244856

MEDICAL BOARD OF CALIFORNIA
Licensing Program

BIRTH MONTH LICENSURE REQUEST

California licensing regulations specify that a license expires at 12 midnight on the last day of the birth month of the licensee during the second year of a two year term. If you are licensed in your birth month, your initial license will be valid for a full 24-month term. If you are licensed in a month other than your birth month, the term of your *initial license* will be less than 24-months.
Please indicate your preference by checking one of the options listed below:

☑	**I would like to wait until my birth month of [redacted] to be licensed.**
☒	**I would like to be licensed as soon as my application is processed. I understand and acknowledge my *initial license* will be valid for less than a 24-month term.**

Printed Name of Applicant: ***Jessica Hyesun Beaman***
(As it appears on Form L1A)

ATS#: ______________
(If Known)

Date of Birth: [redacted]
(mm/dd/yyyy)

Signature of Applicant: Jessica Beaman Date: 9/5/2013

Please return the form using one of the following methods:

1. Submit the completed form with your initial application.
2. Fax the completed form to the Board at (916) 263-2487.
3. Mail the completed form to the address listed below.

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2382 (800) 633-2322 FAX: (916) 263-2487 www.mbc.ca.gov

MEDICAL BOARD OF CALIFORNIA
Licensing Program

APPLICATION

(Please Check All That Apply)

- ☑ Physician's and Surgeon's License
- ☐ Postgraduate Training Authorization Letter (PTAL)
- ☐ Update Application: ATS #________
- ☐ Limited Practice License

(Please Check One)

- ☑ U.S. or Canadian Medical School Graduate
- ☐ International Medical School Graduate

Type or Print Legibly

PERSONAL INFORMATION

				MBC Use Only
1. Legal Name	Last: *Beaman*	First: *Jessica*	Middle: *Hyesun*	
2. Other Names/Alias				
3. United States Social Security Number	[redacted]	4. Gender	☐ Male ☑ Female	
5. Date of Birth (mm/dd/yyyy)	[redacted]	6. Place of Birth (City, State/Country)	[redacted]	
7. Public/Mailing Address If you are using a P.O. Box please include a confidential street address on a separate sheet of paper. The address of record will be posted on the Medical Board's Web site once you have obtained a license.	Mailing Address (30 characters maximum per line, including spaces): *1001 Potrero Avenue, Suite 1M* Mailing Address continued (30 characters maximum per line, including spaces): *General Medicine Clinic in 1M* City: *San Francisco* State/Province: *CA* Zip/Postal Code: *94110* Country: *USA*			Personal Information ☑
8. Telephone Numbers	Home #:	Work #: *(415) 206-8494*	Cell #: [redacted]	
9. E-mail Address	[redacted]			
10. Have you ever filed an application for a Physician's and Surgeon's License or a PTAL in California that has been withdrawn, abandoned, or denied?	[redacted]			☑
11. Have you previously held a Physician's and Surgeon's License in California? If yes, please provide license number: ________ Expired: ________	☐ Yes ☑ No			Prev. License ☑

EXAMINATIONS

		MBC Use Only
12. Have you ever been found to have engaged in irregular behavior during an examination?	[redacted]	Exams ☑
13. Have you ever been subject to an investigation by an examination entity?	[redacted]	☑
14. Are you certified by the Educational Commission for Foreign Medical Graduates? If yes, please provide the Certificate Issue Date: ________	☐ Yes ☑ No	☑

15. List all of the following examinations you have taken: **USMLE, FLEX, NBME, LMCC and/or STATE BOARDS**
(Use the *Addendum to Question #15 Form* if additional space is needed)

Examination	Date (mm/yyyy)	Result (Pass/Fail)	MBC Use Only
USMLE Step 1	*06/2010*	*Pass*	☑
USMLE Step 2 CK	*07/2011*	*Pass*	☑
USMLE Step 2 CS	*10/2011*	*Pass*	☑
USMLE Step 3	*07/2013*	*Pass*	☑
			☐

Cashiering Use Only	School Code	
Web 9-4 $907.50	IL 01A	**L1A**

07A-100 (Rev. 10/2012)

MEDICAL EDUCATION

MBC Use Only

NOTE: To be eligible for a PTAL or License, all schools attended must be on the Board's list of recognized or approved medical schools. If you did not attend or graduate from a recognized or approved medical school you may be eligible for licensure pursuant to Section 2135.7 of the Business and Professions Code (effective 1/2013). To view the Board's list, please refer to our Web site at: http://www.mbc.ca.gov/applicant/schools_recognized.html.

16. List each medical school that you have attended.

Medical School Name	Mailing Address	Attendance Dates (mm/dd/yyyy)	
University of Chicago Pritzker School of Medicine	*924 East 57th Street, Suite 104*	Start	*08/01/2008*
	Chicago, IL 60637	End	*06/08/2012*
		Start	
		End	
		Start	
		End	

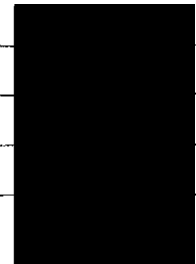
L2 Trans School Code

17. School of Graduation	Title of Degree Awarded	Issue Date of Degree (mm/dd/yyyy)
University of Chicago Pritzker SOM	*MD*	*06/09/2012*

Diploma

UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL

Unusual Circumstances

Question	
18. Did you ever take a leave of absence during medical school?	
19. Were you ever placed on probation?	
20. Were you ever disciplined or placed under investigation?	
21. Were any negative reports ever filed by your instructors?	
22. Were any limitations or special requirements imposed on you because of questions of academic or disciplinary problems, or for any other reason?	

