

ent of the District of Columbia Department of Health ation and Licensing Administration



BOARD OF MEDICINE

TION FOR MEDICINE & OSTEOPATHY (MD/DO) NEW LICENSE AL

All applicants must complete every section of this application and submit the original application and all required supporting documents. If more space an applicants into confidence by Section of this application and Submit the Original Spiritual and Submit and

SECTION 1A. LICENSURE TYPE & FEES	化的 排列 医克雷氏	SECTION 1B. BASIS OF APPLICATION
SELECT LICENSURE TYPE:	SELECT GRADUATE TYPE:	SELECT THE BASIS BY WHICH YOU ARE APPLYING:
☐MEDICINE & SURGERY (MD)	☑ U.S. CANADIAN	EXAM COMPLETED: \$805.00
☑OSTEOPATHY & SURGERY (DO)	☐INTERNATIONAL	USMLE DOMLEX LINCC NBME NBOME FLEX
		EMINENCE: EMINENCE 1 \$805.00 EMINENCE 2 \$200.00
SECTION 2A. APPLICANT INFORMATIO	NULL OF THE STATE OF THE STATE OF	
Note: LEGAL NAME: (Do not use any initials unle	ess they are a part of your name)	GENDER: MALE FEMALE
Ashlov	Brant	
Ashley R FIRST NAME N	Brant LAST NAME	(SUFFIX: Jr., Sr. etc.)
DEGREE(S): M.D., M.B.B.S., M.BA.	, мм.рн., прн.р., мс	THER DEGREE D.O.
Date of Birth Place of Birth : State/Pro	ovidence/Territory Cour	ntry if not USA Social Security Number
SECTION 2B. OTHER NAMES USED: (Ple	ase print clearly)	从自然是特殊。在外的是GL,从中型导现。并中国企业行为合品
If your name has changed at any point since you have	taken any exams or attended college	e or university, you must provide a copy of a legal name
change documents for EACH time that it has changed.	Acceptable documents for individua	Is are marriage certificates, divorce decrees, or court orders.
FIRST NAME MI	LAST NAME	(SUFFIX: Jr., Sr. etc.)
TIKOT WANE	LAOT WAIL	(0011 18.1 011, 011 010)
FIRST NAME MI	LAST NAME	(SUFFIX: Jr., Sr. etc.)
	V)	
SECTION 2C: RACE & ETHNICITY DESIG	SNATION: (Optional)	LANGUAGE(S) SPOKEN:
SECTION 20. RAGE & ETTATION I BEON	Stration. (Optional)	EARGONGE(O) CHERK
☐American Indian/Alaskan Native	Asian/South Asian	Language(s) spoken other than English:
☐ Black or African American	Caucasian/White	Spanish Vietnamese
☐ Hispanic or Latino	Other	∐FrenchTagalog ☐Amharic ☐Mandarin
		Cantonese German/ Slavic

DC Board of Medicine -MD/DO New License Application HRLA 1 PO Box 37801 Washington, DC 20013 - Main Number: (202) 724-8800

Fax Number: (202) 442-8117
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SECTION 3A. PREFERRED MAILING ADDRESS
Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS, PLEASE PROVIDE A STREET ADDRESS.
Indicate your preferred mailing address by placing an "X" in the appropriate box, This will be the address to which all future licensing documents will be mailed,
☑ HOME ADDRESS ☐ BUSINESS ADDRESS
SECTION 3B. HOME ADDRESS
THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.
HOME ADDRESS: (Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)
APARTMENT # HOME PHONE NUMBER: HOME FAX: ()
EMAIL ADDRESS:(REQUIRED)
SECTION 3C. BUSINESS ADDRESS:
THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC.
BUSINESS NAME: Medstar Washington Hospital Center
BUSINESS ADDRESS:
□ SUITE # □ FLOOR#
BUSINESS PHONE NUMBER: () BUSINESS FAX: ()
EMAIL ADDRESS:
IMPORTANT MESSAGE UPDATING PROFILE INFORMATION
Physicians are required to update name or address changes within 30 days of the change. It is imperative that you update your information in writing by email or fax (202) 442-8117 to the District of Columbia Health Regulation Licensing Administration Processing Department. Submit your request to the Attention of the "Processing Center". Include your name, phone number and any other pertinent information that will assist us in ensuring that the information is updated to the appropriate record/file.
Board of Medicine-MD/DO New License Application HRLA 1 PO Box 37801 Washington, D.C. 20013

