

Medical Education

School	018020 - University of Louisville School of Medicine
Dates	08/1999 to 05/2004
Clinical Training	07/2002 to 05/2004
Grad Date	05/14/2004
Degree	MSMD
Completed clinical clerkship in a country other than where my medical school was located:	N
Unusual Circumstances:	
	Interruptions: N
	Probation: N
	Disciplined: N
	Negative Reports: N
	Limitations: N
Attended a Fifth Pathway Program:	N

**PROVIDED BY
APPLICANT**

UNIVERSITY of LOUISVILLE

Louisville, Kentucky 40292

NAME: FRANKLIN, TANYA ELLIS

STUDENT ID: 1064870

BIRTH DATE: [REDACTED]

DATE PRINTED: 04/01/2008

OFFICIAL TRANSCRIPT

(A BLACK AND WHITE TRANSCRIPT IS NOT AN ORIGINAL)

This officially sealed and signed transcript is printed on security paper with the name of the university printed in small red type across the face of the document. A raised seal is not required.

THIS IS A TRUE COPY OF A RECORD ON FILE AT THE UNIVERSITY OF LOUISVILLE.

Kathleen L. Otto
UNIVERSITY REGISTRAR

PAGE: 1 of 3

COURSE NO.	COURSE TITLE	GRADE	EARNED HOURS	HAW/G	QUALITY POINTS	COURSE NO.	COURSE TITLE	GRADE	EARNED HOURS	HAW/G	QUALITY POINTS
DEGREES AWARDED											
DEGREE:	DOCTOR OF MEDICINE										
PLAN:	MEDICINE										
AWARDED:	2004-05-08										
DEGREE: MASTER OF SCIENCE IN PUBLIC HEALTH											
PLAN:	EPIDEMIOLOGY; CLINICAL INVESTIGATION SCIENCES										
AWARDED:	2004-05-08										
BEGINNING OF UNDERGRADUATE RECORD											
*** SPRING 1999 ***											
PROGRAM: METROVERSIITY NON-DEGREE											
PAS 361	ALTERNATIVE/HEALING										
TERM GPA:	0.000			0.0							
TERM TOTALS:				0.0	0.000						
CUM GPA:	0.000			0.0	0.000						
CUM TOTALS:				0.0	0.000						
UNDERGRADUATE CAREER TOTALS											
CUM GPA:	0.000			0.0	0.000						
Continued on next page...											

SEAL
VERIFIED

UNIVERSITY of LOUISVILLE

Louisville, Kentucky 40292

NAME: **FRANKLIN, TANYA ELLIS**

STUDENT ID: **1064870**

DATE PRINTED: **04/01/2008**

BIRTH DATE: [REDACTED]

OFFICIAL TRANSCRIPT

(A BLACK AND WHITE TRANSCRIPT IS NOT AN ORIGINAL)

This officially sealed and signed transcript is printed on security paper with the name of the university printed in small red type across the face of the document. A raised seal is not required.

THIS IS A TRUE COPY OF A RECORD ON FILE AT THE UNIVERSITY OF LOUISVILLE.

Kathleen L. Otto
UNIVERSITY REGISTRAR

PAGE: 2 of 3

COURSE NO.	COURSE TITLE	GRADE	EARNED HOURS	HAWS/G	QUALITY POINTS	COURSE NO.	COURSE TITLE	GRADE	EARNED HOURS	HAWS/G	QUALITY POINTS
DEGREES AWARDED											
DEGREE:	DOCTOR OF MEDICINE										
PLAN:	MEDICINE										
AWARDED:	2004-05-08										
DEGREE: MASTER OF SCIENCE IN PUBLIC HEALTH											
PLAN:	EPIDEMIOLOGY: CLINICAL INVESTIGATION SCIENCES										
AWARDED:	2004-05-08										
BEGINNING OF GRADUATE RECORD											
*** SUMMER 2002 ***											
PROGRAM:	GRADUATE SPH/HIS DEGREE										
PHCY 501	BENCH TO BEDSIDE	W	0.0		0.000						
	TERM GPA: 0.000		TERM TOTALS:	0.0	0.0						
	CUM GPA: 0.000		CUM TOTALS:	0.0	0.0						
*** FALL 2003 ***											
PROGRAM:	GRADUATE SPH/HIS DEGREE										
PHCI 602	HYPER SENS OUTCOMES RES	A-	2.0	2.0	7.400						
PHCI 625	CLINICAL TRIALS II	A	2.0	2.0	8.000						
PHCI 650	INVERO MED DECISION ANALY	B	2.0	2.0	6.800						
PHCI 699	MENTORED RESEARCH	A	5.0	5.0	20.000						
OB&G 907	CLINICAL ELEC OFF CAMPUS	H	8.0								
OB&G 910	AMBULATORY ROT-OB/GYN	H	5.0								
	TERM GPA: 3.763		TERM TOTALS:	24.0	11.0	41.600					
	CUM GPA: 3.763		CUM TOTALS:	24.0	11.0	41.600					
*** SPRING 2004 ***											
PROGRAM:	GRADUATE SPH/HIS DEGREE										
PHCI 699	MENTORED RESEARCH	A	1.0	1.0	4.000						
ANES 901	ANESTHESIOLOGY & PERIOPERA	P	2.0								
PHED 904	APC ROTATION-FAMILY MED	H	5.0								
SURG 902	INPATIENT GEN SURG ROTAT	P	5.0								
	TERM GPA: 4.000		TERM TOTALS:	13.0	1.0	4.000					
	CUM GPA: 3.783		CUM TOTALS:	37.0	12.0	45.400					
GRADUATE CAREER TOTALS											
	CUM GPA: 3.783		CUM TOTALS:	37.0	12.0	45.400					

Continued on next page...

