

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Dilley, Sarah Elizabeth**

Social Security Number: **XXX-XX-0427**

Date of Birth: **August 12, 1984**

FID#: **215740002**

Recipient: **IN - Medical Licensing
Board of Indiana**

Delivery Date: **02/14/2019**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



FEDERATION OF
STATE MEDICAL BOARDS

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****Affidavit and Release****fsmb**

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

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



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

Dilley

Applicant's Printed Last Name

Sarah E.

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

2/1/19

Date of Signature (must correspond to date of notarization)

State of ALABAMA, County of Jefferson

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 1st day of February, 2019.

Notary Public Signature: [Signature]

MY COMMISSION EXPIRES APRIL 23, 2019

My Notary Commission Expires: _____

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

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

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FCVS ID Number

FCVS

FID Number
215740002

215 740 002



Biographic Information

Medical professional Name(s): **Dilley, Sarah Elizabeth**

Date of Birth: August 12, 1984

Place of Birth: Indianapolis, IN, UNITED STATES

Contact Information

Home Address: 1701 1st Ave S
Apt 600
Birmingham, AL 35233
UNITED STATES

Mobile Phone:

[REDACTED]

Email:

[REDACTED]

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Dilley Sarah Elizabeth
Last First Middle

FCVS ID Number: FCVS

Notary – Please complete the section below:

State of ALABAMA County of Jefferson

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 1st, of (Month) February, (Year) 2019.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) _____ / (Day) _____ / (Year) MY COMMISSION EXPIRES APRIL 23, 2019

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.

Notary Stamp Here



SEAL
VERIFIED

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

Federation of State Medical Boards

ATTN: FCVS

400 Fuller Wiser Rd

Euless, TX 76039-3856

FCVS ID Number
FCVS

FID Number
215740002

215 740 002

PP

in Order to have better effect. Others, excluded, desire more diversity. Finally, it is possible for the current defence against the general Welfare, and more generally, the safety of ourselves and our Possessions, as well as that of the Country, to be the University of America.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE



UNITED STATES OF AMERICA

[illegible]

DILLI

Given Names / Prénoms / Nom bytes

SARAH ELIZABETH

Nationality / Nationalité / Nationalidades

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

12 Aug 1984

Place of birth / Lieu de naissance / Lugar de nacimiento

INDIANA U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

28 Oct 2016

Date of expiration / Date d'expiration / Fecha de caducidad

27 Oct 2026

Endorsements / Mentions Statistics / Annotations

SEE PAGE 27

Gunn / Smith / Spector

11

Authority / Autorité / Autorität

United States

Department of State

Department of Health and Human Services

5

[illegible]

550634812611548408129F2610276278488984<397698

215 740 002

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/10/2007	05/12/2012	Medical Education	Indiana University School of Medicine Indianapolis Indianapolis Indiana UNITED STATES
06/01/2010	05/31/2011	PGT/Education	Harvard University School of Public Health, Masters of Public Health Program Boston Massachusetts UNITED STATES
07/01/2012	06/30/2016	Postgraduate Training	Oregon Health & Science University Program Portland Oregon UNITED STATES
07/01/2016	06/30/2019	Postgraduate Training	University of Alabama Medical Center Program Birmingham Alabama UNITED STATES

End of Chronology of Activities report for: Dilley, Sarah Elizabeth



Medical Education

Medical School: Indiana University School of Medicine Indianapolis

Location: Indianapolis, IN
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

**Federation Credentials
Verification Service**
400 Fuller Wiser Road
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: Indiana University School of Medicine Indianapolis

Address Line 1: 635 Barnhill Dr MS160

Address Line 2:

City: Indianapolis

State/Province: IN

Zip Code (Postal Code): 462025144

Country: US

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

N/A

Premedical Education:

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

Credential/degree presented by the applicant for admission to your medical school: entrant met all requirements for admission 90 CR/

Enrollment and Participation: Our records indicate that Dilley, Sarah Elizabeth

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

attended our medical school for total of 169 weeks of medical education on the following dates: **From:** 08/14/2007 **To:** 05/13/2012

Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine on 05/13/2012

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

Attestation

Affix Institutional
Seal Here

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

Watermark
For FCVS internal use only.

