

**MEDICAL DOCTOR  
APPLICATION FOR LICENSURE**  
Apply for your license online at [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)

1501

06/10/2019 1,000.00  
ID: 143998 Type: F  
BT: 3018803  
R#: 918039582

Choose your application type:

F-143998

- Endorsement (1021)     Examination (1024)  
 Military Veterans Fee Waiver

06/10/2019 55.00  
ID: 143998 Type: F  
BT: 3018803  
R#: 918039583

If you were honorably discharged from the U.S. armed services within 60 months qualify for a waiver of the application fee and the initial licensure fee. In order to qualify, you must indicate above indicating that you are seeking a waiver and submit a **DD-214** or **NGB-26** with your discharge.

I plan to dispense medicinal drugs in the State of Florida for a fee or other consideration. I understand that the fee for the Dispensing Practitioner is \$100.00 in addition to the required initial license fee and will submit it along with the license fee.

**1. PERSONAL INFORMATION**

Name: Diedrich Justin Thomas Date of Birth: 10/05/1981  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)  
254 N Lake Ave 161 Pasadena  
Street/ PO Box Suite/Apt. No City  
CA 91101 USA 415-710-7831  
State Zip Country Phone Number

**Physical Location:** A Post Office Box is not acceptable. This address will be posted on the Department of Health's website. If you do not have a current practice address, your mailing address will be used. When you obtain a practice address, you will be required to update your online practitioner profile.

\_\_\_\_\_  
Street/ P.O. Box Suite/Apt. No City  
\_\_\_\_\_  
State Zip Country Alternate Phone Number

Email Address: justindiedrich.md@gmail.com

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**Equal Opportunity Data:** We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX:  Male  Female RACE:  White  Black  Asian/Pacific Islander  Hispanic  Other

Yes  No **Availability for Disaster:** Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?



## 2. MEDICAL EDUCATION HISTORY

Federal Credentials Verification Services (FCVS) is not a requirement for licensure. FCVS will primary source verify and provide a copy of the medical school transcript(s), medical school diploma, medical school verification, name change document(s), national examination score report, ECFMG certificate, ECFMG verification and postgraduate training verifications. For more information about FCVS, visit their web-site at [www.fcvs.org/](http://www.fcvs.org/).

Yes  No Are you using the FCVS to verify your core credentials?

Yes  No Have you completed the equivalent of 2 academic years of preprofessional, postsecondary education including, courses in anatomy, biology and chemistry prior to entering medical school?

### Medical Education:

List in chronological order all medical schools attended, whether completed or not. Submit on a separate sheet if needed.

Medical School Name and Address:	From: (mm/yy)	To: (mm/yy)	Date Degree Received:
Case Western Reserve School of Medicine Cleveland, OH 44106	7/2003	1/2008	1/18/2008

**Fifth Pathway Certificate Holders:** Not applicable

If you answer "yes" to any of the following questions, you must request verifications to be sent directly to the Board office.

Yes  No Did you attend an international medical school and do not possess a valid ECFMG Certificate?

Yes  No Did you receive a bachelor's degree from an accredited United States college or University?

Yes  No Did you study at a medical school which is recognized by the World Health Organization?

Yes  No Did you complete all of the formal requirement of the International medical school, except the internship or social service requirements, and pass part I of the National board of Medical examination or the Education Commission for Foreign Medical Graduates Examination equivalent?

Yes  No Did you complete an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American Medical Association and upon completion passed part II of the National Board of Medical Examiners examination or the Education Commission for Foreign Medical Graduates examination Equivalent?

**Postgraduate Training:**

**See FCVS**

Provide the following documentation to support your postgraduate training:

- Post-Graduate Training Form

In the table below list, in chronological order, all postgraduate training from the date you graduated from medical school to the present. Start with your first program and end with your last or current program. List all programs you began, whether you completed or received credit for the training.

Program Name and Full Mailing Address:	Specialty Area:	From: (mm/yy)	To: (mm/yy)	Did you receive credit? (Y/N)
University of California Irvine 101 The City Drive, Dept OBGYN, Orange CA 92868	Residency, OBGYN	07/2009	06/2013	Yes
Washington University SOM 1 Barnes Jewish Plaza Dr, Dept OBGYN St Louis MO 63110	Fellowship in Family Planning	07/2013	06/2015	Yes

**Loan History:**

Yes  No Are you currently in default on any health education loan or scholarship obligation?  
(If "yes", explain on a separate sheet providing accurate details.)