SEAL
VERIFIED

UNIVERSITY of LOUISVILLE

Louisville, Kentucky 40292

NAME: FRANKLIN, TANYA ELLIS

STUDENT ID: 1064870

BIRTH DATE: [REDACTED]

DATE PRINTED: 04/01/2008

OFFICIAL TRANSCRIPT

(A BLACK AND WHITE TRANSCRIPT IS NOT AN ORIGINAL)

This officially sealed and signed transcript is printed on security paper with the name of the university printed in small red type across the face of the document. A raised seal is not required.

THIS IS A TRUE COPY OF A RECORD ON FILE AT THE UNIVERSITY OF LOUISVILLE.

Kathleen L. Otto

UNIVERSITY REGISTRAR

PAGE: 3 of 3

COURSE NO.	COURSE TITLE	GRADE	EARNED HOURS	RAW/G	QUALITY POINTS	COURSE NO.	COURSE TITLE	GRADE	EARNED HOURS	RAW/G	QUALITY POINTS
DEGREES AWARDED						SCHOOL OF MEDICINE CAREER TOTALS CUM GPA: 4.000 CUM TOTALS: 182.0 17.0 68.000					
DEGREE: DOCTOR OF MEDICINE						End of Transcript					
PLAN: MEDICINE						COPY					
AWARDED: 2004-05-08						COPY					
DEGREE: MASTER OF SCIENCE IN PUBLIC HEALTH						COPY					
PLAN: EPIDEMIOLOGY: CLINICAL INVESTIGATION SCIENCES						COPY					
AWARDED: 2004-05-08						COPY					
BEGINNING OF SCHOOL OF MEDICINE RECORD						COPY					
*** FALL 1999 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
ASMB 801 GROSS ANATOMY P 6.5						COPY					
ASMB 803 MICROSCOPIC ANATOMY P 4.5						COPY					
ASMB 805 HUMAN EMBRYOLOGY P 2.0						COPY					
TERM GPA: 0.000 TERM TOTALS: 13.0 0.0 0.000						COPY					
CUM GPA: 0.000 CUM TOTALS: 13.0 0.0 0.000						COPY					
*** SPRING 2000 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
ASMB 810 NEUROSCIENCES P 6.0						COPY					
BIOC 801 BIOCHEMISTRY P 7.0						COPY					
IDEP 815 CLIN PRACT SCIENCES I P 8.5						COPY					
PHY 801 HUMAN PHYSIOLOGY P 7.0						COPY					
TERM GPA: 0.000 TERM TOTALS: 28.5 0.0 0.000						COPY					
CUM GPA: 0.000 CUM TOTALS: 41.5 0.0 0.000						COPY					
*** FALL 2000 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
ANES 816 SPECIAL PROJECTS/ANESTH H 2.0						COPY					
FMED 875 HOPE CLINIC- WOMEN & CHILDREN P 2.0						COPY					
IDEP 816 CLIN PRACT SCIENCES II P 6.5						COPY					
MBIO 850 MICROBIO-IMMUNOLOGY P 9.0						COPY					
PEDI 851 GENETICS P 1.5						COPY					
TERM GPA: 0.000 TERM TOTALS: 21.0 0.0 0.000						COPY					
CUM GPA: 0.000 CUM TOTALS: 62.5 0.0 0.000						COPY					
*** SPRING 2001 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
FMED 902 ADV CARDIAC LIFE SUPPORT P 1.0						COPY					
IDEP 810 CLIN NEUROSCIENCES P 4.0						COPY					
IDEP 816 CLIN PRACT SCIENCES II P 6.5						COPY					
PATH 850 PATHOLOGY P 8.5						COPY					
PHAR 850 PRIN OF PHARMACOLOGY P 6.0						COPY					
TERM GPA: 0.000 TERM TOTALS: 26.0 0.0 0.000						COPY					
CUM GPA: 0.000 CUM TOTALS: 88.5 0.0 0.000						COPY					
*** FALL 2001 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
IDEP 901 PRM CARE:FAM MED-PED-MED P 38.0						COPY					
TERM GPA: 0.000 TERM TOTALS: 30.0 0.0 0.000						COPY					
CUM GPA: 0.000 CUM TOTALS: 118.5 0.0 0.000						COPY					
*** SPRING 2002 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
OB&G 901 OBSTETRICS & GYNECOLOGY H 10.0						COPY					
PSY 901 CLIN CLERKSHIP IN PSY H 7.5						COPY					
SURG 901 BASIC SURGERY CLERKSHIP P 10.0						COPY					
TERM GPA: 0.000 TERM TOTALS: 27.5 0.0 0.000						COPY					
CUM GPA: 0.000 CUM TOTALS: 146.0 0.0 0.000						COPY					
*** FALL 2002 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
PHCI 611 INT EXT AND PUBLIC HLTH A+ 2.0 2.0 8.000						COPY					
PHCI 621 FUNDAMENTALS OF BIostat A 2.0 2.0 8.000						COPY					
PHCI 631 SOC & BEH SCI HLTH CARE A 2.0 2.0 8.000						COPY					
MED 902 INFANT/GEN INT MED RO P 5.0						COPY					
OB&G 905 ANEC ROTATION-OB/GYN H 5.0						COPY					
PHCI 501 BENCH TO BEDSIDE P 1.0						COPY					
PHCI 610 NEW DRUG & DEVICE DEV A 2.0 2.0 8.000						COPY					
PHCI 628 FUND OF BIostat COMP LAB P 1.0						COPY					
TERM GPA: 4.000 TERM TOTALS: 20.0 8.0 32.000						COPY					
CUM GPA: 4.000 CUM TOTALS: 166.0 8.0 32.000						COPY					
*** SPRING 2003 ***						COPY					
PROGRAM: MEDICAL SCHOOL - DEGREE						COPY					
PHCI 622 CASE-CONTROL STUDIES A+ 2.0 2.0 8.000						COPY					
PHCI 623 COHORT STUDIES A 2.0 2.0 8.000						COPY					
PHCI 624 CLINICAL TRIALS I A 2.0 2.0 8.000						COPY					
PHCI 632 ETHICAL CONDUCT HLTH RES A 2.0 2.0 8.000						COPY					
MED 912 ERG INTERPRETATION P 2.0						COPY					
NEUR 901 NEUROLOGY CLERKSHIP P 5.0						COPY					
PHCI 601 EVALUATING HLTH CARE LIT A 1.0 1.0 4.000						COPY					
TERM GPA: 4.000 TERM TOTALS: 16.0 9.0 36.000						COPY					
CUM GPA: 4.000 CUM TOTALS: 182.0 17.0 68.000						COPY					

