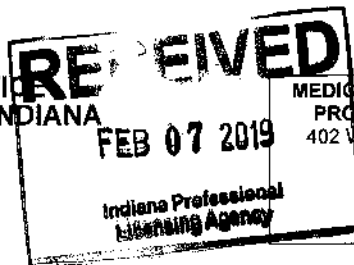




**APPLICATION FOR A LICENSE TO PRACTICE  
MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA**

State Form 29495 (R21 / 8-17)  
Approved by State Board of Accounts, 2017

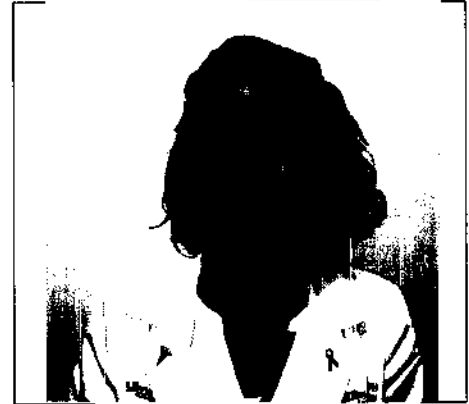


**MEDICAL LICENSING BOARD OF INDIANA  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-2060  
E-mail: pla3@pla.in.gov  
www.pla.in.gov

- INSTRUCTIONS:**
1. The fee for this application is \$250.00, payable to the Indiana Professional Licensing Agency, in accordance with 844 IAC 4-2-2.
  2. If applying for a temporary permit, please include your fee of \$100.00 in accordance with 844 IAC 4-2-2.
  3. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  4. All fees are non-refundable and non-transferable.
  5. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.  
 \*\* This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY	
Application fee <b>250.00</b>	Date fee paid (month, day, year) <b>2/7/19</b>
Receipt number <b>7505646</b>	Application number
License number <b>010-81931A</b>	License issuance date (month, day, year) <b>3/19/19</b>
Permit fee	Date fee paid (month, day, year)
Receipt number	Permit number
Permit issuance date (month, day, year)	



**DO NOT WRITE ABOVE THIS LINE**

APPLICANT INFORMATION				
Name of applicant (last, first, middle) <b>Dilley, Sarah Elizabeth</b>	Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO		Social Security number *	
Address of practice (number and street or rural route) <b>7979 N Shadeland Ave</b>				
City, state, and ZIP code <b>Indianapolis, IN 46250</b>				
Telephone number (daytime)	Date of birth (month, day, year) <b>August, 12, 1984</b>	Ethnicity ** <b>White</b>	Race ** <b>White</b>	Gender ** <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing address (number and street, city, state, and ZIP code) [if different from above] <b>1701 1st Ave S, Apt 600, Birmingham, AL 35233</b>				
E-mail address	National Provider Identifier number <b>1053677591</b>		ECFMG certificate number	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input checked="" type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).				
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Please check the box to be included on the Health Care Volunteer Registry established by IC 25-22.5-15. (Optional) <input type="checkbox"/>				

TEMPORARY PERMIT INFORMATION	
Do you desire a temporary permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY		
A foreign medical school must meet LCME standards at the time of graduation.		
Name of school <b>Indiana University School of Medicine</b>	Location <b>Indianapolis, IN</b>	Date of graduation (month, day, year) <b>5/2012</b>
Specialties <b>Gynecologic Oncology</b>	Board certification (list ABMS certification)	

**EXAMINATION HISTORY**

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below.