**3. EXAMINATION HISTORY** **See FCVS**

State Board (prior to 1974), State Board (after 1974) & SPEX, LMCC & SPEX, NBME, FLEX, USMLE III, or Combination (prior to 2000)

Request that the score report be sent directly to the Board of Medicine. NOTE: If you took a state Board examination and are not currently licensed in three other states, you must also request your SPEX score be sent.

Exam taken: \_\_\_\_\_ Date passed: \_\_\_\_\_  
mm/dd/yy

**4. LICENSURE HISTORY**

Request verification of licensure status directly from the licensing entity or [www.veridoc.org](http://www.veridoc.org). Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

Yes  No Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country? Please list in table below.

Jurisdiction	Profession	License number
California	Medical Doctor	A114859
Missouri	Medical Doctor	2013023316
Texas	Medical Doctor	R7709
Illinois	Medical Doctor	036.145127

If you answer "yes" to any of the questions in this section, you are required to send an explanation and supporting documentation.

Yes  No Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country?

Yes  No Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes?

Yes  No Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, or other disciplinary action taken in any state, territory or country?

**5. PRACTICE/EMPLOYMENT HISTORY** → *see Work History Addendum*

List the year you legally first began to practice medicine, 2009 (yyyy). This would be the year you began practicing medicine and could be the date you began your postgraduate training.

Yes  No Have you practiced medicine in any jurisdiction for two of the last four years or completed a board approved post-graduate training program within the last two years?

Yes  No If your answer to the question above was "No," have you passed a board approved clinical competency exam within the last year? If yes, then submit supporting documentation.

List in chronological order all employment for the last four (4) years.

Name and address of practice or employment	Type of employment	From: mm/yy	To: mm/yy
University of California, Riverside 900 University Ave, Riverside, CA 92501	Faculty	08/15	06/17
Self Employed 254 N Lake Ave #161 Pasadena CA 91101	Contract Physician	07/17	Current

Yes  No Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? List each facility below.

Name of facility
Carmenta Surgical Center (Aurora Hills, CA)
University of California Irvine Medical Center (Orange CA)
Barnes Jewish Hospital (St Louis, MO)

If you answer "yes" to the following questions, you are required to send an explanation and supporting documentation.

Yes  No Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, not renewed, or placed on probation, or have you been asked to resign or take a temporary leave of absence or were otherwise acted against by any facility?

Yes  No Do you currently, or have you had, responsibility for graduate medical education within the last 10 years?

In the table below, list all institutions where you have had responsibility for graduate medical education or faculty appointment(s) at any medical school.

Name of institution
University of California, Riverside
University of California, Irvine

Yes  No Are you certified by any specialty board recognized by the American Board of Medical Specialties or specialty board approved by the Florida Board of Medicine?

Board Name	Certification/ Specialty/Sub-Specialty	Date of Certification (mm/yy)
American Board of Obstetricians and Gynecologists (ABOG)	Obstetrics & Gynecology	11/2015

If you answer "yes" to any of the following questions, please explain on a separate sheet providing accurate details.

Yes  No Have you ever had any final disciplinary action taken against you by a specialty board or other similar national organization?

Yes  No Have you ever been denied or surrendered a DEA registration?

6. CRIMINAL HISTORY

If you answer "Yes" to the following question you are required to send the following items:

- a. Self-explanation describing in detail the circumstances surrounding each offense, including dates, city and state, charges and final results.
- b. Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- c. Completion of Sentence Documents. You may obtain documentation from the Department of Corrections. The report must include the start date, end date and that the conditions were met.

Yes  No Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, **even if adjudication was withheld. Driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.**

Yes  I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.

7. MILITARY HISTORY

A.  Yes  No Have you ever been in the United States Military and/or Public Health Service?

B.  Yes  No Have you ever been disciplined by any branch of the United States Armed Services or Public Health Services? If you answered "yes" please provide a detailed explanation and supporting documentation

8. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer "Yes" to any of the following questions, please provide a written explanation for each question. Supporting documentation includes court dispositions or agency orders where applicable.

1.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?

If you responded "No" to the question above, skip to question 2.

a.  Yes  No If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?

b.  Yes  No If "Yes" to 1, for felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes)

c.  Yes  No If "Yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

d.  Yes  No If "Yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or charges dismissed?

2.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

If you responded "No" to the question above, skip to question 3.

a.  Yes  No If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

3.  Yes  No Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

If you responded "No" to the question above, skip to question 4.

a.  Yes  No If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

4.  Yes  No Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid Program?

If you responded "No" to the question above, skip to question 5.

a.  Yes  No Have you been in good standing with a state Medicaid program for the most recent five years?

b.  Yes  No Did the termination occur at least 20 years before the date of this application?