ACGME/RCPSC ACCREDITED POSTGRADUATE TRAINING

Postgraduate Training

23. Have you participated in any ACGME-accredited postgraduate training in the United States or RCPSC-accredited postgraduate training in Canada? ***List every program in which you have participated or are currently participating, regardless of whether the program was completed or any credit was granted.*** (Use the *Addendum to Question #23 Form* if additional space is needed)

(*If NO please skip to question # 33*) ☑ Yes ☐ No

Facility Name	City, State/Province	Specialty	Training Dates (mm/dd/yyyy)	
University of California San Francisco	*San Francisco, CA*	*Internal Medicine*	Start	*06/20/2012*
			End	*06/30/2015*
			Start	
			End	
			Start	
			End	
			Start	
			End	

L4

APPLICANT: (Print Name) Jessica Bearman DATE OF BIRTH: (mm/dd/yyyy)

L1B

A "yes" response to questions 18-22 requires a signed and dated written explanation.

UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING		MBC Use Only
24. Have you ever received partial or no credit for a postgraduate training program?	[redacted]	☑
25. Have you ever taken a leave of absence or break from your training?	[redacted]	☑
26. Have you ever been terminated, dismissed or expelled from a program?	[redacted]	☑
27. Have you ever resigned from a program?	[redacted]	☑
28. Were you ever placed on probation for any reason?	[redacted]	☑
29. Were you ever disciplined or placed under investigation?	[redacted]	☑
30. Were any incident reports ever filed by instructors?	[redacted]	☑
31. Were any limitations or special requirements placed upon you for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?	[redacted]	☑
32. Have you ever had a postgraduate training program contract not be renewed or offered for a following year?	[redacted]	☑

MEDICAL LICENSE

		License
33. Have you ever held, or do you currently hold a medical license in any U.S. state, U.S. territory or Canadian province? ***List medical license information below. It is not necessary to list temporary, training, or provisional licenses.*** (Use the *Addendum to Question #33 Form* if additional space is needed)	☐ Yes ☑ No	☑

State/Province	License Number	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Dates of Practice (mm/yyyy to mm/yyyy)	
					☐
					☐
					☐
					☐
					☐

ABMS CERTIFICATION

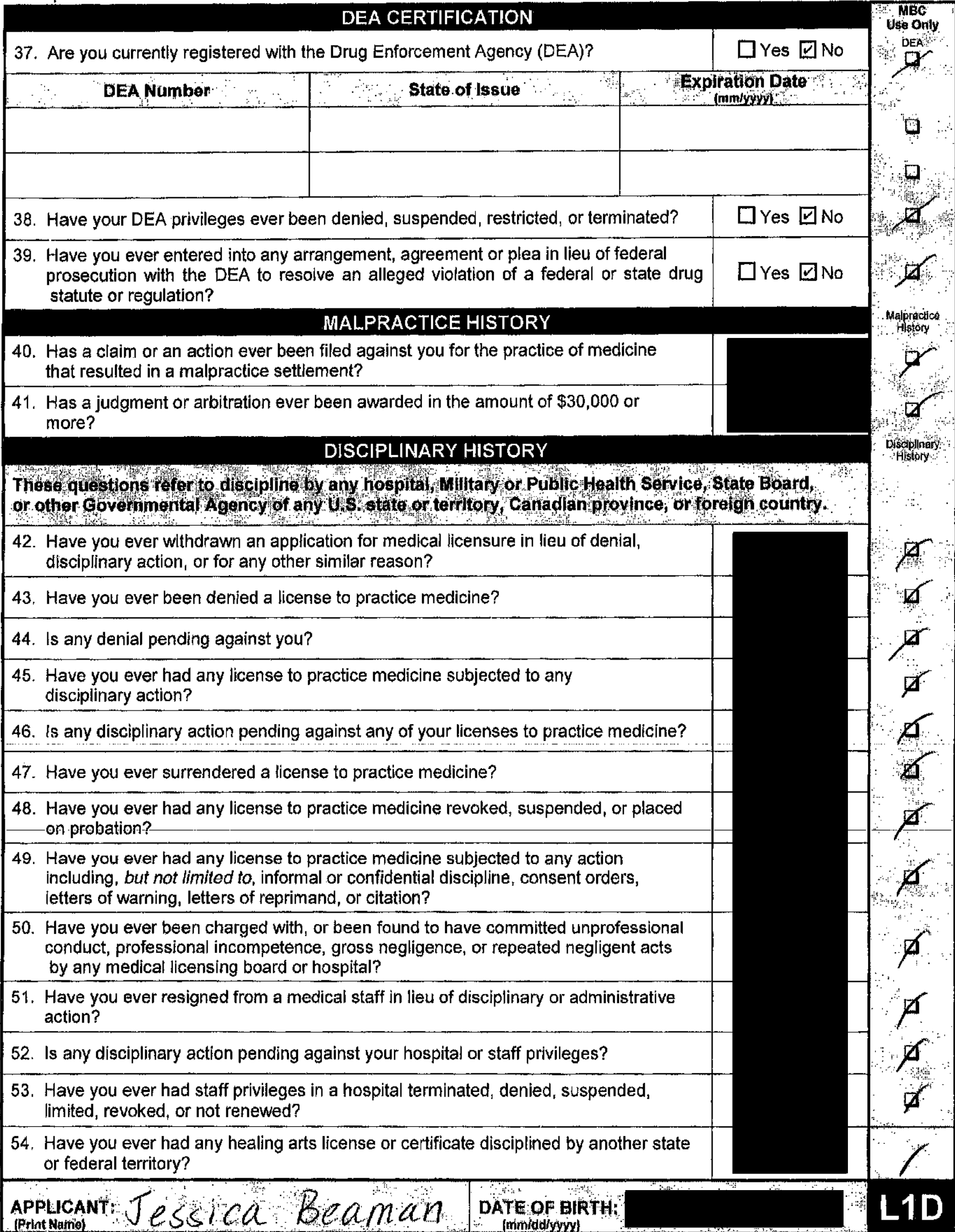
		ABMS
34. Are you currently certified by a Member Board of the American Board of Medical Specialties?	☐ Yes ☑ No	☑