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SECTION 4A. POST SECONDARY SCHOOLS		WE HAS	26 E. V.				
List post secondary schools attended, in reverse chronologic School Name, City, State, Co	al order, beginning with th untry	Date	nt at the top. of Graduation mm/yyyy	Degree/Certificate			
Michigan State Univ. College of Osteopathic Me	chigan State Univ. College of Osteopathic Medicine, Lansing, MI						
University of Michigan School of Public Health, A	Ann Arbor, MI	05/200	7	M.P.H.			
Michigan State University, Lansing, MI		05/200	4	B.S			
SECTION 4B. MEDICAL TRAINING AND MEDICAL TRAINING AND MEDICAL test experience covering the five (5) year period prior to the semploying facilities, organizations, and training. For "TRAINI reverse chronological order, beginning with the most recent.	submission of the applications ING AND PRACTICE DES	on (MONTH	& YEAR) and all tr S", use the letter k	aining. Include letters from			
Organization/Institution	Sta	art Date m/yyyy	End Date mm/yyyy	Type of Position (Use Key Code Below)			
Baystate Medical Center		2012		2			
-11							
100000000000000000000000000000000000000							
TRAINING AND PRACTI A. FELLOWSHIP B. INTERNSH							
F. OTHER(Attach a type							
SECTION 4C. MEDICAL LICENSES IN OTHER	D STATES/ HIDISDI	CTIONS	Male Laurence (EX)	BALAL VEO 210 EUL 1001 E			
List all states and jurisdictions in which you have ever hel additional sheet if necessary.			ses) and provide le	etters of verification. Use			
Are you currently applying for licensure in any other jurisd	diction? No_If yes plea	se list:					
Jurisdiction	Issue Date mm/yyyy	Expiration mm/y		License Number			
s							

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SECTION 5A. PRACTICE TIME IN TH	F DISTRICT		교사의 (원년) 시작되는 제 윤학(교
Please provide practice information	2 5.01101		
Trouble provide product information	~		
(1.A) Do you plan to practice in the District of	Columbia? (Yes)	No
(1.B) What type of medical practice? (Ac	ademic Adm	ninistrative	(Clinical Researc
(1.B) What type of medical practice?	ademic	IIIIstrative	Citilical
(1.C.) How many hours will you practice in	the District of Columbia?	<less 20="" hours="" td="" than="" wee<=""><td>ek >more than 20 hours/week</td></less>	ek >more than 20 hours/week
ACADEMIC MEDICINE		×	
 ADMINISTRATIVE MEDICINE 			
CLINICAL MEDICINE		×	
RESEARCH MEDICINE		X	
(0) Di	6	2	\ f:tt-
(2) Please indicate if you do or will practice in:	Mar	yland)	Virginia
SECTION 5B. SPECIALTIES		SERVICE SERVICE AND A LIBERTY	LEAD CHIEFE AND LEADING IN.
Please select the appropriate specialties.			
riedae acieci die appropriate apecialités.			
If your practice is limited to a specialty, pleas	se indicate the code from t	the specialty code listed belo	ow. Primary OB
			Secondary
	SPECIALTY	CODE	
AC Academic Medicine	NU Nuclear Medicine		IR Physical Medicine &
AC Academic Medicine ADM Administrative Medicine	OB Obstetrics & Gyne		Rehabilitation
Al Allergy & Immunology	OC Occupational Heal		Preventive Medicine/Public Health
AN Anesthesiology	OP Ophthalmology		SY Psychiatry
DE Dermatology	OMT Osteopathic Manip		Radiology
EM Emergency Medicine FM Family Medicine	Treatment ENT Otolaryngology		M Research Medicine Surgery (General)
GE Geriatrics	PA Pathology		Surgery (General)
HOS Hospitalist	PED Pediatrics (General		SU/BT Burn/Trauma
IN Internal Medicine (General)	PED Pediatrics		 SU/CS Cardiac Surgery
IN Internal Medicine		olescent Medicine	 SU/CO Colon & Rectal
 IN/CA Cardiology 		diology	Surgery
IN/EN Endocrinology		docrinology	 SU/GE General Surgery
IN/GI Gastroenterology		stroenterology	SU/NE Neurological Surgery
IN/HEM Hematology	PED/HEM Her		SU/OR Orthopedic Surgery
IN/ID Infectious Disease N/NED Naphrology	PED/NEO Nec		SU/PL Plastic Surgery
 IN/NEP Nephrology IN/NEU Neurology 	 PED/NEP Nej PED/NEU Net 	phrology	SU/TH Thoracic SurgerySU/TP Transplant
IN/ONC Oncology	PED/ONC Onc		SU/UR Urology
IN/PCC Pulmonary Critical Care		monary Critical Care	SU/VA Vascular
IN/PUD Pulmonary Disease		monary Disease	SOIVA Vascular
IN/RH Rheumatology			her:
MG Medicine Genetics			
的是位性是是多一元。 第一元章	BOARD CER	RTIFICATION(S)	区 经运行成绩 巴州市战争等 经
Are you board certified in any specialty?	Yes	No (If yes please list in ti	he provided space below)
any opposition.		ving organization(s)	
(ONE VENTER ASSESSMENT ASSESSMENT	and the second of the second o	
X	S		