5.  Yes  No Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

If you answer "Yes" to the questions below, you are required to send the following items:

- A statement indicating the date of each incident and the number for each case.
- An explanation of details for each case and your involvement for each case.
- Submit the enclosed Exhibit 1 form.
- A copy of the complaint, judgments and/or settlements for each case.
- Submit a complete copy of the trial record(s) of each case, including the trial transcript, evidentiary exhibits and final judgment in electronic format.

Yes  No Have you ever had a judgment entered against you for medical malpractice where the incident(s) of malpractice occurred after November 2, 2004?

Yes  No Within the last 10 years have you had any liability claim(s) or action(s) for damages for personal injury settled or finally adjudicated in an amount that exceeds \$100,000.00?



## 10. FINANCIAL RESPONSIBILITY

The Financial Responsibility options are divided into two categories, coverage and exemptions. Check only one option of the ten provided as required by s. 458.320, Florida Statutes.

### Category I: Financial Responsibility Coverage

- 1. I do not have hospital staff privileges, I do not perform surgery at an ambulatory surgical center and I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/\$300,000, in accord with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- 2. I have hospital staff privileges or I perform surgery at an ambulatory surgical and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accord with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- 3. I do not have hospital staff privileges, I do not perform surgery at an ambulatory surgical center and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F. S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F. S.
- 4. I have hospital staff privileges or I perform surgery at an ambulatory surgical and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F. S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F. S.
- 5. I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5)(g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5)(g), F. S.

### Category II: Financial Responsibility Exemptions

- 6. I practice medicine exclusively as an officer, employee, or agent of the federal government, the state, or its agencies or subdivisions.
- 7. I hold a limited license issued pursuant to s. 458.317, F. S., and practice only under the scope of the limited license.
- 8. I do not practice medicine in the State of Florida.
- 9. I meet all of the following criteria:
  - (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years;
  - (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year;
  - (c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period;
  - (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458, F. S. or the medical practice act in any other state; and
  - (e) I have not been subject, within the past ten years of practice, to license revocation, suspension, or probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458, F. S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license, stipulation, consent order, or other settlement offered in response to or in anticipation of filing of administrative charges against a license is construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. See Section 458.320(5)(f), Florida Statutes, for specific notice requirements.
- 10. I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption).

If you select an exemption based on number 9, you must also complete the affidavit on the following page.

**11. FLORIDA BIRTH RELATED NEUROLOGICAL COMPENSATION ASSOCIATION**

You must choose one of the three options described below. Please be sure to view the information about each exemption at [www.nica.com](http://www.nica.com). Check only one.

\$5,000  
Participating

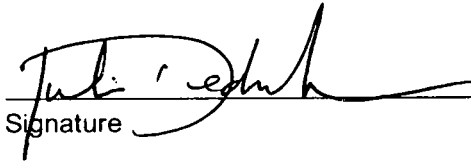
\$250  
Non-participating

\$0  
Exempt

\$250  
Amount enclosed

If you choose "\$0 Exempt" provide appropriate documentation to the Board of Medicine and to NICA.

I have read the explanatory information provided by NICA, and I choose the option above.

  
Signature

6/4/2019  
Date

**Justin T Diedrich**  
Name  
**254 N Lake Ave #161**  
Street Address  
**Pasadena, CA 91101**  
City, State, Zip

If you are a participating or non-participating physician, or a physician claiming exemption, you must complete, sign and date this form and return it with your payment to this address.

Board of Medicine  
4052 Bald Cypress Way, #C-03  
Tallahassee, FL 32399-3253

If you are a physician claiming exemption, you must also send a copy of your completed, signed, and dated form with proof of your exemption to:

NICA  
2360 Christopher Place  
Tallahassee, FL 32308

If you have any questions about NICA or this form, please contact NICA at [www.nica.com](http://www.nica.com) or (850) 488-8191.