State where Board Exam was taken: Indiana, Oregon

Examination	Most Recent Date Taken (month/year)	Results		Number of Attempts	Examination	Most Recent Date Taken (month/year)	Results		Number of Attempts
		Passed	Failed				Passed	Failed	
FLEX Pre-1985					NBOME Part II				
FLEX Component 1					NBOME Part III				
FLEX Component 2					COMLEX-USA Level 1				
LMCC - Single					COMLEX-USA Level 2, CE				
LMCC - Part I					COMLEX-USA Level 2, PE				
LMCC - Part II					COMLEX-USA Level 3				
NBME Part I					COMVEX				
NBME Part II					USMLE Step I	6/2009	✓		1
NBME Part III					USMLE Step II, CS	11/2011	✓		1
SPEX					USMLE Step II, CK	6/2010	✓		1
NBOME Part I					USMLE Step III	2/2013	✓		1

**PRE-MEDICAL / OSTEOPATHIC EDUCATION**

NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Emory University	Atlanta, GA	8/2002-5/2006
Harvard School of Public Health	Boston, MA	6/2010-5/2011

**MEDICAL / OSTEOPATHIC EDUCATION**

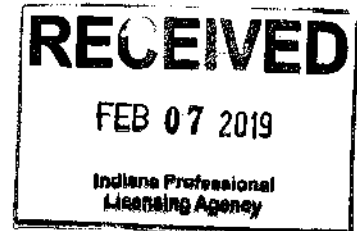
*A foreign medical school must meet LCME standards at the time of graduation.*

NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Indiana University School of Medicine	Indianapolis, IN	8/2007-5/2012

**POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA**  
(Include ALL internships, residencies and / or fellowships)

*All programs must have been ACGME accredited at the time of enrollment.*

NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
OR Health and Science Univ., Ob/Gyn Internship	Portland, OR	7/1/2012	6/30/2013	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ✓
OR Health and Science Univ., Ob/Gyn Residency	Portland, OR	7/1/2013	6/30/2016	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ✓
Univ. of AL at Birmingham, Gyn Oncology Fellowship	Birmingham, AL	7/1/2016	6/30/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ✓
				<input type="checkbox"/> Yes <input type="checkbox"/> No



**LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL**  
(If necessary, attach separate pages.)

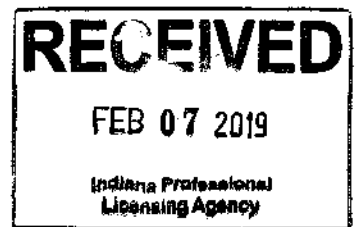
GENERAL LOCATION	DATE (month, day, year)
Portland, OR	6/1/12 - 6/30/16
Birmingham, AL	7/1/16 - 6/30/19

**LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL**  
(If necessary, attach separate pages.)

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE (month, day, year)
Oregon Health and Science University, Ob/Gyn Residency	Resident	7/1/12-6/30/16
University of Alabama at Birmingham, Gyn Oncology Fellowship	Fellow	7/1/16-6/30/19

**LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION, REGARDLESS OF STATUS**

STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
OR	Limited License (Resident)			Expired
AL	Permanent License	34967		Active
MS	Permanent License	26268	10/18/18	Active

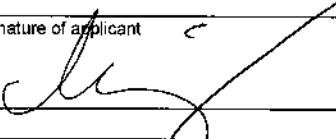


If your answer is "Yes" to any of questions 1 through 12, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country, or surrendered your license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice medicine in a competent and professional manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been the subject of an investigation by a regulatory agency concerning your license?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,	
(1) have you ever been arrested;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever been terminated or disciplined by your employer while practicing as a physician or resigned in lieu of discipline?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever been excluded from being a Medicare / Medicaid provider?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or any other reason during your medical education or post graduate training / residency program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you practiced as a MD/DO either clinically or administratively in the last three (3) years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant 	Date signed (month, day, year) 12/31/18
---	--

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for medical licensure.