Member Board	Certificate Number	Expiration Date (mm/yyyy)

35. Has your certification ever been suspended or revoked?	☐ Yes ☑ No	☑
36. Is there any action currently pending against you?	☐ Yes ☑ No	☑

APPLICANT: (Print Name)	Jessica Beaman	DATE OF BIRTH: (mm/dd/yyyy)	[redacted]	L1C

A "yes" response to questions 24-32 and 35-36 requires a signed and dated written explanation.



DEA CERTIFICATION			MBC Use Only
37. Are you currently registered with the Drug Enforcement Agency (DEA)?		☐ Yes ☑ No	DEA ☑
DEA Number	State of Issue	Expiration Date (mm/yyyy)	
			☐
			☐
38. Have your DEA privileges ever been denied, suspended, restricted, or terminated?		☐ Yes ☑ No	☑
39. Have you ever entered into any arrangement, agreement or plea in lieu of federal prosecution with the DEA to resolve an alleged violation of a federal or state drug statute or regulation?		☐ Yes ☑ No	☑

MALPRACTICE HISTORY		Malpractice History
40. Has a claim or an action ever been filed against you for the practice of medicine that resulted in a malpractice settlement?	[redacted]	☑
41. Has a judgment or arbitration ever been awarded in the amount of $30,000 or more?	[redacted]	☑

DISCIPLINARY HISTORY		Disciplinary History
These questions refer to discipline by any hospital, Military or Public Health Service, State Board, or other Governmental Agency of any U.S. state or territory, Canadian province, or foreign country.		
42. Have you ever withdrawn an application for medical licensure in lieu of denial, disciplinary action, or for any other similar reason?	[redacted]	☑
43. Have you ever been denied a license to practice medicine?	[redacted]	☑
44. Is any denial pending against you?	[redacted]	☑
45. Have you ever had any license to practice medicine subjected to any disciplinary action?	[redacted]	☑
46. Is any disciplinary action pending against any of your licenses to practice medicine?	[redacted]	☑
47. Have you ever surrendered a license to practice medicine?	[redacted]	☑
48. Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	[redacted]	☑
49. Have you ever had any license to practice medicine subjected to any action including, *but not limited to*, informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?	[redacted]	☑
50. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any medical licensing board or hospital?	[redacted]	☑
51. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?	[redacted]	☑
52. Is any disciplinary action pending against your hospital or staff privileges?	[redacted]	☑
53. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	[redacted]	☑
54. Have you ever had any healing arts license or certificate disciplined by another state or federal territory?	[redacted]	✓

APPLICANT: (Print Name) Jessica Beaman | DATE OF BIRTH: (mm/dd/yyyy) [redacted] | **L1D**

A "yes" response to questions 38-54 requires a signed and dated written explanation.

CRIMINAL RECORD HISTORY

MBC Use Only

Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.

For each conviction disclosed, you must submit certified copies of the arresting agency report, certified copies of the court documents, including a plea form and court docket, and a signed and dated descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of the incident and all circumstances surrounding the incident). If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. In addition, you may submit evidence of rehabilitation.

Criminal History

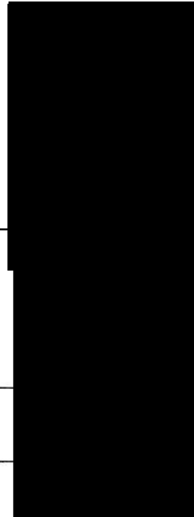
55. Have you ever been convicted of, or pled guilty or nolo contendere to **ANY** offense in the United States, its territories, or a foreign country?

    This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later expunged from the record of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed.

56. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older, have you had a charge or conviction that was set aside or later expunged from the record of the court?

57. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

58. Are you a registered sex offender?



PRACTICE IMPAIRMENT OR LIMITATIONS

If you give an affirmative answer to any of the questions below, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are eligible for licensure. Please note that a Limited Practice License may be available. Please refer to the *Application Information for a Limited Practice License* for further information.