**12. STATEMENT OF APPLICANT**

I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 766.301-.316, Florida Statutes and Chapter 64B8, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

**Justin Thomas Diedrich**

\_\_\_\_\_  
Print name

  
Signature

01/4/2019  
\_\_\_\_\_  
Date

*Tur (JBL) 6/4/2019*

Diedrich Chronology & Work History

Chronology:

<b>Case Western Reserve University School of Medicine (MD)</b>	7/2003 – 1/2008
<b>UC, San Francisco, Research Coordinator (Work)</b>	8/2007 – 6/2009
<b>UC, Irvine (Residency)</b>	7/2009 – 6/2013
<b>Washington University in St Louis (Fellowship)</b>	7/2013 – 6/2015
<b>UC, Riverside (Full-time Faculty)</b>	8/2015 – 6/2017
<b>Independent Contractor, various clinics (Full time)</b>	7/2017 – current

Detailed Work History:

<b>Planned Parenthood Greater Texas</b>	8/2018 - Current
Contract Physician for Abortion Services 7424 Greenville Ave, Ste 206, Dallas, TX 75231 512-331-1288 Medical Director: Amna Dermish, MD	
<b>Planned Parenthood Pacific Southwest</b>	8/2017 - Current
Contract Physician for Abortion Services 1075 Camino del Rio South, San Diego, CA 92108 619-881-4500 Medical Director: Antoinette Marengo-Barbick, MD	
<b>Family Planning Associates</b>	10/2017 - Current
Contract Physician for Abortion Services 855 E Hospitality Ln, San Bernardino, CA 92408 Medical Director: Rachel Steward, MD	
<b>Planned Parenthood Los Angeles</b>	2/2016 - Current
Contract Physician for Abortion Services 400 W 30 <sup>th</sup> St, Los Angeles, CA 90007 800-576-5544 Medical Director: David Speiser, MD	
<b>Planned Parenthood Pasadena &amp; San Gabriel</b>	4/2016 - Current
Contract Physician for Abortion Services 1045 N Lake Ave, Pasadena, CA 91104 626-798-0706 Medical Director: Noah Nattell, MD	

*T. Diedrich 6/4/2019*

**Eden Surgical Services**

12/2016 - Current

Associate Director of Family Planning  
29525 Canwood St, Suite 220, Agoura Hills, CA 91301  
818-444-4244  
Medical Director: Mark Hestrin, MD

**Planned Parenthood St Louis Region**

7/2015 - Current

Contract Physician for Abortion Services  
4251 Forest Park Ave, St Louis, MO 63108  
314-531-7526  
Medical Director: David Eisenberg, MD

**Planned Parenthood Orange & San Bernardino Counties**

8/2015 - Current

Contract Physician for Abortion Services  
700 S Tustin St, Orange, CA 92866  
714-922-4100  
Medical Director: Jennefer Russo, MD

**University of California, Riverside School of Medicine**

8/2015 - 6/2017

Assistant Professor of Gynecology  
900 University Ave, Riverside, CA 92508  
951-827-1012  
Chairperson: Samar Nahas, MD

**Washington University in St Louis School of Medicine**

7/2013 - 6/2015

Fellow in Family Planning & Clinical Instructor of Gynecology  
660 S Euclid Ave, Dept OBGYN – Div FP, St Louis, MO 63110  
314-362-5000  
Division Director: Tessa Madden, MD

**University of California, Irvine Medical Center**

7/2009 - 6/2013

Resident in OBGYN  
101 The City Drive, Dept OBGYN, Orange, CA 94547  
714-456-7890  
Program Director: Laura Fitzmaurice, MD

**University of California, San Francisco**

8/2007 - 6/2009

Family Planning Research Coordinator  
1001 Potrero Ave, Dept OBGYN, San Francisco, CA 94110  
628-206-8000  
Supervisor: Jody Steinauer, MD

Curriculum Vitae

**Justin Thomas Diedrich, M.D., M.S.C.I., F.A.C.O.G.**

**PERSONAL HISTORY**

Business 254 N. Lake Ave, #161  
Pasadena, CA 91101  
(415)710-7831, mobile  
justin.diedrich@uci.edu  
dr.diedrich@edensurgical.com

Home 254 N. Lake Ave, #161  
Pasadena, CA 91101  
(415)710-7831, mobile  
justin.diedrich@gmail.com

Languages English, Spanish

**EDUCATION**

B.A. 5/00 – 5/04 Case Western Reserve University  
*Cleveland, Ohio*

M.D. 7/1/03 – 1/18/08 Case Western Reserve School of Medicine  
*Cleveland, Ohio*

Residency 7/09 – 6/13 Obstetrics & Gynecology  
University of California, Irvine  
*UCI Medical Center*

M.S.C.I. 8/13 – 5/15 Washington University in St. Louis  
*St. Louis, Missouri*

Fellowship 7/13 – 6/15 Family Planning  
Washington University in St. Louis  
*Barnes-Jewish Hospital*