Name: Amanda Ybarra

Signature: Amanda Ybarra

Title: Registrar

Date of Signature: 02/04/2019

Phone: (317) 274-1970

Fax: (317) 274-4309

Email: ksandric@iu.edu

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

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved:

From Date:**To Date:**

Personal/Family _____

Academic remediation _____

Health _____

Financial _____

Participation in joint degree Program (e.g., MD/PhD)

Participation in non-research special study

(e.g., fellowship, international experience) _____

Participation in non-degree research _____

Other: graduate Study 06/01/2010

06/01/2011

Approved

Other:

Please Specify:

student worked on graduate studies 6/1/2010 to 6/1/2011.**2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?****No**

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

From Date:**To Date:**

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other:

Please specify a reason:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?**No**

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?**No**

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?**No**

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

Medical School

Medical Professional Name: Dilley, Sarah Elizabeth

Indiana University School of Medicine Indianapolis

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? Yes

Dates: 06/2010 To 05/2011

Took a 1 year leave of absence in order to obtain a Masters of Public Health at Harvard University
School of Public Health

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

**Were any limitations or special requirements imposed on you because of academic
performance, incompetence, disciplinary problems or for any other reason?** No

End of Applicant Reported Unusual Circumstances report for: Dilley, Sarah Elizabeth



SCHOOL OF MEDICINE

INDIANA UNIVERSITY
Office of Medical Student Affairs

MEDICAL STUDENT PERFORMANCE EVALUATION

INTRODUCTION

Sarah Elizabeth Dilley, a fourth year medical student at the Indiana University School of Medicine, is applying for a residency program at your hospital.

Dr. Jon Hathaway, faculty advisor for Sarah Elizabeth Dilley, has written the Medical Student Performance Evaluation letter for the School and it is attached. The advisor's letter functions as the Medical Student Performance Evaluation letter at Indiana University School of Medicine. The faculty advisor has known and been working with the student since the middle of the student's third year, and in many cases, longer. The advisor has received and reviewed all of the student's personal and academic information, including copies of all course evaluations. The course evaluations contain detailed faculty comments given to the student.

Evaluations for the first two years cover primarily basic science courses and Introduction to Clinical Medicine. The third and fourth year curriculum includes required clinical clerkship and elective courses. The medical school curriculum may be taken at any one of nine campuses of the Indiana University School of Medicine around the state.

Indiana University School of Medicine students must show proficiency in nine competency areas. A transcript showing each student's level of completion of this requirement is appended to the standard academic transcript.

In accordance with guidelines issued by the AAMC, the Indiana University School of Medicine calculates an overall academic class ranking in quintiles and it is attached to this letter. In addition, a percentage distribution of grades for each course is placed on the academic transcript. The School requires that the student pass USMLE Step 1, Step 2 CK, and Step 2 CS for graduation.

Should you have any questions regarding this information, please contact Dr. Hathaway or Dr. James J. Brokaw, Associate Dean for Medical Student Academic Affairs (317/278-2891 or jbrokaw@iupui.edu).

Enclosures

Medical Student Performance Evaluation Letter
Academic History/Overall Academic Ranking Graphic



INDIANA UNIVERSITY

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

School of Medicine

MEDICAL STUDENT PERFORMANCE EVALUATION

For

Sarah Elizabeth Dilley

Dear Colleague:

The Indiana University School of Medicine is pleased to submit this evaluation of the performance of Sarah Elizabeth Dilley, who is applying to your institution for postgraduate training. This letter has been written after careful review of the student's overall record, is designed to give the reader sufficient information to draw conclusions about the student's potential as a house officer candidate, and provides comparative information on the student's performance at this institution in the enclosed academic transcript, graphic summary of third year performance, and overall academic ranking. This information is sent at the request of this student and may not be released in personally identifiable form to others outside of your program without the student's consent.