Limitations

59. Have you ever been enrolled in, required to enter into, or participated in any drug, alcohol, or substance abuse recovery program or impaired practitioner program?

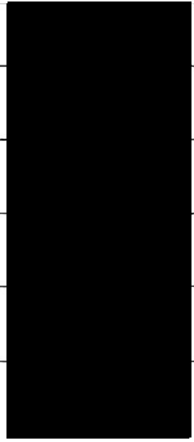
60. Have you ever been treated for or had a recurrence of a diagnosed addictive disorder?

61. Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice medicine safely?

62. Have you ever been diagnosed with a neurological or other physical condition that may impair your ability to practice medicine safely?

63. Do you have any other condition that may in any way impair or limit your ability to practice medicine safely?

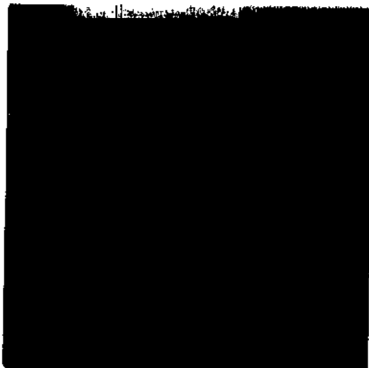
64. Do you suffer from a progressive disorder or a health condition that will likely result in a general decline in health or function that may impair or limit your ability to practice medicine safely?



APPLICANT: (Print Name) Jessica Beaman	**DATE OF BIRTH:** (mm/dd/yyyy)	**L1E**

A "yes" response to questions 55-64 requires a signed and dated written explanation.

PHOTOGRAPH



Notice: All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensing per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Chief of the Licensing Program is the custodian of records.

MBC Use Only

Photograph ☑

DECLARATION

The applicant, *Jessica Hyesun Beaman*, [redacted]
Please print full name (First, Middle, Last) — Date of Birth (mm/dd/yyyy)

being first duly sworn upon his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), or business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release, in any investigation or proceeding, to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

Applicant Name & DOB ☑

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

SIGNATURE: *Jessica Beaman* DATE: 9/5/2013

Applicant Signature & Date ☑

NOTARY SECTION

SIGNATURE OF APPLICANT: *Jessica Beaman*
(DO NOT SIGN EXCEPT IN THE PRESENCE OF NOTARY – Please sign full name)

State of California

County of San Francisco

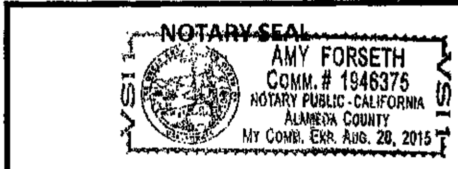
Subscribed and sworn to (or affirmed) before me on this 5th day of September, 2013,

by, JESSICA H. BEAMAN proved to me on the basis of satisfactory evidence
(Print applicant's name)

to be the person who appeared before me.

Applicant Signature ☑

Applicant Name & Notary Date ☑



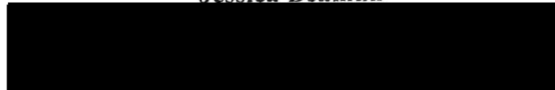
Amy F. Notary Public
SIGNATURE OF NOTARY PUBLIC

Notary Signature & Seal ☑

L1F

JessicaBeaman 9/10/13

Jessica Beaman



EDUCATION

2012-present	The University of San Francisco Internal Medicine Residency Program. June 2015 (anticipated).
2008-2012	The University of Chicago Pritzker School of Medicine. MD.
2005-2007	The George Washington University School of Public Health and Health Services (GWU-SPHHS). MPH, Maternal and Child Health.
2001-2005	The George Washington University (GWU). BS, Biology. Summa cum laude.

HONORS AND AWARDS

2011	Alpha Omega Alpha Honor Medical Society
2011	The Arnold P. Gold Foundation Gold Humanism Honor Society
2011	Student representative for Chicago Department of Public Health Student Advisory Committee to the Commissioner
2011	AMA Foundation Excellence in Medicine Leadership Award
2011	Student representative for AMA National Student Lobby Day in Washington, DC
2008	Human Rights Department Internship Award
2007	Elected to membership in the Delta Omega Honorary Society in Public Health
2005	Phi Beta Kappa
2005	Selected as one of six graduating seniors to serve as Presidential Administrative Fellow (PAF); a fellowship to enhance professional development, serve as an ambassador for the university, and earn a master's degree
2005	Graduated summa cum laude in Biology
2005	Graduation from University Honors Program with Senior Thesis: Deconstructing the Discourse of Female Genital Cutting
2003-2005	GWU University Honors Program Merit Scholarship
2003	Golden Key International Honor Society
2003	Howard Hughes Medical Institute Scholarship in Bioinformatics

WORK EXPERIENCE

2007-2008 The Cochrane Collaboration, Executive Assistant, San José, Costa Rica

- Authored systematic review protocol and edited systematic reviews on various health topics.
- Developed grant proposals and helped to secure funding for Cochrane Developing Countries Network.
- Assisted in organization of International Conference on Evidence/Bioethics, which included over 300 participants from 25 countries.