**LICENSURE**

NPI 1396978037

California A114859, Originally Issued 11/24/2010, Exp. 10/31/2020

Missouri 2013023316, Originally Issued 7/6/2013, Exp. 1/31/2020

Illinois 036-145127, Originally Issued 2/15/2018, Exp. 7/31/2020

Texas R7709, Originally Issued 6/15/2018, Exp. 8/31/2019

ACLS eCard Code 186508102342, Issued 11/9/2018, Exp. 11/2020

DEA Eden: FD2371881, Issued 5/11/2016, Exp. 6/30/2022  
PPSLR: FD4033217, Issued 5/9/2016, Exp. 6/30/2022

**BOARD CERTIFICATION**

Diplomate of the American Board of Obstetrics & Gynecology (ABOG ID 9027000)  
Original certification: November 6, 2015

**PROFESSIONAL EXPERIENCE**

01/19 – present Assistant Clinical Professor  
Department of Obstetrics & Gynecology  
University of California, Irvine

07/17 – present Associate Director of Family Planning Services  
Eden Surgical Center

07/17 – present Independent Abortion Provider:  
Planned Parenthood of San Bernardino & Orange Counties (PPOSBC)  
Planned Parenthood of St Louis Region (PPSLR), Reproductive Health Services  
Planned Parenthood of Los Angeles (PPLA)  
Planned Parenthood of Pasadena San Gabriel Valley (PPPSGV)  
Planned Parenthood of Pacific Southwest (PPPSW)  
Planned Parenthood of Mar Monte (PPMM)  
Planned Parenthood of Greater Texas (PPGT)  
Family Planning Associates (FPA)

07/17 – present Volunteer Clinical Faculty, Assistant Professor  
Department of Obstetrics & Gynecology  
University of California, Riverside

11/17 – 5/19 Primary Investigator, Planned Parenthood of St Louis Region (PPSLR)

8/15 – 6/17 Assistant Professor  
Department of Obstetrics & Gynecology  
University of California, Riverside

8/07 – 6/09 Family Planning Research Coordinator  
Department of Obstetrics, Gynecology and Reproductive Sciences  
University of California, San Francisco

### **PROFESSIONAL ACTIVITIES**

2018–Present CHAT Study Clinical Consulting Committee, UCSF, *Consultant*

2017–Present Volunteer Clinical Faculty, UC Riverside Department of OBGYN, *Assistant Professor*

2016–2017 University of California Family Planning Collaborative, *Chair*

2016 Z-CAN (Zika Contraceptive Access Network), Centers for Disease Control and Prevention and CDC Foundation, Puerto Rico, *Trainer and Proctor*

2015–Present American Congress of Obstetricians & Gynecologists (ACOG), *Full Fellow*

2015–2016 Leadership Training Academy, Physicians for Reproductive Health

2013–Present Society of Family Planning (SFP), *Full Fellow*

2013–2016 American Society for Colposcopy and Cervical Pathology (ASCCP), *Member*

2011–Present Unite for Reproductive and Gender Equity (URGE), *Board of Directors*

2008–Present Association of Reproductive Health Professionals (ARHP), *Member*

2007–Present Physicians for Reproductive Health, *Member*

2006–Present National Abortion Federation, *Member*

Peer Reviewer for the following journals

- American Journal of Obstetrics and Gynecology
- Contraception
- Contraception and Reproductive Medicine
- International Journal of Obstetrics and Gynecology
- Infectious Disease Society of Obstetrics and Gynecology
- Journal of Women's Health
- Expert Review of Endocrine and Metabolism
- Reproductive Sciences

## Teaching and Mentoring

2013-2015	<i>Pelvic Inflammatory Disease</i> , Advanced STD Intensive Course (Lecturer) St. Louis STD/HIV Prevention Training Center
2013-2015	MS3 Didactics: <i>Clinical Research Design and Evidence Based Medicine</i> Washington University School of Medicine
2014-2015	MS3 Preceptor for OBGYN Rotation Washington University School of Medicine
2014-2015	Values Clarification Workshop (Co-facilitator) Washington University School of Medicine
2014-2015	Papaya Gynecologic Procedural Workshop (Co-facilitator) Washington University School of Medicine
2015-2017	UCR MS3 Didactics: Contraception University of California, Riverside School of Medicine
2015-2017	UCR MS3 Didactics: Sexually transmitted infections University of California, Riverside School of Medicine
2015-2017	UCR MS3 Didactics: Sexually transmitted infections University of California, Riverside School of Medicine
2015-2017	RUHS Family Practice Didactics: Sexually transmitted infections University of California, Riverside School of Medicine
2015-present	Faculty Sponsor for UCR Medical Students for Choice University of California, Riverside School of Medicine