INTRODUCTION

Ms. Dilley graduated from Emory University in May of 2006 majoring in Psychology. In addition to competing as a Division III athlete, she won numerous awards and honors for her academic work. She also spent time as a volunteer in the community including leadership roles, the most significant of which was president of her large sorority. After graduation, she worked to develop training materials for maternal substance abuse and presented this information throughout Georgia. She also had a second job conducting research at Emory University on childhood outcomes of maternal smoking. During this same time, she interned at The Carter Center in Atlanta on Mental Health Issues consistent with her interest in psychology.

Ms. Dilley entered the Indiana University School of Medicine in the fall of 2007 and spent the first two years at the Muncie campus of the medical school, one of the eight regional campuses of the School of Medicine. In the summer of 2008, she participated in a student research program at the American Pediatric Society. After completing the first two years of medical school in Muncie, she relocated to the Indianapolis campus and began her third year clinical rotations.

After her third year, she was accepted into Harvard School of Public Health and has completed a MPH degree in Family and Community Health, Maternal and Child Health. After completing this program, she returned to Indiana University to complete her fourth year of medical school. During her fourth year, she was awarded the prestigious Albert Schweitzer Fellowship and she completed a two month elective in Obstetrics and Gynecology at the Indiana University-Kenya Hospital in Eldoret, Kenya. In addition, she was elected into Alpha Omega Alpha and is graduating in the top quintile of her medical school class—quite an impressive medical school career.

Ms. Dilley has participated in many extra-curricular activities while pursuing her medical education. She has volunteered as a community organizer, in student government at Harvard School of Public Health and Indiana University and in community health clinics in Boston and Indianapolis. These numerous activities are delineated in her AMCAS application.

ACADEMIC PROGRESS – Basic Science Record

Ms. Dilley excelled in her basic science courses. Her grades ranged from High Pass to Honors and she finished as one of the top in her class during these first two years. As expected, she scored well above the mean on her USMLE step I exam. Her first two years are well summarized by the comments in her microbiology course, “Sarah was a very positive force in the class – enthusiastic and encouraging. One of the top 5 students in the class.”

CLINICAL RECORD

The following are representative faculty comments from the required clerkships completed to date. They are listed in the order taken by Ms. Dilley.

Obstetrics and Gynecology Clerkship – Honors

Eager to learn. A big help on the service. Her enthusiasm was appreciated. She will excel in whatever specialty she chooses to pursue. Very detailed H&P's, good physical exam, good communication skills.

Surgery Clerkship – High Pass

She demonstrated an element of leadership that made me initially think that she was a fourth year student. Her knowledge of clinical medicine was good.

Also demonstrated her leadership skills by organizing other students to carry out rounding and patient care duties as a team. Demonstrated academic curiosity and good fund of knowledge as well as technical skills ahead of her classmates.

Pediatrics Clerkship –Honors

Sarah is a very professional and engaging medical student. It was a pure pleasure to work with her during her outpatient pediatric rotation. She is very intelligent and a quick learner, quite knowledgeable about general pediatrics, very enthusiastic and hard working. Very proficient at gathering history from the patients, good physical exam skills and excellent differential diagnosis. Extremely efficient and team work oriented. Our office staff was impressed with her hard work and willingness to be involved. I have no areas of concern for this talented and motivated young woman – she will be an excellent physician in any specialty she chooses.

Externship OB/GYN -- Honors

Job well done! Worked well with our residents, nurses students. Works well independently as well. Sought out activities such as research in substance abuse.

Family Medicine Clerkship –Honors

Sarah Dilley was great. She was friendly, outgoing and motivated to learn. She interacted easily. If she continues on the current trajectory, I would be pleased to have her join our residency.

Sarah is a very mature student who has a firm understanding of the need for physicians in an underserved area. I was impressed by her participation in the didactics and her project.

Medicine Clerkship – High Pass

Sarah was a pleasure to work with. She consistently offered reasonable and thoughtful interpretations and management plans for her patients. Sarah was a hard worker and was dedicated to ensuring her patients received the best care possible. Sarah participated in rounds and asked probing and insightful questions on her patients and other patients on the team as well. Look forward to working with her again.