RESEARCH EXPERIENCE

2011 University of Chicago, Department of Pediatrics, Section of General Pediatrics, Amy Francis, DO and Colleen Rusciolelli, MD; "Perinatal parent anticipatory guidance on newborn constipation and its effect on healthcare utilization and parental concern."

- Conducted a health intervention on newborn constipation to postpartum mothers and administered a survey researching the effects of the intervention on their healthcare utilization and neonatal experience.

2006-2007 GWU-SPHHS, Department of Prevention and Community Health, Karen McDonnell, PhD; "Removing complacency as a barrier: how Tanzanians can access better care."

- Created survey intended to evaluate the equity of access to health care in the public and private sector in urban and rural Tanzania.
- Administered survey to over 200 participants in three health care facilities in Tanzania.

Jessica Beaman
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- Selected as one of five public health students to receive a student leadership scholarship to attend American Public Health Association annual meeting and present poster.

2004-2005 GWU, Department of Biology, Frank Turano, PhD

- Served as research assistant in molecular biology lab and performed various cloning, two-hybrid systems, and seed bioassays on glutamate receptors in *Arabidopsis thaliana.*
- Supervised and assisted undergraduate research aides in their investigations.

PUBLICATIONS/ABSTRACTS

Beaman J and Stulberg D. What are the options for treating benign ovarian cysts? Evidence-Based Practice. 2011; 14(8).

Fedorowicz Z, Nasser M, Jagannath VA, Sharma A, and Beaman JH. Selective Beta2-Adrenoreceptor Agonists (Salbutamol Sulphate) for Dysmenorrhea. *Cochrane Database of Systematic Reviews.* 2010: (7).

Poster Presentations

Francis A, Rusciolelli C, Goldstein K, and Beaman J. (2011) *Perinatal Parent Participatory Guidance on Newborn Constipation and its Effects on Healthcare Utilization and Parental Concern.* The University of Chicago Department of Pediatrics Resident Research Projects: Chicago, IL.

Beaman J and McDonnell K. (2007) *Removing Complacency as a Barrier: How Tanzanians Can Access Better Care.* American Public Health Association's Annual Meeting and Exposition: Washington, DC.

TEACHING EXPERIENCE

2013 Lecturer, San Francisco General Hospital – General Medicine Clinic

- 45 minute presentation on Abnormal Uterine Bleeding presented to faculty and co-residents.

2011 Teaching Assistant, Health Care Disparities in America
University of Chicago, Pritzker School of Medicine
Course Director: Dr. Monica Vela

- Selected to lead small group discussions and assist in the creation of course content.

2006 Teaching Assistant, University Honors Program Dean's Seminar in Genetics
The George Washington University
Course Director: Dr. Diana Johnson

- Oversaw student's completion of laboratory and course work.
- Conducted student review sessions and held regular office hours.
- Responsible for evaluating laboratory work representing 50% of graded coursework.

2005-2006 Teaching Assistant, Introductory Biology Laboratory
The George Washington University
Course Director: Dr. Diana Johnson

- Planned and presented weekly laboratory lectures.
- Responsible for evaluating laboratory work representing 40% of graded coursework.

COMMUNITY SERVICE

2008-2009 Co-director, Maria Shelter for Women and Children, Pritzker School of Medicine

- Managed the weekly needs of the student-run health serving homeless women and children on the south side of Chicago.
- Successfully raised over $4,000 to address the clinic's needs and provide resources for the upcoming years.
- Assisted in the implementation of a monthly health education program providing discussions on various health topics to women at the shelter.

2008-2009 Student coordinator, Medical Students for Choice (MS4C), Pritzker School of Medicine

- Coordinated school-wide events to promote comprehensive reproductive health care.

Jessica Beaman
9/10/13

- Organized and implemented the regional (MS4C) meeting at Pritzker School of Medicine.
- Raised funds to support the travel needs of 9 students attending the MS4C annual meeting.

2008-2009 Volunteer, Community Health Clinic (CHC)
- Provided volunteer Spanish translation to nurses and physicians at CHC, a free clinic serving Chicagoland.

2005 Volunteer, DC Prisoners' Legal Services Project
- Interviewed prisoners at the city jail in Washington, DC regarding their access to health care services as inmates.

INSTITUTIONAL SERVICE

2011-2012 Peer Mentoring at Pritzker, Pritzker School of Medicine
- Selected as one of three senior medical students to create and implement mentoring and advising events for third year medical students as they make the transition from the preclinical to clinical years.

2009-2010 Student Professionalism Task Force, Pritzker School of Medicine
- Selected as one of six junior medical students to serve as student representative on Student Professionalism Task Force.
- Assisted with design and implementation of professionalism guidelines for medical students.

2008-2009 Student chair, Global Medical Scholars Program (GMSP)
- Assisted in the selection of first year medical students to participate in the GMSP annual trip to the Dominican Republic.
- Served on the organization committee for the annual trip.

2006-2007 GWU-SPHHS Dean's Office, Presidential Administrative Fellow, Washington, DC
- Developed materials and processes for implementing the new SPHHS practicum program.
- Assisted the Associated Dean with the school's accreditation self-study process.
- Established the first ever school-wide community service event.