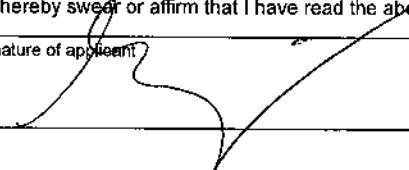
I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

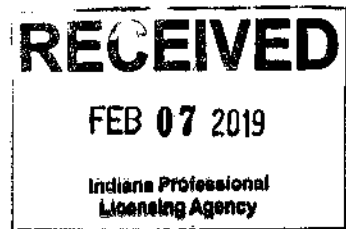
I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant 	Date signed (month, day, year) 12/31/18
---	--



TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

## MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

### VERIFICATION OF MEDICAL LICENSURE

January 09, 2019

This is to certify that the records of the Mississippi State Board of Medical Licensure indicate the following information:

Physician Name: **Sarah Elizabeth Dilley** Degree: **M.D.**  
Date of Birth: **08/12/1984**  
Primary Practice Location: **Division of Gynecologic Oncology  
University of Alabama at Birmingham  
1700 6th Ave South  
Birmingham, AL 35233**  
MD/DO School: **Indiana University School of Me** Year of Graduation: **2012**  
Specialty: **OBSTETRICS AND GYNECOLOGY (Not Primary Source Verified)**  
License Number: **26268**  
Issue Date: **October 18, 2018** Reinstated Date:  
Expiration Date: **June 30, 2019** Date of Expiration Prior  
Public Record: **NO** to Reinstatement:

This license information was last updated on: 01/08/2019

If public record is indicated, submit a request for records to the following email address:  
mboard@msbml.ms.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles D. Miles".

Charles D. Miles, M.D.  
Board President

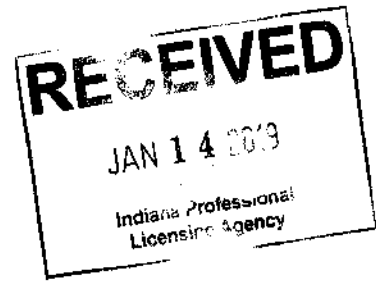


State of Alabama

## Medical Licensure Commission

James H. Walburn, M.D., Chairman/Executive  
Officer Karen Silas, Executive Assistant

01/09/2019



Indiana Medical Board  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204

### VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

**Sarah Dilley**

Date of Birth: **08/12/1984**

License Number: **MD.34967**

Current Status: **Active**

Date Issued: **02/29/2016**

Basis of License: **USMLE/OR**

Expiration Date: **12/31/2019**

Medical School: **Indiana University School of Medicine Indianapolis**

Location: **Indianapolis**

Date From/To: **08/07-05/12**

Disciplinary Actions:



No

Yes, visit Public Actions at [www.albme.org](http://www.albme.org) for documents.

Signature: \_\_\_\_\_

*James H. Walburn, M.D.*

James H. Walburn, M.D.  
Chairman  
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at <http://www.albme.org>.



State of Alabama

# Medical Licensure Commission

James H. Walburn, M.D., Chairman/Executive  
Officer Karen Silas, Executive Assistant

01/09/2019



Indiana Medical Board  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204

## VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

**Sarah Dilley**

Date of Birth: **08/12/1984**

License Number: **ACSC.34967**

Current Status: **Active**

Date Issued: **01/01/2019**

Basis of License:

Expiration Date: **12/31/2019**

Medical School: **Indiana University School of Medicine Indianapolis**

Location: **Indianapolis**

Date From/To: **08/07-05/12**

Disciplinary Actions:



No

Yes, visit Public Actions at [www.albme.org](http://www.albme.org) for documents.

Signature: \_\_\_\_\_

*James H. Walburn, M.D.*

James H. Walburn, M.D.

Chairman

Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at <http://www.albme.org>.



# Oregon

Kate Brown, Governor

## Medical Board

1500 S.W. 1st Ave., Suite 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

[www.oregon.gov/omb](http://www.oregon.gov/omb)

## Verification of Licensure

February 20, 2019

This is to certify that the records of the Oregon Medical Board indicate the following information regarding:

Licensee: Dilley, Sarah, MD  
Birth Year: 1984  
Gender: Female  
Mailing Address: OHSU  
3181 Sam Jackson Park Rd L-579  
Portland, OR 97239  
Basis of Licensure:  
School: Indiana University School of Medicine  
School Location: Indianapolis, IN, United States  
Graduation Date: 05/12/2012  
License Number: PG173429  
Status: Expired  
Status Limitations: Temporary Limited Practice  
Date Issued: 07/01/2015  
License Type: MD Postgraduate License  
Expedited Endorsement: No  
Specialty: Obstetrics and Gynecology  
Dispensing Physician: No  
Board Action on File: None