## **HONORS & AWARDS**

2014	Best Scientific Poster	ASCCP Biennial Meeting (Scottsdale, AZ)
2013	Resident Teaching Award	UCI School of Medicine
2012	Best Scientific Poster	ASCCP Biennial Meeting (San Francisco, CA)
2009	Excellence in Leadership	CHOICE USA (Washington, DC)
2008	Preserving Core Values in Science Award	ARHP
2008	Wyeth New Leader Award	ARHP
2007	Elizabeth Karlin Early Achievers Award	National Abortion Federation
2006	Reproductive Health Externship Grant	Medical Students for Choice
2006	Dr. Barnett A. Slepian Memorial Scholarship	Pro-Choice Network of Western New York

## **RESEARCH GRANTS & FELLOWSHIPS RECEIVED**

Society of Family Planning Grant (\$69,000)  
LUCID: Long-term utilization and continuation of intrauterine devices  
Principal investigator

## **LECTURES & PRESENTATIONS**

International, Invited

- *Contraceptive Counseling: Results from the CHOICE Project*, National Abortion Federation, First Latin American Congress. November 2014. Bogotá, Colombia. [Presented in Spanish]



- *Abortion Complications and How to Avoid Them*, National Abortion Federation, Second Latin American Congress. November 2017. Lima, Peru. [Presented in Spanish]
- *Contraception Myths*, National Abortion Federation, Second Latin American Congress. November 2017. Lima, Peru. [Presented in Spanish]

#### National, Invited

- *Reducing Unintended Pregnancy with Long Acting Reversible Contraception (LARC)*. Annual Meeting, National Abortion Federation. April 2008. Minneapolis, MN.
- *Postabortal insertion of a contraceptive implant*. Annual Meeting, National Abortion Federation. April 2009. Portland, OR.
- *Gynecologic Procedures Papaya Workshop*. Annual Meeting, National Medical Students Association. February 2011. Irvine, CA.
- *Contribution of Random Biopsy, ECC, Colposcopic Appearance, and Referral Patterns in Diagnosing Occult High Grade CIN*, Oral Scientific Presentation at Biennial Meeting, American Society for Colposcopy and Cervical Pathology. March 2012. San Francisco, CA.
- *Is Diagnostic Colposcopy also Therapeutic for Exocervical and Endocervical Intraepithelial Neoplasia?* Oral Scientific Presentation at Biennial Meeting, American Society for Colposcopy and Cervical Pathology. March 2012. San Francisco, CA.
- *Evidence for more excision at colposcopic referral*, Oral Scientific Presentation at Biennial Meeting, American Society for Colposcopy and Cervical Pathology. April 2014. Scottsdale, AZ.
- *Uniting Leaders of Tomorrow's Reproductive Justice Movement with Providers of Today*. Annual Meeting, National Abortion Federation. April 2014. San Francisco, CA.
- *Continuation of reversible contraception: 36-month follow-up from the Contraceptive CHOICE Project*. North American Forum on Family Planning. October 2014. Miami, FL.

#### Other invited presentations

- *Post-Abortion Hemorrhage and the Art of Saving a Uterus with Jell-O*. Grand Rounds, UCSF. October 28, 2008. San Francisco, CA.
- *Gynecologic Procedures Papaya Workshop*. Medical Students for Choice, West Regional Conference, OHSU. April 25, 2009. Portland, OR.
- *Gynecologic Issues in the Patient with Sickle Cell Disease*. CME Course: Sickle Cell Disease-practical approaches for the care and treatment of children and adults. Washington University School of Medicine. September 12, 2014. St Louis, MO
- *Contraception for Women with Chronic Medical Conditions*. Department of Medicine Lunchtime Lecture Series. Washington University School of Medicine. November 19, 2014. St. Louis, MO
- *The Pill: Progress and Controversy*. Department of Obstetrics & Gynecology, Grand Rounds. UC Irvine. December 12, 2014. Orange, CA
- *Managing complications of legal interruption of pregnancy*. Marie Stopes Mexico. February 2015. Mexico City, Mexico [Presented in Spanish]
- *The Pill: Progress and Controversy*. Department of Obstetrics & Gynecology, Grand Rounds. UC Riverside. April 15, 2015. Moreno Valley, CA
- *The Pill: Progress and Controversy*. Department of Obstetrics & Gynecology, Grand Rounds. Washington University in St. Louis. April 29, 2015. St. Louis, MO
- Keynote Speaker at Annual Benefit Dinner for NARAL Pro-Choice Missouri. September 10, 2016. St. Louis, MO.
- Signs and Symptoms: Medicine is Humanities. Panel on Reproductive Health. October 13, 2016. University of California, Riverside. Riverside, CA.
- Reproductive Health Advocacy Panel. October 23, 2017. University of Southern California. Los Angeles, CA.
- *The Future of Roe v Wade*. Department of Obstetrics & Gynecology, Grand Rounds. Cleveland Clinic Foundation. September 19, 2018. Cleveland, OH.