2005-2006 GWU Student Health Service, Assistant Outreach Coordinator, Washington, DC
- Staffed health education office in the freshman dormitory providing resources and referrals to over 1000 students.
- Designed and implemented bi-monthly health education programs for the University.
- Oversaw the Health Outreach Peer Educators (HOPEs) program at GWU.

2005-2006 GWU International Medicine Programs, Intern, Washington, DC
- Assisted with the development and administration of the surgical and pediatric residency programs in Eritrea.
- Prepared statistical reports on the status and progress of the Eritrea project.
- Prepared background information on the effects and mitigation of brain drain in Africa.

2003-2004 President, National Society of Collegiate Scholars, GWU
- Coordinated school-wide events to promote leadership and professional development.

INTERNATIONAL EXPERIENCE AND SERVICE

2010 Haiti Relief Efforts, Volunteer, Port-au-Prince, Haiti
- Assisted in relief efforts at various mobile clinics stationed in tent villages serving over 10,000 Haitians during spring break.

2009 Cuba AIDS Project, Intern, Havana, Cuba
- Collected qualitative data for the biannual analysis of the project's effectiveness in providing support to persons living with HIV/AIDS in Cuba.
- Participated in weekly support group sessions for persons living with HIV/AIDS.
- Assisted with the daily food distribution to the homeless and senior citizens at the center.

Jessica Beaucau
9/10/13

2009 ProVida – El Salvadorian Association of Humanitarian Aid, Human Rights Intern, San Salvador, El Salvador

- Designed and implemented a drama-based health intervention for over 500 women focused on addressing intimate partner violence and issues of gender identity.
- Assisted with organization's rural cervical cancer screening project.
- Created a database for analyzing the impact of 1,500 home visits on the community's health and well-being.

2006 Love and Mercy Coalition, Graduate Researcher, Dar es Salaam and Itigi, Tanzania

- Administered survey to over 200 participants to evaluate the equity of access to health care in the public and private sector in urban and rural Tanzania.
- Assisted in administrative and clinical tasks at HIV/AIDS Intensive Therapy program providing services and support to orphans and the underserved.
- Served as first assist on various gynecological procedures and Cesarean sections.

2004 Brikama Health Center, Volunteer, Brikama, The Republic of The Gambia

- Assisted with public health initiatives such as safe water programs, immunization campaigns, and a media campaign providing alternatives to female genital cutting.

HOBBIES AND INTERESTS

Fluent in Spanish; International Travel; Scuba Diving; Completed 2009 Chicago Half Marathon

MEDICAL BOARD OF CALIFORNIA

Licensing Program

CERTIFICATE OF MEDICAL EDUCATION

Check one: ☑ **U.S. or Canadian Medical School Graduate** ☐ **International Medical School Graduate**

Type or Print Legibly — **APPLICANT INFORMATION** — MBC Use Only

NAME: Last *Beaman*	First *Jessica*	Middle *Hyesun*
Date of Birth (mm/dd/yyyy)	**U.S. Social Security Number**	**Medical School of Graduation**
[redacted]	[redacted]	*University of Chicago*

MEDICAL SCHOOL: PLEASE COMPLETE THIS FORM IN THE ENGLISH LANGUAGE

Name of Medical School	University of Chicago Pritzker School of Medicine
State/Province/Country	Illinois, USA
Did the applicant complete an English Language program?	☒ Yes ☐ No

The undersigned further certifies that the records of this institution show that the applicant attended in this institution 4 *years* of resident instruction, completing at least 4,000 hours, of which at least 80 percent actual attendance is required in the subjects set forth hereunder (Business and Professions Code Sections 2089, 2089.5, 2089.7, 2090, 2091.1, 2091.2). **The standard duration of the curriculum at this institution is 4 years.**

Anatomy
Otolaryngology
Obstetrics and Gynecology
Radiology, including Radiation Safety
Tropical Medicine
Physiology
Biochemistry
Pathology, Bacteriology, and Immunology
Ophthalmology
Dermatology
Embryology
Histology
Human Sexuality
Medicine
Surgery, including Orthopedic Surgery
Urology
Psychiatry
Neurology
Alcoholism and Chemical Dependency
Preventative Medicine, including Nutrition
Physical Medicine
Therapeutics
Neuroanatomy
Child Abuse Detection and Treatment
Geriatric Medicine
Pediatrics
Pharmacology
Anesthesia
Spousal Partner Abuse Detection & Treatment*
Family Medicine**
Pain Management and End-of-Life-Care***

* ONLY applicable to medical students who enrolled in medical school on or after September 1, 1994
** ONLY applicable to medical students who graduated from medical school on or after June 30, 1998
*** ONLY applicable to medical students who enrolled in medical school on or after June 1, 2000

Date the applicant enrolled in medical school:	08/24/2008
Date the applicant was issued the diploma of Bachelor/Doctor of Medicine:	06/09/2012
Date the applicant withdrew from medical school (if applicable):	__/__/____

UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL

Any "Yes" response below requires a signed and dated letter of explanation by school official.