Other Licenses:	From:	To:
PG168806	07/01/2014	06/30/2015
PG163568	07/01/2013	06/30/2014
PG158303	07/01/2012	06/30/2013

Not all board actions are adverse or disciplinary. If there are any board actions on file for this Licensee, your Board is entitled to receive free copies of these actions. The actions will be sent to your Board directly from the Oregon Medical Board via US mail within 5 business days from the date of this verification.



This is a sworn affidavit by Dr. Sarah E. Dilley in response to Question 4 on the *Application For a License To Practice Medicine/Osteopathic Medicine in Indiana*. This question states "Have you ever been the subject of an investigation by a regulatory agency concerning your license?", to which I responded "Yes". On 11/28/17 I was notified via email of a complaint that was filed against me with the Alabama State Board of Medical Examiners (ALBME) by a patient who I treated while providing care at the Birmingham, AL branch of Planned Parenthood. The patient alleged that I failed to properly terminate her pregnancy on May 11, 2017 which caused her to suffer pain, duress and concern until a continuing pregnancy was subsequently diagnosed and terminated in July 2017.

The patient initially presented to Planned Parenthood on May 8, 2017 for confirmation of a suspected pregnancy and was counseled on family planning alternatives. She elected to terminate her pregnancy by an in-clinic vacuum suction procedure. The procedure was scheduled for May 11, 2017. Based upon her last menstrual cycle, the estimated duration of pregnancy was seven (7) weeks and five (5) days on the day of her procedure.

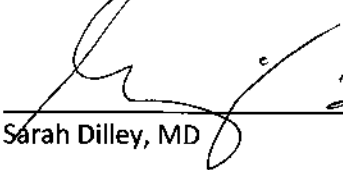
The documentation provided to the patient at this initial visit informed her that "[s]ometimes the in-clinic abortion does not end the pregnancy." The documentation also states that there is "[n]o guarantee about the results from this service/procedure/surgery" and "[n]o promise can be made about the outcome on the in-clinic abortion." Because there is a disclosed risk of a continuing pregnancy, all patients are notified to contact the clinic after the procedure if they feel like they are still pregnant.

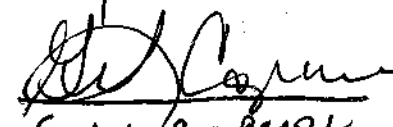
When the patient returned on May 11, 2017 for the procedure, I personally confirmed the pregnancy by abdominal ultrasound, detected a fetal heartbeat and estimated a gestational age of seven (7) weeks and four (4) days based on crown-rump length measurements. Per my standard practice, she was then taken to the procedure room where I performed a bimanual exam, placed a speculum and performed a paracervical block. Her cervix was serially dilated, and the procedure was performed with a 7mm rigid curved suction cannula without complication. After the aspiration, I personally grossly identified the products of conception including chorionic villi and gestational sac. At that gestational age, fetal parts would not be identifiable. The products of conception were also visually confirmed by my assistant while my patient was still in the procedure room. At this time there was no question that a pregnancy had been successfully terminated based upon my visualization of the products of the conception. A specimen of the aspirated tissue was also labeled and submitted to a pathology laboratory for confirmation of the presence of pregnancy tissue. The pathology report received back on Ms. Grady's specimen confirmed the existence of decidualized endometrium with chorionic villi, which is consistent with products of conception. Accordingly, there is nothing in the pathology report that would indicate that the pregnancy was not successfully terminated.

The patient subsequently contacted Planned Parenthood on July 5, 2017 after undergoing an ultrasound at a different clinic which confirmed a viable pregnancy in the second trimester. This was suspicious for a continuing pregnancy. Planned Parenthood then arranged for the patient to have a pregnancy termination at a different Alabama clinic which provides abortions at a later gestational age.