Psychiatry Clerkship – High Pass

Sarah did a very good job on this rotation. She was a strong member of our team as she was organized, efficient, reliable and enthusiastic. She receives feedback well and immediately incorporates suggestions made to her. She was already a good interviewer, but improved her skills markedly during the month. Her written notes included all pertinent information and communicated the patient's current status as well as our thoughts about future plans. Her patient presentation was well done and in-depth. Patients and staff liked Sarah and were sad to see her go at the end of the month, as was I.

Neurosensory Clerkship – High Pass

Sarah was a pleasure to work with on the inpatient neurology service. She is very bright and self-motivated. She was a frequent contributor to her patient's care and performed above-average in every facet of the rotation.

Emergency Medicine Clerkship – High Pass

Sarah's communication skills are one of her strong suits. This was evidenced by her outstanding bedside manner with patients as well as interactions with staff members in the department. She was adept at suturing. Sarah is on track to be a very strong intern.

SUMMARY

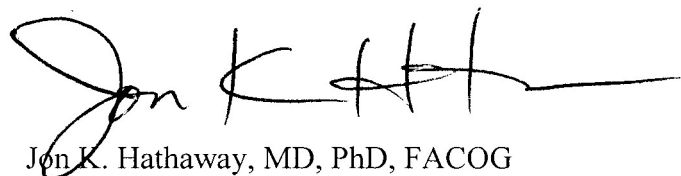
Let me start my summary of Ms. Dilley by saying that in the last 5 years as a faculty member at Indiana University, she is, by far, the best student I have had the opportunity to work with. I usually evaluate directly 60-80 students a year in various teaching opportunities so to say she is the best, places her on the top of a large group of very talented people. The medical school has recognized this as well and as mentioned, has elected her into AOA. We plan to recruit Sarah heavily here at Indiana University.

These comments clearly reflect the essence of Ms. Dilley. She works hard, she learns quickly, she helps others, she is easy to work with and she has an excellent fund of knowledge. Throughout Ms. Dilley's medical education, she has demonstrated leadership and a desire to help the underserved population. She is an excellent communicator to patients, staff, residents and faculty. Most importantly, she receives feedback well and strives to improve herself in everything she does.

Her performance in medical school has been solid and consistent, and her work ethic exceptional. She exhibits the characteristics desired in a resident: pleasant, knowledgeable, punctual, teachable, compatible, competent and able. She will be an outstanding house officer and an asset to any residency. Most telling (and interesting to me) is that the family practice faculty wanted her to come to their residency, the medicine faculty wanted her to come to their residency and, of course, the OB/GYN faculty wanted her to go into OB/GYN. I can think of no greater endorsement than to have 3 separate services all hoping you will join them.

I have thoroughly enjoyed my association with her as her faculty advisor. We have met many times over the last year and I feel I know her well enough to make an assessment of her abilities and personality to highly recommend her. She will likely be the "go to" resident. She will be the resident the faculty "go to" when they want a competent caring physician helping them care for their patients. She will be the resident the other residents "go to" when they need coverage, help with a project or an empathetic ear. She will be the resident the medical students "go to" to ask questions or receive feedback. She will be the resident the residency program director will "go to" when she needs resident feedback, leadership or support. We will obviously be trying to get her to stay at Indiana University. It is a pleasure to submit this evaluation of her medical school record for your consideration as part of her application for residency training.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon K. Hathaway", with a long horizontal line extending to the right.

Jon K. Hathaway, MD, PhD, FACOG
Assistant Clinical Professor of Obstetrics and Gynecology
Associate Residency Program Director
Medical Director, Resident Clinic
Director, Minimally Invasive Gynecology, Wishard Memorial Hospital
Indiana University School of Medicine
Department of Obstetrics and Gynecology
Wishard Memorial Hospital F5
1001 West 10th Street
Indianapolis, IN 46202
Phone: (317) 630-8426
Fax: (317) 630-6524