UNIVERSITY of LOUISVILLE

OFFICIAL TRANSCRIPT

AUTHENTICITY CONFIRMATION

When photocopied, the word COPY will appear several times in large letters. A black and white transcript is not an original. Alteration of the transcript may be a criminal offense. No official transcript is issued to or for a student indebted to the University. Further authentication can be obtained by calling (502) 852-6522.

KEY TO TRANSCRIPT

Effective the 1982 Fall Semester, the University of Louisville implemented a new Student Records System and is no longer maintaining record cards. Transcripts for students who were enrolled in the University prior to Fall 1982 consist of copies of two types of records.

With the transition, two major policy changes were implemented.

1. Effective Fall 1982, the student record will show a University GPA within Undergraduate, Graduate, Law, Medical, and Dental levels. All records prior to Fall 1982 show totals applicable to programs. Therefore totals on the previous record may not agree with INITIAL STATISTICS entry on the new record. Old records have not been changed.
2. Effective Fall 1982, the University expresses transfer work in total hours earned only. Previously some colleges exercised selectivity in the transfer of courses applicable to programs and some colleges included grades and quality points. Therefore totals on the previous record may not agree with INITIAL STATISTICS entry on the new record card. Old records have not been changed.

ABBREVIATIONS

HAW/G Hours attempted with grade
GPA Grade Point Average
CUM Cumulative

To arrive at the Grade Point Average, divide Quality Points by Hours attempted with Grade.

The University of Louisville uses the Semester Hour Unit of credit and a 4.0 Grading system.

RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, this record and information contained therein cannot be released to a third party without the written consent of the student.

GRADES

A	Excellent	4.0 Quality Points Per Hour
B	Above Average	3.0 Quality Points Per Hour
C	Average	2.0 Quality Points Per Hour
D	Below Average	1.0 Quality Points Per Hour
F	Failing	0.0 Quality Points Per Hour
W	Withdrawn	
WP	Withdrew-Passing	
WF	Withdrew-Failing	
AU	Audit	
CR	Credit (Pass)	
P	Pass	
I	Incomplete	
S	Satisfactory	
H	Honors	
U	Unsatisfactory	
X	Deferred	
T	Test Credit	

PLUS/MINUS GRADES

Plus grades add 0.3 Quality Points to the value of the standard grade, except the A+ which carries 4.0 Quality Points. Minus grades subtract 0.3 Quality Points from the value of the standard grade.

Example:

B+	3.3 Quality Points Per Hour
B	3.0 Quality Points Per Hour
B-	2.7 Quality Points Per Hour

COURSE NUMBERING SYSTEM

000-100	Non-Degree Credit Beginning Fall, 1998, developmental courses below the 100 level do not count toward earned hours.
101-499	Undergraduate Credit
500-599	May be undergraduate or graduate credit
600-799	Graduate Credit
800-999	Professional Credit Prior to Fall, 1982, Professional School numbers started with 1001.