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SEC	TION 5. REQUIRED SCREENING QUESTIONS	6 8	
full ir	se answer questions 1 through 15 by placing an X in the appropriate boxes. If you answer "YES" to any question, you mu nformation and complete details <mark>on a separate sheet of paper attaching copies of all relevant documents such as fi</mark> ers or panel review decisions.		
1.	Have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor (including driving under the influence or while impaired, but excluding minor traffic violations)?	Yes	No
	Have you ever been licensed in any healthcare field in any state or jurisdiction? If yes, please list profession(s) &		_
2.	jurisdiction(s). HEALTH PROFESSION(S) JURISDICTION(S)	Yes ✓	No
	Physician (D.O.) Massachusetts		
3.	Have you been a defendant or respondent to a claim for damages or a malpractice action?	Yes	No
4.	Have you ever voluntarily surrendered a license or registration certificate (or allowed it to lapse) after formal charges had been brought against you or while you were under investigation?	Yes	No ✓
5.	Have you ever surrendered your clinical privileges (voluntary or involuntary) or had your clinical privileges denied, revoked, or suspended at any hospital or health care facility?	Yes	No
6,	Have you ever been terminated or resigned (voluntary or involuntary) from a clinical or professional training program for any reason?	Yes	No ✓
7.	Has any licensing authority taken adverse action against your license or privileges or informed you of any pending charges?	Yes Yes	
8.	Has any licensing authority, health facility, or peer review board informed you of any pending charge(s) or investigation(s) against you?		
9,	Are you presently or have you ever been under a corrective action plan imposed by an employer, medical facility or educational program?	Yes	No ✓
10.	Do you have a medical condition or have you become aware of any medical condition that currently impairs or limits your ability to practice medicine safely or that could affect your performance or impact your ability to practice your profession?	Yes	No ✓
11.	Are you currently being treated, or within the past five (5) years have you been treated, for a physical or mental condition that, but for the treatment, could impair your ability to practice your profession?	Yes	No
12.	Have you ever engaged in the excessive use of alcohol, controlled substances or prescription drugs or have you received treatment or therapy for abuse of alcohol or drugs?	Yes	No ✓
13.:	Within the last ten (10) years, have you voluntarily resigned, been asked to resign, terminated, or disciplined by any employer due to practice or moral turpitude issues?	Yes	No
14.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	Yes	No ✓
15.	Have you ever had a professional liability policy cancelled or not renewed?	Yes	No ✓

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BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

Please indicate the supporting documents you have included with this package or requested to be sent to the DC Board of Medicine. Keep a photocopy. Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicants name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies. One photocopy of a government issued photo ID Criminal Background Check (CBC) -To access form and instructions go to www.doh.dc.gov/service/criminal-background-check or contact the CBC unit at 1-877-783-4187. One (1) character reference form Must be completed by an MD or DO in a supervising role. AMA/AOA Profile The profile should be submitted from the issuing institution. Performance of the profile should be provided in a sealed envelope from the issuing jurisdiction(s) for each license identified in Section 4C. All undergraduate, graduate, and professional school transcripts. Transcripts should be provided in a sealed envelope from the Issuing institution for each school that you attended and listed in Section 4A. Documentation of all experience covering the five (5) year period prior to the submission of the application and all training Proof of experience should be submitted as a letter on official letterhead from the overseeing institution/organization. Performance of the submission of the application and all training Proof of experience should be submitted as a letter on official letterhead from the overseeing institution/organization. Performance of the submission of the application package (if Eminence 1 or Eminence 2 applicant) NA Eminence application package (if Eminence 1 or Eminence 2 applicant) NA SECTION 6B. Controlled Dangerous Substance Registration Make check or Money order payable to "DC TREASUREE" A charge of Medicine MiDD New Application Poble Law Section and check to: Board Medicine MiDD New Application Poble Law Section and check to: Board Medicine MiDD New Application Poble Law Section and check to: Medicine MiDD New	SECTION 6A. SUPPORTING DOCUMENTS	
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Will you be applying for a controlled substance registration? Will you be applying for a controlled substance registration? WYES (If yes, please visit the Pharmaceutical Control Division @ www.doh.dc.gov/pcd or contact 202-478-9310 or 202-442-5877 NO Make check or Money order payable to "DC TREASURER" A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208) Mail your application package and check to: Board of Medicine- MD/DO New Application HRLA 1 PO Box 37801	☐ Eminence application package (if Eminence 1 or Emin	nence 2 applicant) NA
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PO Box 37801		Mail your application package and check to: Board of Medicine- MD/DO New Application
	□NO	PO Box 37801

DC Board of Medicine -MD/DO New License Application HRLA 1 PO Box 37801 Washington, DC 20013 - Main Number: (202) 724-8800 Fax Number: (202) 442-8117

Board of Medicine - www.doh.dc.gov/borned

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Page 6





BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

SECTION 7A.