- *The Future of Roe v Wade*. Department of Obstetrics & Gynecology, Grand Rounds. University of California Irvine. November 16, 2018. Orange, CA.

## BIBLIOGRAPHY

### RESEARCH PAPERS

#### Peer Reviewed

1. Steinauer JE, **Diedrich JT**, Wilson MW, Darney PD, Vargas JE, Drey EA. Uterine artery embolization in postabortion hemorrhage. *Obstet Gynecol*, 2008;111:881-9. PMID 19407527
2. Dehlendorf C, **Diedrich J**, Drey E, Postone A, Steinauer J. Preferences for decision-making about contraception and general health care among reproductive age women at an abortion clinic. *Patient Educ Couns*. 2010;81:343-8. PMID 20650593
3. Newmann SJ, Dalve-Endres A, **Diedrich JT**, Meckstroth K, Steinauer JE. Cervical preparation for second trimester dilation and evacuation. *Cochrane Database Syst Rev*. 2010; 4:CD007310. PMID 20687085
4. Frick AC, Drey EA, **Diedrich JT**, Steinauer JE. Effect of prior cesarean delivery on risk of second-trimester surgical abortion complications. *Obstet Gynecol*. 2010;115:760-4. PMID 20308836
5. **Diedrich JT**, Drey EA. Society of Family Planning Guidelines: Induction of fetal demise before abortion. *Contraception*, 2010; 81:462-73. PMID 20472112
6. **Diedrich JT**, Drey EA, Dehlendorf C, Steinauer JE. Women's questions after postabortion insertion of intrauterine contraception. *Contraception* 2013;88:396-400. PMID 23265979
7. **Diedrich JT**, Felix J, Lonky NM. Do colposcopically-direct biopsy and endocervical curettage serve to induce regression of cervical intraepithelial neoplasia? *J Low Genit Tract Dis*. 2014;18:322-5. PMID 25171104
8. Keegan MB, **Diedrich JT**, Peipert JF. Chlamydia trachomatis Infection: Screening and Management. *J Clin Outcomes Management*.2014;21:30-8. PMID 25554725
9. **Diedrich J**, Desai S, Zhao Q, Secura G, Madden T, Peipert JF. Association of Short-term Bleeding and Cramping Patterns with Long-Acting Reversible Contraceptive Satisfaction. *Amer J Obstet Gynecol* 2015;3212:50.e1-8. PMID 25046805
10. **Diedrich JT**, Zhao Q, Madden T, Secura G, Peipert JF. Three-year continuation of reversible contraception. *Amer J Obstet Gynecol* 2015; 213: 622e1-8. PMID 26259905
11. **Diedrich JT**, Madden T, Zhao Q, Peipert JF. Long-term utilization and continuation of intrauterine devices. *Amer J Obstet Gynecol* 2015; 213: 822e1-6. PMID 26409157
12. Steinauer JE, Upadhyay UD, Sokoloff A, Harper CC, **Diedrich JT**, Drey EA. Choice of the levonorgestrel intrauterine device, etonogestrel implant or depot medroxyprogesterone acetate for contraception after aspiration abortion. *Contraception*. 2015;92:553-9. PMID 26093190

13. **Diedrich JT**, Felix J, Lonky N. Contribution of exocervical biopsy, endocervical curettage, colposcopic lesion distribution in diagnosing high grade cervical intraepithelial neoplasia. *J Low Genit Tract Dis.* 2016;20:52-6. PMID 24477170
14. Milman KS, **Diedrich JT**, Zhao Q, Peipert JF. Changes in insurance status in CHOICE Project participants. *J Reprod Med.* 2016;61:63-8. PMID 26995891
15. **Diedrich JT**, Klein D, Peipert JF. Long-Acting Reversible Contraception in Adolescents: A Systematic Review and Meta-Analysis. *Am J Obstet Gynecol.* 2017;216:364.e1-12. PMID 28038902
16. **Diedrich JT**, Rathore S, Bentz JS. Comparison of tissue yield using frictional fabric brush versus sharp curettage for endocervical curettage. *J Low Genit Tract Dis.* 2017;21:304-6. PMID 28742540
17. **Diedrich JT**, Newmann SJ. UpToDate "Cervical preparation prior to abortion" Published online December 2017.