I participated fully in an investigation into this matter by the ALBME, including the provision of a written statement. After the ALBME meeting on 3/21/18 I received a letter stating: "Based upon the information presented, the Board found no basis at this time for any action against your license to practice medicine and has closed the investigation into this matter."

For additional details please see the attached copy of my statement to the ALBME as well as the attached letter from the ALBME regarding their decision in this matter.

 2/1/19  
Sarah Dilley, MD

2/1/19  
STATE OF ALABAMA  
COUNTY OF JEFFERSON  
  
GINA L. CAMPBELL  
MY COMMISSION EXPIRES APRIL 23, 2019

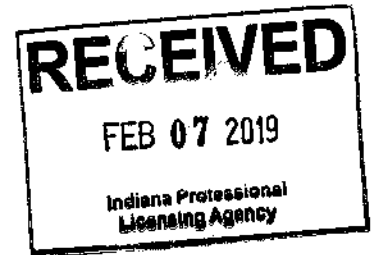


ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. BOX 946  
MONTGOMERY, ALABAMA 36101-0946  
848 WASHINGTON AVE.  
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116  
E MAIL: bme@albme.org

March 26, 2018



Sarah Dilley, M.D.  
Suite 10250  
1700 6th Avenue South  
Birmingham, Alabama 35233

Dear Dr. Dilley:

The Alabama Board of Medical Examiners, at its meeting March 21, 2018, considered an investigative report concerning a complaint filed by Ms. M [REDACTED] L. G [REDACTED]. Your response to the allegations was also considered.

Based upon the information presented, the Board found no basis at this time for any action against your license to practice medicine and has closed the investigation into this matter. Ms. C [REDACTED] will be informed of the Board's disposition of the complaint.

Dr. Dilley, the Board does consider its inquiry into this matter to be an investigation. Under certain circumstances, other credentialing, regulatory or licensing boards may require that you report this investigation. If necessary, you may use a photocopy of this correspondence to convey the Board's decision in this matter.

Thank you for your cooperation in this investigation.

Sincerely,  
ALABAMA BOARD OF MEDICAL EXAMINERS

Mark H. LeQuire, M.D.  
Acting Executive Director

MHL/atd



MCCALLUM • HOAGLUND • COOK • IRBY

CHARLES A. MCCALLUM, III  
ERIC D. HOAGLUND\*  
MARTHA REEVES COOK  
R. BRENT IRBY\*\*  
\*ALSO ADMITTED IN TEXAS  
\*\*ALSO ADMITTED IN TENNESSEE  
\*\*ALSO ADMITTED IN GEORGIA

Writer's e-mail: cmccallum@mhcilaw.com

\*\*\* PRIVILEGED & CONFIDENTIAL \*\*\*

January 24, 2018

VIA ELECTRONIC MAIL and U.S. MAIL

Randy Dixon  
Alabama Board of Medical Examiners  
848 Washington Avenue  
Montgomery, Alabama 36104  
Email: [rdixon@albme.org](mailto:rdixon@albme.org)



RE: Case No.: 2017-257

Dear Mr. Dixon:

The following will serve as the response of Dr. Sarah E. Dilley with respect to the above-referenced case number. Attached hereto are the following:

1. the Statement of Sarah E. Dilley, M.D., MPH (Attachment 1);
2. the Statement of Ashley Mosley who assisted in the procedure (Attachment 2);
3. a clearer copy of the photographs of the ultrasound performed by Dr. Dilley on May 11, 2017, bates labeled PP00035 (Attachment 3).

We were able to locate the original ultrasound photographs and make a better copy. The prior ultrasound photograph was produced as PP00025.

As expressed by Dr. Dilley, we are very sorry that Ms. G [redacted] experienced a continuing pregnancy. It is very understandable that Ms. G [redacted] is upset and believes she paid for a procedure that did not successfully terminate her pregnancy.

From a disclosure perspective, however, I did want to highlight that patients are informed that no guarantees or promises are made concerning the procedure. (PP0009 - 10.) Further, patients are informed, as the first disclosed risk, as follows:

Sometimes the in-clinic abortion does not end the pregnancy. If the pregnancy is still in the uterus, you may need a suction procedure.

(PP0007.)

**MCCALLUM HOAGLUND COOK & IRBY, LLP**

905 MONTGOMERY HIGHWAY, SUITE 201 • VESTAVIA HILLS, ALABAMA 35216 • [WWW.MHCILAW.COM](http://WWW.MHCILAW.COM)  
205.824.7767 • 205.824.7768 (FAX) • 888.230.2622

Because there is a risk of a continuing pregnancy, patients are advised to make a return appointment as soon as possible if they still feel pregnant. (PP00020.) In her Complaint, Ms. G [REDACTED] indicates she continued to feel sick after the procedure and had thought maybe she had gotten pregnant again. Based upon Planned Parenthood's records it does not appear that she returned to the clinic until July 5, 2017, which was almost 8 weeks after the procedure. When it learned of the situation, Planned Parenthood made arrangements and paid for Ms. G [REDACTED] to have an abortion procedure at the Alabama Women's Center in Huntsville.

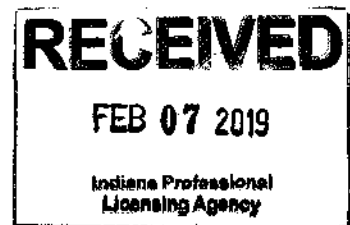
As set forth in her statement, Dr. Dilley had previously stopped performing clinics at Planned Parenthood at the end of May 2017 in order to focus on the clinical aspect of her fellowship at UAB. Accordingly, when Ms. G [REDACTED] returned in July 2017 she did not have the opportunity to consult with or attend to Ms. G [REDACTED] at that time. Dr. Dilley was not even aware of Ms. G [REDACTED] situation until being contacted by you in late November 2017.

While Dr. Dilley cannot determine the etiology of the continuing pregnancy based upon the information she has available, she is confident that she adhered to the applicable standard of care in providing medical care to Ms. G [REDACTED].

Dr. Dilley appreciates the consideration of her response to the Complaint. Please advise if you should need anything further from Dr. Dilley.

Very truly yours,

  
Charles A. McCallum, III  
CAM/lm  
Enclosures

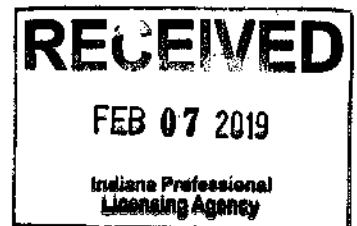


**Statement of Sarah E. Dilley, MD, MPH  
Alabama License No. 34967  
Case No.: 2017-257**

My name is Sarah E. Dilley and I am providing this Statement in connection with Case No. 2017-257 which involves a complaint by a patient, M█████ G█████. I understand Ms. G█████ complains that I failed to properly terminate her pregnancy on May 11, 2017 which caused her to suffer pain, duress and concern until a continuing pregnancy was subsequently diagnosed and terminated in July 2017. As a medical practitioner committed to women's healthcare, it affects me deeply to learn of Ms. G█████ experience, and I am very regretful and sorry for what she had to endure. I have reviewed Ms. G█████ complaint and the medical records associated with her treatment.

**My Background and Experience**

Attached to this Statement is my *Curriculum Vitae*. I am currently in the second year of a clinical Fellowship at the University of Alabama at Birmingham, Division of Gynecological Oncology. I received an undergraduate degree from Emory University in 2006, a Masters in Public Health from Harvard University in 2011 and a Doctor of Medicine from Indiana University School of Medicine in 2012. I completed my residency with the Department of Obstetrics and Gynecology at Oregon Health and Science University ("OHSU") in 2016. Notably at OHSU I participated in the Ryan Residency Training Program, which is a national initiative designed to provide enhanced clinical training in family planning and abortion care. The rotation involves working one-on-one with an attending physician to improve competency in uterine sizing, sonography, uterine evacuation techniques, management of fetal demise and management of abortion-related complications. During residency I performed over one hundred elective abortion procedures, as well as many D&C procedures for miscarriages.