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

- Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
- Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
- Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18
 (Civil Infractions Act of 1985);
- Past due taxes;
- Past due District of Columbia Water and Sewer Authority service fees; or
- Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

Yes No

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

SECTION 7B. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

LICENSEE SIGNATURE

PRINT NAME

DATE

Update by: MR 2/23/15

DC Board of Medicine -MD/DO New License Application HRLA 1 PO Box 37801 Washington, DC 20013 - Main Number: (202) 724-8800 Fax Number: (202) 442-8117

Board of Medicine - www.doh.dc.gov/bomed

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Page 7









DC Department of Health Board of Medicine Character Reference Form

Board of Medicine 899 North Capitol St., NE 1st Flr. Washington, DC 20002

(202)-724 4900

experience.		A		1	Bran		Annline
The District of Columbia Board so the information you primely manner. I hereby authorize the Board in connection with the	rding the candidate's ch h peers and staff. Please rovide can be given con te all my references to re	aracter, employ e complete this f sideration in the lease to the D.C	ndidate ment a form to e proc	e for lice and obse the best essing o	nsure, deperved perfort t of your a of this can	ormance while bility and retudidate's appli	ormation e providi urn it to ication in
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			Poor	Fair	Good	Superior	
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Clinical judgment						1,	
Relationship with patients							
Ethical/professional conduct						/	
Interest in work						1	
Ability to communicate							
To your knowledge, has the applicant be hospital or health care facility? Yes[Recommendation: (please indicate with Recommend highly and without re Recommend with some reservatio Do not recommend (explain) Of particular value to us in evaluating any such comments from you.	☐; (if yes, please explain on a sepa check mark) eservation ☑; Recommend as on on (explain)	arate sheet) qualified and compet	ent 🗌	No			
The above report is based on: (please indo Close personal observation	dicate with check mark) General impression ; A comp	osite of evaluations [,!.	Genz	30	-	:
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Academic Transcript of: BRANT, ASHLEY RENEE

STUDENT NAME



M1466622-01SC01 01-FEB-2016

CONTROL NUMBER

DATE ISSUED Page 1

UNIVERSITY OF MICHIGAN

OFFICE OF THE REGISTRAR - ANN ARBOR, MI 48109-1382



ISSUED TO STUDENT

MICHIGAN STATE UNIVERSITY EAST LANSING

MI 48824-2604

BEGINNING OF GRADUATE RECORD

Cumulative Total	Public He	Public Health	Term Total	HMP	HMP	HBEHED	EPID	BIOSTAT	Winter 2007	Term Total	HMP	HBEHED	HBEHED	HBEHED	HBEHED	EHS	Fall 2006	Term Total	HBEHED	HBEHED	HBEHED	HBEHED	EPID	Winter 2006
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60.00 455.00			109.00	24.00	32.00	8.00	21.00	24.00	MHP	124.00	24.00	12.00	24.00	24.00	16.00	24.00	MHP	96.00	12.00	21.00	21.00	18.00	24.00	MHP

END OF GRADUATE RECORD

9

Total Number of Pages End of Transcript

YOU, YOUR AGENTS, OR EMPLOYEES WILL NOT PERMIT ANY OTHER PARTY ACCESS TO THIS RECORD WITHOUT CONSENT OF THE STUDENT IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.

ANY ALTERATION OR MODIFICATION OF THIS RECORD OR ANY COPY THEREOF MAY CONSTITUTE A FELONY AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS.