Dilley, Sarah Elizabeth

ACADEMIC HISTORY

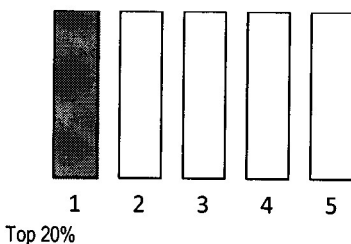
Date of Matriculation: 8/13/2007

Expected Date of Graduation: 5/31/2012

Year

- I** **08/13/2007 - 05/09/2008**
Successfully completed all first year requirements
- II** **08/11/2008 - 05/08/2009**
Successfully completed all second year requirements
- III** **06/16/2009 - 05/21/2010**
Successfully completed all third year requirements
- 06/01/2010 – 05/31/2011**
Leave of absence – Graduate study
- IV** **06/01/2011 - 05/31/2012**
Elected to Alpha Omega Alpha Honor Medical Society
Fourth year in progress

OVERALL ACADEMIC RANKING



This ranking is based on an equal-weight average of three indices—performance in the first two years' curriculum, the first administration of USMLE Step 1, and performance in the third year required clerkships. Measures for each of these three indices were standardized. The standardized values were then summed to yield a single overall measure for each student. The distribution of standardized values was divided into fifths or quintiles. This student's quintile is noted by shading in the above graph. Quintile #1 refers to the highest ranked 20% of the class; quintile #2 refers to the next highest 20%; and so forth. In cases of missing data (e.g., transfer students), this quintile ranking is based solely on academic performance in the Indiana University School of Medicine curriculum.

5/1/19

This copy represents an exact copy of the original

John H. Hays
JOHN L. CAMMISER

MY COMMISSION EXPIRES APRIL 23, 2019

INDIANA UNIVERSITY

School of Medicine

TO all to whom these Presents may come, Greeting:

By vote of the Faculty and with the consent of the Board of Trustees Indiana University hereby confers upon

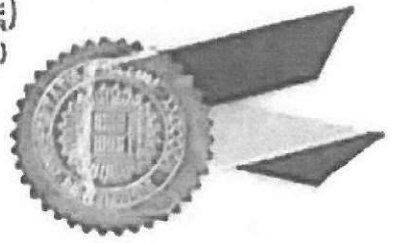
Sarah Elizabeth Dilley

who has complied with all of the requirements of the University and has successfully completed the studies provided for graduation in the School of Medicine, the degree of

Doctor of Medicine

with all the rights and privileges thereto appertaining.

In Testimony Whereof, this Diploma is now sealed with the Seal of the University, signed by the President of the University, the Chancellor, and by the Dean of the School of Medicine and attested by the Secretary of the Faculty.
Given at Indiana University, Purdue University at Indianapolis, Indiana
this Thirtieth Day of May, 1919



D. G. H.
Dean of the School of Medicine
John H. Hays
Secretary of the Faculty

Michael A. McElroy
President
Charles E. Tracy
Chancellor

Postgraduate Training

Accreditation ID: 2204021241**Institution:** Oregon Health & Science University ProgramLocation: Portland, OR
UNITED STATES**Accreditation ID:** 2250122001**Institution:** University of Alabama Medical Center ProgramLocation: Birmingham, AL
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.



Verification of Postgraduate Medical Education	
Institution: <u>Oregon Health & Science University Program</u> Specialty: <u>Obstetrics & Gynecology</u> Address: <u>Portland, OR</u>	Attention: <u>Program Director</u> Affiliated University: <u>Oregon Health & Science University</u>
Verification For:	Name: <u>Sarah Elizabeth Dilley</u> DOB: <u>08/12/1984</u> Individual's Name on Record (If different from above): _____
Program Participation: Important: Report Incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: 1 <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Obstetrics & Gynecology</u> From: <u>07/01/2012</u> To: <u>06/30/2013</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: 2-4 <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Obstetrics & Gynecology</u> From: <u>07/01/2013</u> To: <u>06/30/2016</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: _____ From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above:
Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Amy Stenson, MD</u> Signature: _____ Title: <u>Program Director, Ob/Gyn</u> Date of Signature: <u>2/11/2019</u> Tel: <u>5034943106</u> Fax: <u>5034945680</u> E-Mail: <u>forsterv@ohsu.edu</u>

Graduate Medical Education

Medical Professional Name: Dilley, Sarah Elizabeth

Accreditation ID: 2204021241

Institution: Oregon Health & Science University Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/2012 - 6/30/2016 **Residency**