1. Did this applicant ever take a leave of absence from his/her medical education?	[redacted]
2. Was this applicant ever placed on probation?	[redacted]
3. Was this applicant ever disciplined or placed under investigation?	[redacted]
4. Were any negative reports regarding this applicant ever filed by instructors?	[redacted]
5. Were any limitations or special requirements imposed on this applicant because of questions of academic or disciplinary problems, or for any other reason?	[redacted]

MEDICAL SCHOOL OFFICIAL CERTIFICATION

AFFIX MEDICAL SCHOOL SEAL

I certify that I am the President, Dean, or Registrar and hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Maureen Okonski — **PRINTED NAME OF SCHOOL OFFICIAL**
Registrar — **TITLE OF SCHOOL OFFICIAL**
[signature] — **SIGNATURE OF SCHOOL OFFICIAL**
9/12/2013 — **DATE**

Attention Medical School: THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE OR ADOPTION. Only the President, Dean, or Registrar may sign this form. If the signature is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

MBC Use Only: Medical School Information; Dates of Attendance; Unusual Circumstances; Signature & Seal

L2

NOTE: The completed form must be mailed directly from the medical school to the Board to be acceptable.

07A-100 Revised 8/2013

THE UNIVERSITY OF CHICAGO

ON THE RECOMMENDATION OF THE FACULTY
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM
THE TRUSTEES OF THE UNIVERSITY HAVE CONFERRED ON

JESSICA HYESUN BEAMAN

THE DEGREE OF

DOCTOR OF MEDICINE

THE PRITZKER SCHOOL OF MEDICINE

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF
GIVEN IN THE CITY OF CHICAGO IN THE STATE OF ILLINOIS
IN THE UNITED STATES OF AMERICA IN THE YEAR
TWO THOUSAND AND TWELVE
ON THE NINTH DAY OF JUNE

Andrew M. Alper
Chairman of the Board of Trustees

Andrew S. Hannah
Interim University Registrar

Robert J. Zimmer
President of the University

Thomas F. Rosenbaum
Provost

Kenneth S. Polonsky
Dean

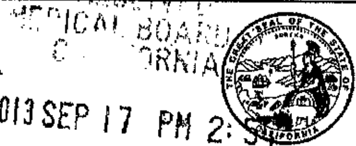
This is to certify that this is a true copy of the original diploma for Dr. Jessica Hyesun Beaman who received her Doctor of Medicine degree on June 9, 2012.

Maureen Okonski
Maureen Okonski, Registrar

STATE AND CONSUMER SERVICES AGENCY- *Department of Consumer Affairs* EDMUND G. BROWN JR., *Governor*

MEDICAL BOARD OF CALIFORNIA

Licensing Program



CERTIFICATE OF COMPLETION OF ACGME/RCPSC POSTGRADUATE TRAINING

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

Check one: ☑ U.S. or Canadian Medical School Graduate ☐ International Medical School Graduate

Type or Print Legibly

APPLICANT INFORMATION

NAME:	Last Beaman	First Jessica	Middle Hyesun	MBC Use Only
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Medical School of Graduation		Personal Data
[redacted]	[redacted]	University of Chicago Pritzker School of Medicine		☑

PROGRAM DIRECTOR TO COMPLETE ACGME OR RCPSC TRAINING INFORMATION

ATTENTION PROGRAM DIRECTOR: Do not sign and date this form prior to the last day of any postgraduate training year which will be used by the applicant to qualify for licensure. Completion of this form will certify that the applicant referenced above has satisfactorily completed a period of accredited postgraduate training at this facility and that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state. *The completed form must be mailed directly from the program to the Board.*

				Training Information
Facility Name	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO			☑
Facility Address	505 PARNASSUS AVE, M987 SAN FRANCISCO, CA. 94143-0119			☑
Specialty	Internal Medicine	ACGME 10-digit Program # http://www.acgme.org/adspublic	1400521064	☑ ☑
Dates of Training (mm/dd/yyyy)	Start Date: 06/21/2012	End Date (or anticipated completion date):	06/30/2015	☑ ☑

UNUSUAL CIRCUMSTANCES

Question	Response	MBC
1. Did the applicant receive partial or no credit for any postgraduate training year?	[redacted]	☑
2. Did the applicant ever take a leave of absence or break from his/her training?	[redacted]	☑
3. Was the applicant ever terminated, dismissed or expelled?	[redacted]	☑
4. Did the applicant ever resign?	[redacted]	☑
5. Was the applicant ever placed on probation?	[redacted]	☑
6. Was the applicant ever disciplined or placed under investigation?	[redacted]	☑
7. Were any incident reports regarding this applicant ever filed by instructors?	[redacted]	☑
8. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?	[redacted]	☑
9. Did the program decline to renew or offer the applicant postgraduate training program contract for a following year?	[redacted]	☑

Program Director: **Please provide a signed and dated letter of explanation for any "yes" response to questions # 1-9. The explanation must be provided on program letterhead and mailed directly to the Board with the Form L3A-L3B.**

L3A

07A-100 (Rev. 10/2012)

GENERAL MEDICINE TRAINING REQUIREMENT

MBC Use Only

To qualify for licensure in California, applicants who are graduates of an international medical school must complete **at least four months** of postgraduate training in GENERAL MEDICINE as part of the requirement. Applicants who are graduates of a U.S. or Canadian medical school, who have not completed postgraduate training required for licensure by July 1, 1990, must also complete **four months** of training in GENERAL MEDICINE prior to licensure. The GENERAL MEDICINE requirement may be satisfied by actual clinical practice where the applicant had direct patient care responsibilities for at least four months in any particular specialty or sub-specialty area.