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OFFICIAL ACADEMIC TRANSCRI ISSUED TO STUDENT BRANT S COURSE CRS **GRADE** TITLE **CRS** GRADE PREVIOUS/TRANSFER INSTITUTIONS FALL SEMESTER 2003 08/25/03 - 12/12/03 DIRECTED STUDY HUMAN PROSECT PINCKNEY COMMUNITY HIGH SCHOOL **ANTR 485** PINCKNEY MI BMB 461 BIOCHEMISTRY I CEM 162 CHEMISTRY LABORATORY II UNDERGRADUATE CREDIT MMG 451 IMMUNOLOGY ADVANCED PLACEMENT PHI ETHICAL ISSUES IN HEALTH 344 MSU SEM CREDITS ACCEPTED: PHY 252 INTRO PHYSICS LAB II CUM CREDITS : 106.0 CUM GPA : DEAN'S LIST UNDERGRADUATE CREDIT COURSE INFORMATION SPRING SEMESTER 2004 01/12/04 SEMESTER 2000 BIOCHEMISTRY II 08/28/00 - 12/15/00 **BMB** 462 GENERAL CHEMISTRY MMG 409 EUKARYOTIC CELL BIOLOGY SOCIETY AND THE INDIVIDUAL (D) 4 NSC 495 CAPSTONE IN HUMAN BIOLOGY (W) CALCULUS I SOC 315 FAMILY AND SOCIETY PREVIEW OF SCIENCE GENERAL PARASITOLOGY 701 316 ELEMENTARY SPANISH I CUM CREDITS : 120.0 CUM GPA CUM CREDITS : 28.0 CUM GPA : DEAN'S LIST SPRING SEMESTER 2001 01/08/01 - 05/04/01 BACHELOR OF SCIENCE GENERAL & INORGANIC CHEMISTRY MAJOR: HUMAN BIOLOGY CHEMISTRY LABORATORY I COLLEGE: NATURAL SCIENCE U.S. & THE WORLD (D) WAR AND REVOLUTION (I) CALCULUS II OSTEOPATHIC MEDICINE CREDIT CUM CREDITS : 44.0 COURSE INFORMATION SUMMER SEMESTER 2008 06/24/08 - 08/21/08 SEMESTER 2001 08/27/01 - 12/14/01 ANTR 551 MEDICAL GROSS ANATOMY ORGANIC CHEMISTRY I CUM CREDITS : 6.0 CUM GPA : GREAT AGES ANCIENT WORLD (I) PHYS SCIENTISTS & ENGINEERS I HUMAN PHYSIOLOGY I FALL SEMESTER 2008 08/25/08 - 12/12/08 MEDICAL BIOCHEMISTRY CUM CREDITS : 58.0 514 BMB 526 GENETICS F CM SPEC PROB IN FAMILY MEDICINE 590 SPRING SEMESTER 2002 01/07/02 - 05/03/02 OMM 501 OMM T ORGANIC CHEMISTRY I OST 504 DOCTOR/PATIENT RELATIONSHIP PHYS SCIENTISTS & ENGINEERS 531 BIOSTATISTICS & EPIDEMIOLOGY OST PSL INTRODUCTORY PSYCHOLOGY 534 CELL BIOLOGY AND PHYSIOLOGY I VETERINARY MEDICINE IN SOCIETY CUM CREDITS : 20.0 CUM GPA : N/A CUM CREDITS 67.0 CUM GPA : SPRING SEMESTER 2009 01/12/09 - 03/25/09 SEMESTER 2002 08/26/02 12/13/02 PSL 535 CELL BIOLOGY AND PHYSIOLOGY II HUMAN GROSS ANATOMY STRUC BIOL ORGANIC CHEMISTRY II SPRING SEMESTER 2009 01/12/09 - 05/08/09 **ECM** 590 SPEC PROB IN FAMILY MEDICINE

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CEM 255 ORGANIC CHEMISTRY LABORATORY 251 INTRO PHYSICS LAB I PHY HUMAN PHYSIOLOGY I PSL 431 REFLECTIONS ON LEARNING TE 150 CUM CREDITS : 79.0 CUM GPA SPRING SEMESTER 2003 01/06/03 - 05/02/03 ANTR 480 SPECIAL PROBLEMS IN ANATOMY 301 INTRODUCTORY MICROBIOLOGY MMG MMG 302 INTRO MICROBIOLOGY LAB PSL HUMAN PHYSIOLOGY II 432 ZOL 341 FUNDAMENTAL GENETICS CUM CREDITS : 92.0 CUM GPA -END OF COLUMN

> PROVIDED SOLELY FOR: ASHLEY BRANT

MEDICAL MICROBIO & IMMUNOLOGY

BASIC PRINCIPLES OF PATHOLOGY

CUM GPA

MEDICAL NEUROSCIENCE

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CLINICAL SKILLS

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OFFICIAL ACADEMIC TRANSCRI ISSUED TO STUDENT

BRANT, ASHLEY RENEE

08/31/09 - 12/18/09

09/02/09 - 12/18/09

CUM GPA : N/A

TITLE

SUMMER SEMESTER 2009 05/18/09 - 07/02/09 PHM 563 MEDICAL PHARMACOLOGY

SUMMER SEMESTER 2009 05/18/09 - 07/31/09 OST 511 SYS BIO NEUROMUSCULOSKLTL I 7 SUMMER SEMESTER 2009 05/18/09 - 08/20/09

INTRODUCTION TO RADIOLOGY

SYS BIO NEUROMUSCULOSKLTL II

PRIN OF FAMILY MEDICINE I

REPRODUCTIVE HEALTH

SYS BIO: GROWTH & DEV

SYS BIO ENDOCRINOLOGY

SYS BIO HEMATOPOIETIC

SYS BIO GENITOURINARY SYS BIO CARDIOVASCULAR

CUM CREDITS : 104.0 A CUM GPA : N/A

BEHAVIORAL SYSTEM

SPRING SEMESTER 2010 01/11/10 - 05/07/10

CHRONIC ILLNESS

SUMMER SEMESTER 2010 05/11/10 - 06/01/10 OST 526 SYS BIO INTEGUMENTARY

SUMMER SEMESTER 2010 05/13/10 - 06/07/10 OST 532 SYS BIO: GROWTH & DEV CASES

SUMMER SEMESTER 2010 05/17/10 - 08/19/10 OST 602 PRIMARY CARE AMBULATORY CLKSHP 6 OST 602 PRIMARY CARE AMBULATORY CLKSHP 6 CUM CREDITS : 119.0 CUM GPA : N/A

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602 PRIMARY CARE AMBULATORY CLKSHP 6

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CUM GPA : N/A

PRIMARY CARE AMBULATORY CLKSHP

PRIN OF FAMILY MEDICINE II

CLINICAL TROPICAL MEDICINE

SYS BIOLOGY: FEMALE REPRO

SPECIAL PROBLEMS

ETHICS, POLICY & JURISPRUDENCE

SYSTEMS BIOLOGY: RESPIRATORY

SYS BIO GASTROINTESTINAL

OSTEOPATHIC MEDICINE CREDIT

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PROVIDED SOLELY FOR

Thiste DE Nicole G Rovig

University Registrar THE FACE OF THIS TRANSCRIPT IS PRINTED WITH BLACK INK ON PAPER WITH GREEN BACKGROUND.



142 E. Ontario Street Chicago, Illinois 60611-2864 800-621-1773 EXTENSION 8145 FAX 312-202-8445

District of Columbia Board of Medicine 899 North Capitol St. NE, 1st Flr. Washington, DC 20002

Enclosed is your order for the Official Osteopathic Physician Profile Report(s). The Report(s) will assist you in the complete credentialing process by providing primary source verified information on osteopathic physicians. Appropriate use of this instrument, in combination with your organization's documented credentialing policies and procedures would meet certain primary source requirements of the: American Osteopathic Association Healthcare Facilities Accreditation Program; Joint Commission on Accreditation of Healthcare Organizations; the National Committee for Quality Assurance; (URAC); and the National Association of Insurance Commissioners.

The AOA employs its best efforts to maintain the integrity of its physician database so that you and our other credentialing clients will be better served. We rely on primary sources to report new or changed information to us in a timely manner. However, there may be some delay. If you note any discrepancies, please mark them on a copy of this report and FAX to the AOA at (312) 202-8442. We will reverify the information and update the record if necessary. We will then send the revised profile at no charge. If we find that our original information is indeed correct, we will notify you immediately.

P.S. Did you know that you could order and receive the Official Osteopathic Physician Profile Report on-line? You will get instant turnaround on your order. Visit our website at www.doprofiles.org.

You will need to use your customer account number and password to order over the Internet.

Your account id is:

201108

Your password is:

DC201108DC



Baystate Medical Center

759 Chestnut Street

Springfield, Massachusetts, 01199

413-794-0000

baystatehealth.com

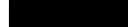
PRIVILEGED AND CONFIDENTIAL MEDICAL PEER REVIEW

VERIFICATION OF TRAINING

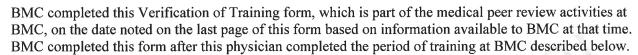
Physician Name:

Ashley R. Brant, DO, MPH

Date of Birth:



Baystate Medical Center, Inc. ("BMC") operates residency and fellowship training programs, including the residency training program in obstetrics and gynecology below that is accredited by the Accreditation Council for Graduate Medical Education ("ACGME").



BMC completes this form, and submits the information set forth in this form, in good faith and in the reasonable belief that it is authorized and required to do so.

This information is current as of the date signed and may not include the most current information concerning this physician, including any action taken by another entity or lawsuit commenced after this form was completed.

1. PROGRAM DESCRIPTION

The BMC **Obstetrics and Gynecology** residency training program is 48 months in duration. It was accredited by the ACGME during the entire period of this physician's training.

This physician's first year of training included: 3 weeks of fundamentals in ObGyn and 1 week of step-up at the end of the year; 2 months each of labor & delivery low-risk obstetrics, night float, and gynecologic surgery; 1 month each of perinatal diagnostics including ultrasound and genetics, emergency medicine, primary and preventative care, gyn consult service and gynecologic oncology.

This physician's second year of training included: 2 months each of labor & delivery low-risk obstetrics, night float, gynecologic surgery and reproductive health (colposcopy, family planning); 1 month each of gynecologic oncology, urogynecology, reproductive endocrinology and an elective. Dr. Brant's elective was spent conducting research.

This physician's third year of training included: 2 months each of labor & delivery high risk obstetrics, maternal-fetal medicine, night float, and gynecologic surgery; 1 month of reproductive endocrinology, minimally invasive surgery techniques and an elective. Dr. Brant's elective was an international elective, Step-Up Uganda, Institute for Training & Development.

This physician's fourth year of training *is currently in progress*. The training includes: 2 months each of gynecologic surgery, urogynecology, labor & delivery, night float, gynecologic oncology and quality & patient Safety. For 2 months of the fourth year of training, this physician serves as Chief Administrative Resident.

There was 1 month vacation interspersed throughout each year.

PRIVILEGED AND CONFIDENTIAL

VERIFICATION OF TRAINING



Physician Name: Ashley R. Brant, DO, MPH

Date of Birth:



2. PERIOD OF TRAINING

This physician's training is currently in progress. Below is the start date and anticipated end date of this physician's training.

This physician took a maternity leave from 18 Feb 2014 to 24 Mar 2014. The leave did not require this physician to extend her training.

3. INSTITUTIONAL DISCIPLINARY AND ACADEMIC ACTIONS

As of the date of this Verification of Training and to the best of our knowledge, this physician was not subject to any institutional disciplinary or academic action.

4. Professional Actions and Malpractice Lawsuits

As of the date of this Verification of Training and to the best of our knowledge, this physician was not the subject of any disciplinary action by any licensing, regulatory, or professional body and was not a defendant in any malpractice lawsuit.

5. ABILITY TO PRACTICE

As of the date of this Verification of Training and to the best of our knowledge, this physician demonstrated no physical or mental condition that adversely affected his or her ability to practice obstetrics and gynecology.

6. EVALUATION

As of the date of this Verification of Training, this composite evaluation of the cumulative performance of this physician is based on the personal observations by faculty physicians, nurses, and other healthcare professionals; written evaluations; and review by a residency evaluation committee. During the above period of training at BMC, this physician demonstrated competence in each of the following ten (10) categories:

ACGME Competencies

- Patient Care
- Medical knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

Additional Competencies

- Teamwork and Collaboration
- Ethical Conduct

- Record Keeping
- Ability to Understand and Speak English

Physician Name:

Ashley R. Brant, DO, MPH

Date of Birth:



7. CLINICAL AND PROCEDURAL SKILLS

Upon completion of the obstetrics and gynecology residency training program, the training this physician will receive is sufficient for the practice of obstetrics and gynecology as required for the certifying examination administered by the American Board of Obstetrics and Gynecology.

All residents in obstetrics and gynecology are required by ACGME standards to maintain a case log of certain procedures. If applicable, please refer to this physician's log book for specific information regarding procedures.

8. RECOMMENDATION

This recommendation is an accurate assessment of this physician's competence in the obstetrics and gynecology residency training program, as of the date of this Verification of Training.

Heather Z. Sankey, MD

Program Director

Obstetrics and Gynecology Residency

Department of Obstetrics and Gynecology

Kevin T. Hinchey, MD Chief Education Officer

Designated Institutional Official

Daniel R. Grow, MD

Chair

Department of Obstetrics and Gynecology

As of the date below:

Dated: 28 Mar 2016

THE
BAYSTATE
MEDICAL CENTER
SEAL AFFIXED IN
THIS SPACE
SIGNIFIES AN
OFFICIAL
VERIFICATION OF
TRAINING





OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

800-621-1773 EXTENSION 8145 FAX 312-202-8445 142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@osteotech.org

** Contact Board for More Information Date Last Reported 11/15/2015 to the AOA Active Status 07/01/2016 Expiration Date 06/20/2012 Granted: Date

License(s):

State MA ** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

AOA Accredited Continuing Medical Education: CME is not required for this physician.

Please note: The AOA reports CME for AOA members only.

Federal Drug Enforcement Administration: None Reported

Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not

maintain this information.

Former Name(s):

Ashley R Brant

The content of this Official Osteopathic Physician Profile Report is intended to assist in the complete credentialing process by providing primary policies and procedures would meet the primary source requirements of the American Osteopathic Association Healthcare Facilities Accreditation Program; source verified information on osteopathic physicians. Appropriate use of this instrument, in combination with your organization's documented credentialing information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty The Joint Commission; URAC; and the National Association of Insurance Commissioners. The National Committee for Quality Assurance recognizes the board certification. Please Note:

If you note any discrepancies, please mark them on a copy of this report and return to the AOIA at the address above. Thank you.