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Dilley, Sarah Elizabeth

2/1/19

*This copy represents an exact
copy of the original.*



GINA L. CAMPBELL

MY COMMISSION EXPIRES APRIL 23, 2019
MY COMMISSION EXPIRES APRIL 23, 2019



*To all to whom this writing may come, Greeting:
Be it known that*

Sarah Dilley, M.D., M.P.H.

having acceptably fulfilled the duties of

Obstetrics and Gynecology Resident

in the University Hospital and Clinics and affiliated Hospitals for a period of

Four Years, beginning 7/1/2012 and ending 6/30/2016

is hereby granted this Certificate in acknowledgment of services

loyally performed with all rights and privileges due thereunto, appertaining

Dated at Portland, Oregon, 6/30/2016



President



Executive Vice President and Chief Executive
Officer of OHSU Healthcare



Dean, School of Medicine



Senior Associate Dean for Education



Associate Dean, Graduate Medical Education



Chair of Department, School of Medicine



Program Director



Verification of Postgraduate Medical Education	
Institution: <u>University of Alabama Medical Center Program</u>	Attention: <u>Program Director</u>
Specialty: <u>Obstetrics & Gynecology/Gynecologic Oncology</u>	Affiliated University: <u>University of Alabama @ Birmingham</u>
Address: <u>Birmingham, AL</u>	
Verification For:	Name: <u>Sarah Elizabeth Dilley</u> DOB: <u>08/12/1984</u> Individual's Name on Record (If different from above): _____
Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: <u>7</u> Specialty/Subspecialty: <u>Gynecologic Oncology</u> <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research From: <u>6/2016</u> To: <u>7/2019</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper. 1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above:
Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Tanya Hallerman</u> Signature: <u>Tanya Hallerman</u> Title: <u>Program Coordinator</u> Date of Signature: <u>2/4/2019</u> Tel: <u>205-934-4986</u> Fax: <u>205-975-6174</u> E-Mail: <u>tbhallerman@uabmc.edu</u>

Graduate Medical Education

Medical Professional Name: Dilley, Sarah Elizabeth

Accreditation ID: 2250122001

Institution: University of Alabama Medical Center Program

Specialty: Obstetrics & Gynecology/Gynecologic Oncology

Unusual Circumstances

Training Period: 7/1/2016 - 6/30/2019 **Fellowship**

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Dilley, Sarah Elizabeth



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.

PRACTITIONER PROFILE

Prepared for:

FCVS

As of Date:2/14/2019

PRACTITIONER INFORMATION

Name: Dilley, Sarah Elizabeth
DOB: 8/12/1984
Medical School: Indiana University School of Medicine Indianapolis
Indianapolis, Indiana, UNITED STATES
Year of Grad: 2012
Degree Type: MD
NPI: 1053677591

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	00034967	02/29/2016	12/31/2019	01/31/2019
MISSISSIPPI	26268	10/18/2018	06/30/2019	01/17/2019
OREGON	PG158303	07/01/2012	06/30/2013	01/15/2019
OREGON	PG163568	07/01/2013	06/30/2014	01/15/2019
OREGON	PG168806	07/01/2014	06/30/2015	01/15/2019
OREGON	PG173429	07/01/2015	07/31/2016	01/15/2019

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:2/14/2019
Practitioner Name:	Dilley, Sarah Elizabeth	

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

DILLEY, SARAH ELIZABETH

DCN: 5500000143689962

FOR AUTHORIZED USE BY: Medical Licensing Board of Indiana

Process Date: 2/14/2019

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

DILLEY, SARAH ELIZABETH**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DILLEY, SARAH ELIZABETH
Date of Birth: 8/12/1984
Gender: FEMALE
Work Address: 3715 SE 8TH AVE
APT 2
PORTLAND, OR 97202
Home Address: [REDACTED]
National Provider Identifiers (NPI): 1053677591
License(s): Physician (MD), 00034967, AL
Professional School(s): INDIANA UNIVERSITY SCHOOL OF MEDICINE INDIANAPOLIS
(2012)

B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: Medical Licensing Board of Indiana
Authorized Agent: Federation of State Medical Boards, (817) 868 - 4000
Customer Use: 215740002

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 2/14/2019**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports