/10/2015 Adams, B CONTACTADDRESS STATECODE

GA

OH

2:26:33

PM

3/10/2015 Adams, B CONTACTADDRESS ZIPCODE

30308

2:26:33

PM

3/10/2015 Adams, B CONTACTADDRESS PHONE



2:26:33

PM

3/10/2015 Adams, B CONTACTADDRESS COUNTYID

Out of State

2:26:33

PM

3/10/2015 Adams, B CONTACTADDRESS ADDRESS1

620 Glen Iris Dr.
NE #302

2:26:33

PM

3/9/2015 Dillard, P CONTACT OLRPASSWORD

2:22:57

PM