AOA Database Report For: Ashley R. Brant, DO

A product of the American Osteopathic Information Association (AOIA)

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Page 2 of 2

03/16/2016



OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

142 E. Ontario Street Chicago, Illinois 60611-2864

License(s):

Granted: 06/20/2012

07/01/2016

Active

11/15/2015

Expiration

Status

800-621-1773 EXTENSION 8145 FAX 312-202-8445

ELECTRONIC MAIL: credentials@osteotech.org

Date Last Reported ** Contact Board for to the AOA More Information

historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information. ** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is

AOA Accredited Continuing Medical Education: CME is not required for this physician.

Please note: The AOA reports CME for AOA members only.

Federal Drug Enforcement Administration: None Reported

maintain this information. Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not

Former Name(s):

Ashley R Brant

source verified information on osteopathic physicians. Appropriate use of this instrument, in combination with your organization's documented credentialing board certification. information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty The Joint Commission; URAC; and the National Association of Insurance Commissioners. The National Committee for Quality Assurance recognizes the policies and procedures would meet the primary source requirements of the American Osteopathic Association Healthcare Facilities Accreditation Program; Please Note: The content of this Official Osteopathic Physician Profile Report is intended to assist in the complete credentialing process by providing primary

If you note any discrepancies, please mark them on a copy of this report and return to the AOIA at the address above. Thank you

AOA Database Report For: Ashley R. Brant, DO





COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

Examinee: Brant, ANBOME ID:	Ashley R	Da	ate of Birth:	
EXAMINATION	DATE COMPLETED	PASS /	3 - DIGIT STANDARD MINIMUM SCORE PASSING	2 - DIGIT STANDARD MINIMUM SCORE PASSING NOTI
Level 1		OF LAND		
	02-Jul-2010	Pass		
Level 2 Cognitive E	valuation (CE)		PARTY OF A VALUE AND A VALUE	WELLINE STORY
	15-Jul-2011	Pass		
Level 2 Performance	e Evaluation (P)	E)	APPRILATED AND SOME	
	23-Jun-2011	Pass	Not Applicable	Not Applicable
Level 3				
	13-May-2013	Pass		

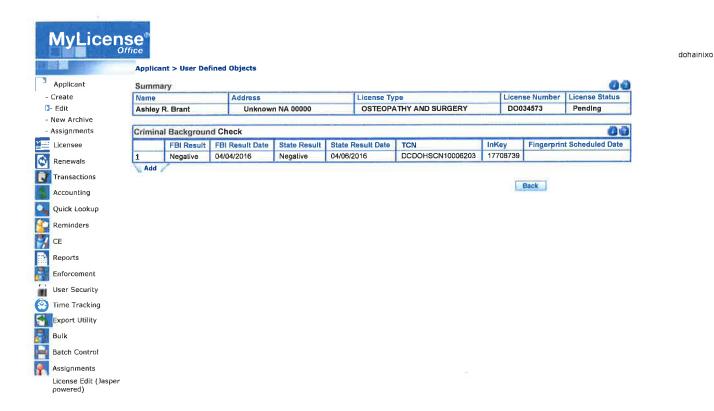
The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: February 05, 2016

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-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc. 8765 West Higgins Road Suite 200 Chicago IL 60631-4174 Phone: 773/714-0622 Fax: 773/714-0631



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Ashley Brant

Criminal proceedings:

2 charges of minor in possession of alcohol in 2001

Offense dates: 5/26/2001 and 3/4/2001

Offense: Illegal possession of alcohol under 21 years of age

Circumstances: Possession and consumption of alcohol at age 18 in a private residence. Plead guilty to both charges. Completed probation and community

service.

Status: Both closed

Case Number: HT033096-SM Case Closed: 02/19/02	Judge:	BRIAN V. BROWN
File Date: 05/26/01	Offense Date:	05/26/01
Speed Charged:	Speed Allowed:	
Sex:		
Officer:	Department:	HAMBURG TOWNSHIP
Findings: DISPOSED ON GUILTY PLEA		08/22/01
Sentencing Date: 08/22/01	Total Fines:	\$435.00

Case Number:	S130532-SM	Judge:	BRIAN V. BROWN
Case Closed:	05/30/01		
File Date:	03/04/01	Offense Date:	03/04/01
Speed Charged:		Speed Allowed:	
Sex:	ות		
Officer:	ANDREW ELLIS	Department:	LIVINGSTON COUNTY SHERIFF DEPT.
Findings:	DISPOSED ON GUILTY PLEA	Disposition Date:	04/05/01
Sentencing Date: 04/05/01	04/05/01	Total Fines:	\$155.00
53rd District Court			

53rd District Court