METROVERSITY

The University of Louisville is a member of the Kentuckiana Metroversity consortium. When students register for courses taught by other member schools, these courses will be designated by a code which indicates the institution.

MBEC	Bellarmine College
MIUS	Indiana University Southeast
MJCC	Jefferson Community College
MLPS	Louisville Presbyterian Seminary
MSBS	Southern Baptist Seminary
MSPC	Spalding University

The course number and title are also indicated.

ACADEMIC INFORMATION

Information concerning the nature of Academic Dismissals can be obtained with the student's permission from the Office of the University Provost.

The University of Louisville is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4907; Telephone number 404-679-4501) to award associate, bachelor, master's, doctoral, and first professional degrees (D.M.D., J.D., M.D.)

*Effective July 1, 1992, The School of Business became the College of Business and Public Administration and The School of Justice Administration was merged with the College of Arts and Sciences.

The University of Louisville

To all to whom these Letters shall come, Greeting:

The trustees of the University on the recommendation of the University faculty and by virtue of the authority vested in them have conferred on

Samuel Felix Franklin

who has satisfactorily pursued the studies and passed the examinations required therefor the degree of

Doctor of Medicine

with all the rights, privileges and honors pertaining thereto.

Granted at the University of Louisville in the Commonwealth of Kentucky on the Eighth day of May in the year One Thousand Four.



Alfred Bickman
Chancellor of the University

James A. Harris
President of the Faculty

Richard A. Otto
Registrar of the University

Samuel Schwartz
Clerk of the Board of Trustees

SEAL
VERIFIED

STUDENT AFFAIRS OFFICE
UNIVERSITY OF LOUISVILLE
ADMINISTRATION CENTER
323 E. CHESTNUT ST.
LOUISVILLE, KY 40202-3866

3/3/02
[Signature]

Verification of Postgraduate Medical Education

Institution: <u>University of Louisville</u>	Attention: <u>Program Director</u>
Address: <u>Department of Obstetrics and Gynecology</u> <u>Louisville, KY 40292</u>	Affiliated University: <u>University of Louisville School of Medicine</u>

Verification For:	Name: <u>Franklin, Tanya Ellis</u>
	DOB: <u>[REDACTED]</u>
	Individual's Name on Record (if different from above): _____

Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed.	PGY: 1	Specialty/Subspecialty: <u>Obstetrics & Gynecology</u>
	<input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: <u>7/1/2004</u> To: <u>6/30/2005</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"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these

If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately.	PGY: 2 - 3	Specialty/Subspecialty: <u>Obstetrics & Gynecology</u>
	<input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: <u>7/1/2005</u> To: <u>6/30/2007</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"/> RCPSC <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.	PGY: 4	Specialty/Subspecialty: <u>Obstetrics & Gynecology</u>
	<input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: <u>7/1/2007</u> To: <u>6/30/2008</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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"/> RCPSC <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: _____ _____		

Electronic Seal Affix your institutional seal in this space. If no seal is available, you must have this form notarized.	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>Christine L. Cook, M.D.</u>	Signature: <u>Christine L. Cook, M.D.</u>
	Title: <u>Professor & Chairman, Residency Program Director</u>	Date of Signature: <u>3/24/08</u>
	Tel: <u>(502) 561-7441</u>	E-Mail: <u>christine-cook@louisville.edu</u>
	Fax: <u>(502) 561-7477</u>	

Postgraduate Medical Education**University of Louisville Hospital**

Hospital University of Louisville Hospital
Affiliated School University of Louisville School of Medicine
550 S. Jackson St.
Louisville, KY 40202
USA

Unusual Circumstances:

Interruptions: N
Probation: N
Disciplined: N
Negative Reports: N
Limitations: N

PGY

Year(s):PGY 1 Internship/Residency: Complete?: Yes

Obstetrics and Gynecology

Dates: 07/2004 to 06/2005

Year(s):PGY 2 Residency: Complete?: Yes

Obstetrics and Gynecology

Dates: 07/2005 to 06/2006

Year(s):PGY 3 Residency: Complete?: Yes

Obstetrics and Gynecology

Dates: 07/2006 to 06/2007

Year(s):PGY 4 Residency: Complete?: In progress

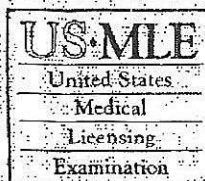
Obstetrics and Gynecology

Dates: 07/2007 to 06/2008

**PROVIDED BY
APPLICANT**

Section V

Examination History/Score Transcripts



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, P.O. Box 619850, Dallas, TX 75261-9850 • Telephone (817) 368-4041

Date: 03/26/2008

Recipient:

Federation Credentials Verification Service
ATTN: FCVS

Packet ID: 84903

Examinee ID#: S-091-691-5

Date of Birth: [REDACTED]

Examinee: Franklin, Tanya Ellis
Alt Name(s): Franklin, Tanya Kay

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, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/13/2001	Pass	207	182	84	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/12/2003	Pass	235	182	95	75	

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
KENTUCKY 12/02/2004	Pass	207	184	85	75	

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

CDS

V051221

19139888

Page 1 of 1

Patent: 5636874

TouchSafe®

UL

20960

7-1-05

R

IP

28 7/1/05 SS

R/P Number

Date Issued

To Complete IP Application

FRANKLIN, Tanya E.