General Medicine

10. Did the applicant named on the L3A form complete a minimum of four months of general medicine as part of this postgraduate training program accredited by the ACGME or the RCPSC? ☒ Yes ☐ No

☒ ok

PROGRAM DIRECTOR OFFICIAL CERTIFICATION

NOTE: The completed Form L3A-L3B must be mailed directly from the program to the Board to be acceptable.

The program director signing this form is formally certifying and documenting under penalty of perjury that the applicant received instruction appropriate for the particular postgraduate level and that he/she satisfactorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to satisfactory performance. The program director is attesting to the fact that the applicant has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state.

I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained on these forms is true and correct. I further certify that the training program is accredited by the ACGME or the RCPSC to offer the type and level of training completed by the applicant named on the Form L3A, and the applicant was trained in an ACGME or RCPSC slotted program position.

Harry Hollander
PRINTED NAME OF PROGRAM DIRECTOR

Harry.Hollander@ucsf.edu
Email Address

[signature]
SIGNATURE OF PROGRAM DIRECTOR
(Signature Stamp Is Not Acceptable)

9-5-13
DATE

(415) 476-1528
Phone Number

Program Director's Signature & Date ☒ ok

ATTENTION PROGRAM DIRECTOR: THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE, OR ADOPTION. Only the Program Director may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

NOTE: If a hospital seal is not available, the program director shall also sign in the section below in the presence of a notary public.

Program Director's Signature ☐

SIGNATURE OF PROGRAM DIRECTOR: ______________________
(Please sign full name in presence of notary)

State of ______________

County of ______________

Subscribed and sworn to (or affirmed) before me on this ______ day of ______________, 20______,

by, ______________________ proved to me on the basis of satisfactory evidence
(Print program director's name)

to be the person who appeared before me.

HOSPITAL or NOTARY SEAL

____
SIGNATURE OF NOTARY PUBLIC

Notary Signature & Seal ☐

Hospital Seal ☒

L3B

NOTE: The completed form must be mailed directly from the program to the Board to be acceptable.

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - *Department of Consumer Affairs* EDMUND G. BROWN JR., *Governor*

MEDICAL BOARD OF CALIFORNIA
Licensing Program

MEDICAL BOARD OF CALIFORNIA
2013 SEP 17 PM 2:54

CURRENT POSTGRADUATE TRAINING ENROLLMENT

LICENSING PROGRAM

Check one: ☑ U.S. or Canadian Medical School Graduate ☐ International Medical School Graduate

Type or Print Legibly

APPLICANT INFORMATION

NAME: Last Beaman		First Jessica	Middle Hyesun
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Medical School of Graduation	
[redacted]	[redacted]	University of Chicago Pritzker School of Medicine	

PROGRAM DIRECTOR TO COMPLETE ACGME OR RCPSC TRAINING INFORMATION

Facility Name	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO		
Facility Address	505 PARNASSUS AVE M987 SAN FRANCISCO, CA 94143-0119		
Specialty Area	Internal Medicine	ACGME 10-digit Program # http://www.acgme.org/adspublic	1400521064
Dates of Training (mm/dd/yyyy)	Start Date: 06/21/2012	Anticipated Completion Date: 06/30/2015	

PROGRAM DIRECTOR OFFICIAL CERTIFICATION

NOTE: The completed Form L4 must be mailed directly from the program to the Board to be acceptable.

I hereby declare under penalty of perjury under the laws of the State of California that the information contained on this form is true and correct. I further certify that the training program is accredited by the ACGME or the RCPSC to offer the type and level of training to the above named applicant and that the applicant is actively participating in a slotted position in an accredited ACGME or RCPSC postgraduate training program.

Harry Hollander
PRINT NAME OF PROGRAM DIRECTOR

Harry.Hollander@ucsf.edu
Email Address

[signature]
SIGNATURE OF PROGRAM DIRECTOR
(Signature Stamp Is Not Acceptable)

9-5-13
DATE

(415) 476-1528
Phone Number

ATTENTION PROGRAM DIRECTOR: THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE, OR ADOPTION. Only the Program Director may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

NOTE: If a hospital seal is not available, the program director shall also sign in the section below in the presence of a notary public.

SIGNATURE OF PROGRAM DIRECTOR: ____________________
(Please sign full name in presence of notary)

State of ____________________

County of ____________________

Subscribed and sworn to (or affirmed) before me on this ______ day of ______________, 20______,

by, ____________________ proved to me on the basis of satisfactory evidence
(Print program director's name)

to be the person who appeared before me.

____
SIGNATURE OF NOTARY PUBLIC

HOSPITAL or NOTARY SEAL

MBC Use Only

- Personal Data ☑
- Program Verified ☑
- Program Director's Signature & Date ☑ or
- Program Director's Signature ☐
- Notary Signature & Seal ☐
- Hospital Seal ☑

L4

NOTE: The completed form must be mailed directly from the program to the Board to be acceptable.

07A-100 Revised 8/2013