#### **PAPERS IN PREPARATON (RESEARCH COMPLETED)**

1. Diedrich JT, Newmann SJ. Society of Family Planning Guidelines on cervical preparation prior to dilation and evacuation abortion at 20 to 24 weeks of gestation

#### **CHAPTERS**

1. Vargas J, **Diedrich J**. Second-Trimester Induction of Labor. *Clin Obstet Gynecol.* 2009;52:188-97. PMID 19407525
2. **Diedrich J**, Steinauer J. Complications of Surgical Abortion. *Clin Obstet Gynecol.* 2009;52:205-12. PMID 18378747
3. Guido R, **Diedrich JT**, Lonky N. Evidence-Based Management of the Woman with Cervical Intraepithelial Neoplasia. *Clin Obstet Gynecol* 2014;57:302-15. PMID 24709711
4. Boison M, **Diedrich JT**, Lonky N, Guido R. Screening for Cervical Cancer and its Precursors. *Clin Obstet Gynecol* 2014;57:279-91. PMID 24785416
5. Lonky N, Penner KR, **Diedrich JT**. Current aims and challenges associated with cervical cancer prevention. *Clin Obstet Gynecol* 2014;57:241-55. PMID 24662770
6. Schmidt E, **Diedrich JT**, Eisenberg D. Surgical Procedures for Tubal Sterilization. *Glob Lib Womens Med.* 2014; DOI 10.3843/GLOWM.10400
7. Schmidt E, **Diedrich JT**, Eisenberg D. Laparoscopic Sterilization: Prevention of Failures. *Glob Lib Womens Med.* 2014. DOI 10.3843/GLOWM.10402
8. **Diedrich JT**, Schmidt E, Eisenberg D. Postpartum Sterilization Procedures. *Glob Lib Womens Med.* 2014. DOI 10.3843/GLOWM.10145
9. Schmidt E, **Diedrich JT**, Pachtman S. Obstetric and Gynecologic Nephrology: Women's Health Issues in the Patient with Kidney Disease. "Contraception in chronic kidney disease." [In Press]

## **BOOKS**

No activity in this section

## **LETTERS TO THE EDITOR**

1. Diedrich J. Letter to the Editor: Maternal Instincts. VOGUE, April 2008.
2. Diedrich J. Letter to the Editor: An Open Letter to KV Pharmaceuticals. St Louis Post-Dispatch, March 2011

## **ABSTRACTS/POSTER PRESENTATIONS**

1. **Diedrich JT**, Ghatnekar R, Russo J. Prior cesarean delivery increases risk of failed medication abortion. Poster Presentation: Annual Meeting, North American Forum on Family Planning. October 2018 (New Orleans, LA).

## **MEDIA**

1. Diedrich J. Contraception as empowerment. Provider to Provider. Bedsider.org. Sept 9, 2014.

## **OTHER**

No activity in the section

6/4/2019

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Pasadena, CA 91101

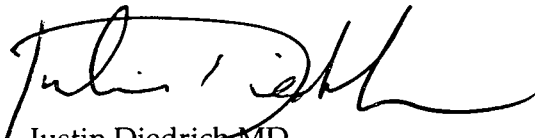
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Tallahassee, Florida 32314-6330

**Dear Department of Health and Florida Board of Medicine:**

Please accept this application for medical licensure in the State of Florida. If you have any questions or concerns, please feel free to reach me by email at [justin.diedrich@gmail.com](mailto:justin.diedrich@gmail.com) or by phone at (415)710-7831. I appreciate the opportunity to work in the great State of Florida.

Enclosed please find my initial application, copy of my CV, and 2 money orders totaling \$1055. This total is for the application fee, initial license fee, unlicensed activity fee, NICA fee, and dispensing practitioner fee. I have requested verifications through FCVS. And the remainder of the application materials should arrive soon.

Sincerely,



Justin Diedrich MD

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