Name

DOB

Nativity

UL, GME Office, RM 518

323 E. Chestnut St.

Louisville, KY 40202

Address

UL (01602)-2004

Medical School, Year Graduation

US

Endorsement

OB/GYN

Specialty

3

Status

2/8/05 4/22/05

SS#

\$75.00 UL 2/3/05

Fees Paid

Board Approval

6-16-05

June 16, 05

- Form 1 - Medical Education Verification
- Form 2 - Postgraduate Training Verification
- Form 3 - Verification of License
- Form 4, Form 4A
- Form 6 - Waiver
- EXAMS - USMLE/FLEX/ NBME/ NBOME/ COMLEX
- Photograph
- ECFMG
- AIDS Education Completed Approved Course
- Letter from Program Director R IP

Program

Start Date

Full License Date

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Licensure Telephone: (502) 429-8046, Ext. 223

RECEIVED

JAN 21 2005

Application for Institutional Practice Limited License or Residency Training License

K.B.M.L.

1. Name in Full: TANYA ELLIS FRANKLIN MD
(First) (Middle) (Last) (Degree)
2. Address UofL GME OFFICE, 323 EAST CHESTNUT ST, Room 518
3. City, State, Zipcode LOUISVILLE, KY 40202
4. Social Security Number [REDACTED] Telephone: Home [REDACTED] Work 502-421-5732
6. Place of Birth [REDACTED] Date of Birth [REDACTED]
7. What residency program have you been accepted to in Kentucky? UNIVERSITY OF LOUISVILLE
8. Specify level of training: PG-2 Specialty OB/GYN
9. List name, location and dates of attendance of every college and medical school you have attended:

Name	Location	Dates (From - To)	Degree
Univ. of Louisville	Louisville, Ky	10/1999 - 05/2004	MD
Univ. of Louisville	Louisville, Ky	07/2002 - 05/2004	MSPH
Jefferson Com. College	Louisville, Ky	07/1997 - 08/1997	ADNIE
Bellarmine University	Louisville, Ky	08/1995 - 05/1999	BA Biology

10. List all internship and residency programs you have completed since medical school graduation, *Please list in chronological order.*

INTERNSHIP: (List US and Canadian only)

Hospital: UofL School of Medicine
City, State: Louisville, Ky
Term: Started 7/1/04 Completed 6/30/05

RESIDENCY: (List US and Canadian only)

Hospital: N/A
City, State: N/A
Term: Started N/A Completed N/A

RESIDENCY: (List US and Canadian only)

Hospital: N/A
City, State: N/A
Term: Started N/A Completed N/A

11. List all states and Canadian provinces where you *currently hold or have ever held* any type of medical license:

State/Province	Type	License Number	Date of Issuance	Current Yes/No
<u>N/A</u>				

12. Indicate your ECFMG number, if applicable: N/A

13. Indicate which licensing examination(s) you have taken. Include all attempts, locations, scores, and dates: *Be exact, include all attempts and failures.*

Type (FLEX, NBME, USMLE, etc)	Location	Score	Date
USMLE Step I	Louisville KY	205	6/2001
USMLE Step II	Louisville KY	235	6/2003
USMLE Step III	Louisville, KY	PENDING	12/04

Please answer all questions on this application. Category I will help the Board determine if you meet the essential eligibility requirements for licensure by virtue of your background, education, training and experience. If you are qualified to practice under Category I, Category II will be reviewed to help the Board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer "Yes" to any of the questions, you must attach a complete written explanation of the event(s) or condition(s), including dates, names, addresses, circumstances, and results along with your returned application.

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

[Category I]

- Have you ever been dismissed from, resigned while under investigation or failed to complete an academic year, or been placed on probation or reprimanded at a medical school or a postgraduate training program?
☐ Yes ☒ No
- Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐ Yes ☒ No
- Have you ever been denied a license or denied the privilege of taking a licensure examination by any State, Federal or International licensure jurisdiction?
☐ Yes ☒ No
- Have you ever had any license, certificate, registration or other privilege as a health care professional denied, revoked, suspended, probated, restricted or limited, or subjected to any other disciplinary action by a State medical/osteopathic licensing board, or Federal, or International authority?
☐ Yes ☒ No
- Have you ever been disciplined by any licensed hospital (including postgraduate training) or the medical staff of any licensed hospital, including removal, suspension, probation, limitation of hospital privileges or any other disciplinary action if the action was based upon what the hospital or medical staff found to be unprofessional conduct, professional incompetence, malpractice or a violation of a provision(s) of a Medical Practice Act?
☐ Yes ☒ No
- Have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐ Yes ☒ No
- Have you ever resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?
☐ Yes ☒ No

8. Have you ever been removed, suspended, expelled or disciplined by any professional medical facility, association or society?
☐ Yes ☒ No
9. Have you ever voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐ Yes ☒ No
10. Have you ever been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No
11. Are any legal proceedings regarding licensure presently pending against you by any state, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No
12. Have you ever been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐ Yes ☒ No
13. To your knowledge, are you the subject of an investigation for a criminal act?
☐ Yes ☒ No
14. In the past ten (10) years have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against you or your medical practice presently pending in any court? (If yes, complete enclosed Medical Malpractice Form)
☐ Yes ☒ No