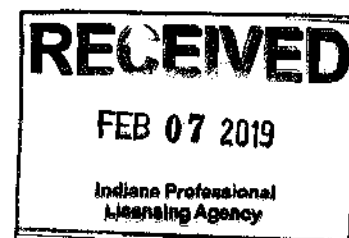


After being accepted as a Fellow in the Division of Gynecologic Oncology at UAB's Comprehensive Cancer Center in the summer of 2016, my first year was devoted to research which afforded me the time and opportunity to participate in outside clinical activities. In November 2016, I agreed to serve as a physician with Planned Parenthood for two (2) days a month until June 2017 when the clinical portion of my Fellowship at UAB was to begin. Prior to handling clinics at Planned Parenthood, I went through an ultrasound training module and spent three (3) days being followed by other physicians who attended, reviewed, and signed off on my competency. My first solo clinic was on or around December 22, 2016 and my last was at the end of May 2017. I had approximately twelve (12) full clinic days at Planned Parenthood. During that period I performed 65 surgical abortion procedures with no known issues or complications other than Ms. G [REDACTED]. I have not handled any clinics at Planned Parenthood since my planned end date in May 2017 and wasn't aware of Ms. G [REDACTED] situation until I was contacted by Mr. Randy Dixon in November 2017.

#### Ms. Grady's Procedure

I do not have a specific recollection of Ms. G [REDACTED] procedure, but I have reviewed her patient records. Ms. G [REDACTED] initially presented at Planned Parenthood on May 8, 2017 for confirmation of a suspected pregnancy and was provided with family planning alternatives. A history was taken. Ms. G [REDACTED] has five (5) previous children, two (2) by Cesarean Section. She had one set of twins. Ms. G [REDACTED] elected to terminate the existing pregnancy by an in-clinic vacuum suction procedure. The procedure was scheduled for May 11, 2017. Based upon her last menstrual cycle, the estimated duration of pregnancy was seven (7) weeks and five (5) days.

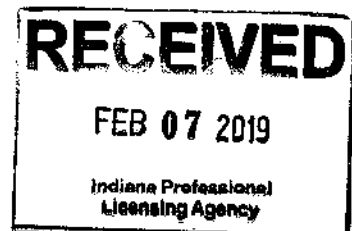
The documentation provided to Ms. G [REDACTED] informed her that "[s]ometimes the in-clinic abortion does not end the pregnancy." The documentation also states that there is "[n]o



guarantee about the results from this service/procedure/surgery” and “[n]o promise can be made about the outcome on the in-clinic abortion.” Because there is a disclosed risk of a continuing pregnancy, all patients, including Ms. G [REDACTED] are notified to contact the clinic after the procedure if patient feels like she is still pregnant.

When Ms. G [REDACTED] returned on May 11, 2017 for the procedure, I personally confirmed the pregnancy by abdominal ultrasound, detected a fetal heartbeat and estimated a gestational age of seven (7) weeks and four (4) days based on crown-rump length measurements. I did not detect multiple heartbeats or observe multiple pregnancies on the ultrasound. When I conduct an ultrasound it is my standard practice to scan the entire uterus on both a transverse and longitudinal plane. The yolk sac, amniotic fluid and surrounding structures appeared normal and appropriate for the estimated gestational age.

Prior to the procedure she was given medication for minimal sedation. Per my standard practice, she was then taken to the procedure room where I performed a bimanual exam, placed a speculum and performed a paracervical block with 1% lidocaine. Her cervix was serially dilated, and the procedure was performed with an electric suction vacuum with a 7mm rigid curved suction cannula. After the aspiration, I personally grossly identified the products of conception including chorionic villi and gestational sac. At that gestational age, fetal parts would not be identifiable. The products of conception were also visually confirmed by my assistant, Ashley Mosley, while Ms. G [REDACTED] was still on the table. If there was any question about the volume of aspirated tissue or the contents therein, it is my practice to re-aspirate to ensure the procedure was successful, which would have been documented in Ms. G [REDACTED] chart if I had done this. In my professional opinion there was no question that a pregnancy had been successfully terminated based upon my visualization of the products of conception. A specimen of the



aspirated tissue was also labeled and submitted to a pathology laboratory for confirmation of the presence of pregnancy tissue. The pathology report received back on Ms. G [REDACTED] specimen confirmed the existence of decidualized endometrium with chorionic villi that are consistent with products of conception. Accordingly, there is nothing in the pathology report that would indicate that the pregnancy was not successfully terminated.

Based upon my standard practices and review of the medical records, every medical indication leads me to believe that Ms. G [REDACTED] had a pregnancy that was successfully terminated on May 11, 2017. I am convinced that I fully adhered to the standard of care in diagnosing a pregnancy and performing a safe termination procedure. The completion of this procedure was confirmed visually by myself and my assistant, Ashley Mosley, and from the pathology report. The aspirated tissue was clearly identified as products of conception which is a reliable indicator that a pregnancy has been terminated. Based upon my training, experience and standard of practice I exercised reasonable care in performing the ultrasound and the aspiration procedure and, honestly, cannot specifically determine the precise etiology of her continuing pregnancy.

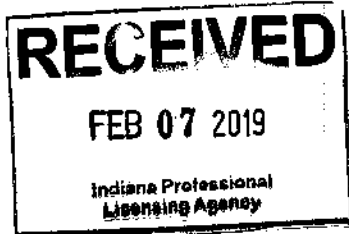
#### Conclusion

As previously stated, I have much empathy for Ms. G [REDACTED] and feel badly that she had to endure such difficulty. I am completely committed to providing professional and competent medical treatment focused on women's healthcare. I saw the opportunity to provide clinical services at Planned Parenthood as a way to serve women during a very emotional and vulnerable time period in their lives. Thank you for your consideration of this response.

Respectfully,

  
\_\_\_\_\_  
Sarah E. Dilley, MD, MPH

Date: 1-22-2018







# APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R19 / 4-18)

PROFESSIONAL LICENSING AGENCY  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$60.00, payable to the Indiana Professional Licensing Agency, in accordance with 856 IAC 2-3-9(f).
  2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  3. All fees are non-refundable and non-transferable.
  4. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY			
CSR number	01081931B	Date of issuance (month, day, year)	3/19/19
Receipt number	7518842	Application fee	60.00
		Date fee paid (month, day, year)	3/4/19

**DO NOT WRITE ABOVE THIS LINE**

PRACTITIONERS			
<i>(Please check one box.)</i>			
<input type="checkbox"/> Dentist <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Osteopathic Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Optometrist			
Name of practitioner	Specialty		
Sarah Dilley	Gynecologic Oncology		
Telephone number	Professional license number	Date of birth (month, day, year)	Social Security number*
( [REDACTED] )		August 12, 1984	[REDACTED]
Name of Facility (if applicable)	E-mail address		
Community Health Network	[REDACTED]		
Indiana practice address (number and street [may not be a PO Box], city, state, and ZIP code)			
7979 Shadeland Ave, Indianapolis, IN 46250			
<b>Drug schedules:</b> (Check all applicable.)			
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2 Narcotic	<input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 3 Narcotic <input checked="" type="checkbox"/> 4    (Optometrist Only) <input type="checkbox"/> 4 Limited Practice - Tramadol Only <input checked="" type="checkbox"/> 5

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has there been an occasion where you have not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you been convicted, pled guilty, or pled <i>nolo contendere</i> , under any federal or state laws relating to any controlled substances that has not been expunged under IC 35-38-9?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding (MOU) with respect to said registration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you had any action, discipline or revocation or surrender of any professional license in any jurisdiction related to controlled substances?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION AFFIRMATION	
I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.	
Signature of practitioner	Date (month, day, year)
	2/26/19

3/8/19  
Call  
Jill

CEI  
MAR 04 2019  
Indiana Professional Licensing Agency