Affidavit of Applicant

I hereby state that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

Jayne Franklin
 (Signature of Applicant)

11/15/04
 (Date)

Subscribed and sworn to before me by the above named applicant this 15 day of November, 2004
 (month, year)

Kathryn A. Saunders
 (Signature of Notary)

My commission expires: October 4, 2008

Seal of Notary



Name: Tanya Franklin Social Security Number: 402-23-9655

[Category II]

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

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

1. Do you currently, or have you had within the past 5 years, any physical, mental, or emotional condition which impaired, or might reasonably impair your ability to practice your health care profession safely and competently?
[REDACTED]
2. Within the past 5 years, have you been admitted to any hospital or other in-patient care facility for any physical, mental or emotional condition which impaired, or might reasonably be considered to impair, your ability to practice your health care profession safely and competently?
[REDACTED]
3. Do you currently have, or have you had within the past 5 years, a dependency on or abuse of the use of alcohol or drugs, which impaired, or might reasonably impair, your ability to practice your health care profession safely and competently?
[REDACTED]
4. Within the past 5 years, have you engaged in the excessive use of alcohol or illegal drugs, or received any in-patient or outpatient or individual therapy/treatment or been hospitalized for alcoholism, or illegal use, or been arrested for a DUI (Driving Under The Influence)?
[REDACTED]
5. Within the past 5 years, have you been the subject of any chemical substance screening test which resulted in an indication of the presence in your body of any controlled substance, any dangerous drug, or alcohol level above .10% BAC? (This does not include those drugs taken by you as a result of a legitimate health care diagnosis, and prescribed for you in good faith by another licensed health care professional.)
[REDACTED]

Affidavit of Applicant

I hereby state that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

Tanya Franklin
(Signature of Applicant)

11/15/04
(Date)

Subscribed and sworn to before me by the above named applicant on this 15 day of November, 2004
(month, year)

Kathryn A. Saunders
(Signature of Notary)

My commission expires: October 4, 2008

Seal of Notary

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

RECEIVED

JAN 25 2005

K.B.M.L.

Form 1

STUDENT AFFAIRS

JAN 20 2005

SCHOOL OF MEDICINE

Verification of Medical Education

••No substitutes will be accepted in lieu of this form••

To Applicant: In applying for a license to practice medicine/osteopathy in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form be completed by the Dean or Registrar of the medical school where you graduated. This form must be sent from the reference source to the Board at the above address.

Name: Tanya E. Franklin (M.D./D.O. Graduation Date: 5/2004)
(please print)

Address: [REDACTED]

Tanya Franklin (M.D./D.O.)
(Signature)

To Reference Source: Please complete this form, sign, seal and return to the Board (KBML) at the above stated address. Any fees for completion of this form should be collected from the applicant. If you have any additional information that should be considered by this Board (KBML) prior to issuance of a license to this applicant, please provide this information to the Board (KBML) by writing to the above address. Please affix the Seal of the Medical School *or* have the form Notarized by a school official.

It is hereby certified that

Tanya Franklin
attended the University of Louisville School of Medicine
located at Louisville Ky for a period of 5 years.

Dates of attendance: 8/99-4/04 Degree Doctor of Medicine

Date of graduation: 5/8/04

Sherie L. Gary 1/20/05
Signature of Dean or Registrar

Seal of the Medical School

STUDENT AFFAIRS OFFICE
UNIVERSITY OF LOUISVILLE
ABELL ADMINISTRATION CENTER
323 E. CHESTNUT ST.
LOUISVILLE, KY 40202-3866

Sworn to and subscribed before me this _____ day of _____, 19____

Seal of Notary

Notary Public

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

APR 21 2005

K.B.M.L.

Postgraduate Training Verification

Applicant's Authorization: I authorize the release of information from my postgraduate training program listed below to be forwarded to the Kentucky Board of Medical Licensure.

Applicant's signature: Tanya Franklin

Print or type name: Tanya Franklin

Name & Address of Institution: University of Louisville, 323 East Chestnut St, Louisville, Ky 40202

Instructions to the Program Director: This form must not be completed more than thirty (30) days prior to the completion of training program if less than two (2) years. Please complete this form, sign, seal and return to the Board at the above stated address. Any fees for completion of this form should be collected from the applicant. Please affix the seal of the hospital or have form notarized by a hospital official.

Name of Institution: University of Louisville

If name of Institution was different when applicant attended, please enter name: N/A

Enrollment and participation: Our records indicate that Tanya Franklin participated in the following program:

(Type or print applicant's name)

Program type (Internship, Residency, Fellowship)	PGY 1,2,3,4	Department	Dates Attended (Month/Day/Year)		Completed Yes/No	Accredited By: ACGME, AOA, Etc.
INTERNSHIP	1	OB/Gyn	7/1/04	6/30/05	YES	ACGME
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		
			/ /	/ /		

RECEIVED

APR 21 2005

Form 2

Page (2) of (2)

Applicant's Name: Tanya Franklin K.B.M.L.

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please mark the appropriate response. **If you answer yes to any of these questions, please enclose an explanation.

QUESTIONS

Yes No

1. Did the applicant take any leave of absences or breaks from his/her post-graduate training? ☐ Yes ☒ No
2. Was the applicant ever placed on probation? ☐ Yes ☒ No
3. Was the applicant ever disciplined or under investigation? ☐ Yes ☒ No
4. Were any limitations or special requirements imposed on the applicant because of academic incompetence or disciplinary problems? ☐ Yes ☒ No
5. Was your postgraduate medical training program accredited during the applicant's participation? If "Yes" answer 5a. ☒ Yes ☐ No

5a. by: ☒ ACGME ☐ Other: _____

Comments: _____

Certification: I hereby certify that the above information is correct, to the best of my knowledge.

Program Director's Signature: C. L. Cook, M.D.Print Name: C. L. Cook, M.D.Academic Title: PROGRAM DIRECTORTelephone: (502) 852-7979Today's Date: 4/8/05

Affix Institutional Seal Here

(If the institution does not have a seal, this form must be notarized.)

18



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, PO Box 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date: 02/17/2005

RECEIVED

FEB 18 2005

K.B.M.L.

Recipient:

Kentucky Board of Medical Licensure
ATTN: Lana Cinnamon, Med Licensure Coordinator
The Hurstbourne Office Park
310 Whittington Parkway
Suite 1B
Louisville, KY 40222

Examinee ID#: 5-091-691-5

Date of Birth: [REDACTED]

Examinee: Franklin, Tanya Ellis
Alt Name(s): Franklin, Tanya Kay

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, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/13/2001	Pass	207	182	84	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/12/2003	Pass	235	182	95	75	

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
KENTUCKY 12/02/2004	Pass	207	184	85	75	

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

Patent 5636874

Authenticity of USMLE Transcripts

An original, certified transcript of United States Medical Licensing Examination results is printed using black ink on blue safety paper and is produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

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 on the three-digit scale and 1 to 2 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic CS updates, available at the USMLE website (www.usmle.org).

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 that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee

on Score Validity 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 on Irregular Behavior 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".

The following email message was sent.

To: [REDACTED]

Subject: AIDS Course Certificate
U OF L Continuing Health Sciences Education
Online "HIV/AIDS" Update Course Certificate

+++++

This document certifies that the individual listed below has successfully completed the University of Louisville Continuing Health Sciences Education's "HIV/AIDS Update" Online Course. The completion of this course fulfills the requirements of Kentucky Regulatory Statute (KRS) 214.610/615. The course's Kentucky Cabinet for Health Services (CHS) approval number is 1005-1526-M.

If the participant is a physician, they have earned two hours of Category 1 credit towards the American Medical Association's (AMA) Physician's Recognition Award.

If the participant is a nurse, they have earned 2.5 contact hours of continuing education credit. This program has been approved by the Kentucky Board of Nursing for 2.5 contact hours through the University of Louisville School of Nursing, provider number 3-0046-7-05-024.

PLEASE PRINT THIS DOCUMENT AND KEEP IT ON FILE FOR PURPOSES OF AUDIT, OR FILE IT WITH YOUR LICENSURE BOARD IF REQUIRED. IT WILL NOT BE E-MAILED TO YOU UNLESS YOU SPECIFICALLY REQUEST THIS SERVICE BY CONTACTING US AT chse@louisville.edu.

Please direct any questions to U of L Continuing Health Sciences Education at chse@louisville.edu or 502-852-5329.

First Name: Tanya
Middle Initial: E
Last Name: Franklin

Social Security Number: [REDACTED]

Date: April 6, 2004

UofL Resident or Incoming Resident: Yes

+++++

cgimail 1.6

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Licensure Telephone: (502) 429-8046, Ext. 223

RECEIVED

FEB 11 2005

K.B.M.L.

R

I hereby confirm that Tanya Franklin is in good standing in his/her
(Applicant's Name)

training program at University of Louisville - OB/Gyn. I
(Residency Program)

recommend that the Board issue a residency training license to the above named applicant so that he/she may
practice medicine in that institution and/or a setting(s) approved by that residency training program.

C. L. Cook, MD
(Printed name of Program Director)

Cy Cook MD 1/26/05
(Signature of Program Director) (Date)

***This Form Must Be Completed by a Kentucky Program Director**

Ernie Fletcher
Governor



RECEIVED
AUG 15 2006
K.B.M.L.

Danny M. Clark, M.D.
President

KENTUCKY BOARD OF MEDICAL LICENSURE

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Telephone (502) 429-7150
www.kbml.ky.gov

July 1, 2006

Tanya E. Franklin, M.D.
UL, GME Office, RM518
323 E. Chestnut St.
Louisville, KY 40202

Dear Dr. Franklin:

This is to advise you that your **Residency Training License R0980** has been renewed for the period July 1, 2006 through June 30, 2007, to allow you to practice within the parameters approved by your program director at the University of Louisville.

Please be advised that this license is not valid in any location other than as specified by your program director and cannot be renewed unless you are enrolled in a post-graduate training program approved by the Board. Improper use of this license constitutes grounds for immediate revocation.

If you understand the above conditions of this license, please sign, date and return a copy of this letter in the enclosed envelope. Should you have any questions concerning the above, please contact this office.

Sincerely,

C. William Schmidt
Executive Director

I fully understand the terms and conditions of this license.

Signature

Date

7/25/06

RECEIVED

JUN 22 2006

K.B.M.L.

Residency License No. R0980

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

2006 Renewal of Residency Training License -- Registration Fee: \$65.00

I, Tanya E. Franklin, M.D., hereby make application for renewal of my Residency Training License to practice medicine within the parameters specified by my Program Director at the University of Louisville through June 30, 2007.

If you answer "Yes" to questions 1 - 13 please attach a written explanation.

- 1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐ Yes ☒ No
- 2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐ Yes ☒ No
- 3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No
- 4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐ Yes ☒ No
- 5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐ Yes ☒ No
- 6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐ Yes ☒ No
- 7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities noted above?
☐ Yes ☒ No
- 8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No
- 9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐ Yes ☒ No
- 10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐ Yes ☒ No
- 11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
☐ Yes ☒ No
- 12) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
☐ Yes ☒ No
- 13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐ Yes ☒ No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: Tanya E. Franklin

Date: 6/7/06

Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Name: **Tanya E. Franklin, M.D.**

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

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

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

*** If You Answer "Yes" To Questions 1 or 2, Please Attach A Written Explanation. ***

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

[REDACTED]

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

[REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature

Tanya E. Franklin

Date:

6/7/06

*** Incomplete Applications Or Applications Received Without Payment Will Be Returned. ***

See above exemption

RECEIVED

Residency License No. R0980

JUN 22 2007

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

K.B.M.L.

2007 Renewal of Residency Training License -- Registration Fee: \$65.00

I, Tanya E. Franklin, M.D., hereby make application for renewal of my Residency Training License to practice medicine within the parameters specified by my Program Director at the University of Louisville through June 30, 2008.

If you answer "Yes" to questions 1 -- 13 please attach a written explanation.

- 1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐ Yes ☒ No
- 2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐ Yes ☒ No
- 3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No
- 4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐ Yes ☒ No
- 5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐ Yes ☒ No
- 6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐ Yes ☒ No
- 7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities notes above?
☐ Yes ☒ No
- 8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No
- 9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐ Yes ☒ No
- 10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐ Yes ☒ No
- 11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
☐ Yes ☒ No
- 12) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
☐ Yes ☒ No
- 13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐ Yes ☒ No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: Tanya E. Franklin

Date: 5/25/07

Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Name: **Tanya E. Franklin, M.D.**

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

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

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

*** * * If You Answer "Yes" To Questions 1 or 2, Please Attach A Written Explanation. * * ***

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

[REDACTED]

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

[REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: Tanya E. Franklin

Date: 5/25/07

*****Incomplete Applications Or Applications Received Without Payment Will Be Returned.*****

See above exemption

Ernie Fletcher
Governor



RECEIVED
SEP 18 2007
K.B.M.L.

Danny M. Clark, M.D.
President

KENTUCKY BOARD OF MEDICAL LICENSURE

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Telephone (502) 429-7150
www.kbml.ky.gov

July 1, 2007

Tanya E. Franklin, M.D.
UL, GME Office, RM518
323 E. Chestnut St.
Louisville, KY 40202

Dear Dr. Franklin:

This is to advise you that your **Residency Training License R0980** has been renewed for the period July 1, 2007 through June 30, 2008, to allow you to practice within the parameters approved by your program director at the University of Louisville.

Please be advised that this license is not valid in any location other than as specified by your program director and cannot be renewed unless you are enrolled in a post-graduate training program approved by the Board. Improper use of this license constitutes grounds for immediate revocation.

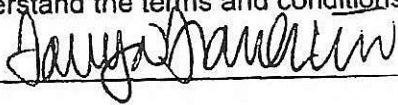
If you understand the above conditions of this license, please sign, date and return a copy of this letter in the enclosed envelope. Should you have any questions concerning the above, please contact this office.

Sincerely,


C. William Schmidt
Executive Director

I fully understand the terms and conditions of this license.

Signature



Date

7/16/07

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 41890

Renewal Date/Time: 2/16/2009 12:30:15 PM

The fee to renew a license is \$150.00. Registrations taking place after March 1 but before April 1 will be assessed an additional \$50 fee per license. After April 1, 2009, you should contact the Board in order to reinstate a license.

Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Note: You cannot change your name through this renewal application.

You will need to notify the Board in writing of a name change. However, you may proceed with your renewal and notify the Board afterwards.

Please verify your mailing address and indicate whether or not it is correct. If the address is incorrect, you may edit it. If you reside outside the United States, please choose "Out-of-Country" in the drop-down selection for State..

Name: Tanya E. Franklin
KY License No.: 41890
Mailing Address: UL, Dept OB/GYN
Louisville, KY 40202

Practice Address:



Office Telephone Number: 5025612777

E-mail Address: