

4301109308

Gladstein, Natalie Rachel

Medical Doctor

February 24, 2016

Fee OK  
App OK  
Med Ed OK  
PGT OK  
Exam Scores OK  
ECFMG OK  
HOSP APPT OK  
CBC OK

IL - Training ✓

**APPLICATION FOR A MEDICAL DOCTOR, LIMITED MEDICAL,  
 CLINICAL ACADEMIC LIMITED OR EDUCATIONAL LIMITED LICENSE**

Authority. 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last) <b>Natalie Rachel Gladstein</b>		10-Digit MI Permanent ID/License Number (If Applicable)	
U.S. Social Security # (New Applicants Only) [REDACTED]		Date of Birth (New Applicants Only) [REDACTED] 983	
Address <b>2312 W Iowa St. Apt 1F</b>			
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60622</b>	Country <b>USA</b>
Telephone Number <b>954-[REDACTED]</b>		Email Address [REDACTED]@gmail.com	
List any other name or alias by which you have ever been known, including maiden name, if applicable: n/a			

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY
<input type="checkbox"/> M.D. – By Endorsement      \$150.00 4301-09 <input checked="" type="checkbox"/> M.D. – By Exam      \$150.00 4301-01 <input type="checkbox"/> M.D. – Relicensure      \$170.00 4301-06 <input checked="" type="checkbox"/> Controlled Substance      \$ 85.00 5315-3757  Limited with Controlled Substance (check one below) <input type="checkbox"/> Medical      \$170.00 4301-375703 <input type="checkbox"/> Clinical Academic      \$170.00 4301-375705 <input type="checkbox"/> Educational      \$170.00 4301-375705	License Number <b>109308</b> <b>5315075186</b> Issue Date <b>4-22-16</b>  TranInfo:430137 21149945-2 02/24/16 Chk#: 305 Amt: \$65.00 ID: [REDACTED]  TranInfo:430101 21149945-1 02/24/16 Chk#: 305 Amt: \$150.00 ID: [REDACTED]  TranInfo:430157 21149945-3 02/24/16 Chk#: 305 Amt: \$20.00 ID: [REDACTED]
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.	

Professional Education (Attach additional sheets if necessary)				
Name of School		Name of Educational Program		
Drexel University College of Medicine		MD		
Hospital Affiliations List the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice. (Attach additional sheets if necessary)				
Name of Hospital Employed or Under Contract		Name of Hospital where Allowed to Practice		
Northwestern Memorial Hospital		Northwestern Memorial Hospital		
		John H. Stroger, Jr. Hospital of Cook County		
License(s) in Other State(s) and/or Country List each state or country where you have ever held a medical profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. (Attach additional sheets if necessary)  If you indicate there have been sanctions imposed against a license or registration, you must disclose the applicable state(s) and/or country and submit documentation that the sanction in the other state(s) and/or country is not permanent, that it was not the result of a patient safety violation, and you were required by the state(s) and/or country that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of your licensure, and you did not complete the probationary period or treatment plan because you ceased engaging in the practice of medicine in that state(s) and/or country.				
State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?
IL/USA	125.061348	6/23/2012	Endorsement	No

### Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony?

Yes  No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?

Yes  No

#### **Required Additional Documents:**

##### **All Applicants**

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (*except those applicants seeking relicensure, if the license expired within the last three years*).

##### **M.D. by Endorsement**

**Applicants for licensure by endorsement who have been licensed in another state and have practiced medicine for less than 10 years at the time of your application must submit the following:**

- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website [www.fsmb.org](http://www.fsmb.org) or the National Board of Medical Examiners (if tested May 1994 or earlier) [www.nbme.org](http://www.nbme.org).
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG, if you are a graduate of a foreign medical school. Go to [www.ecfm.org](http://www.ecfm.org) for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

##### **M.D. by Exam**

**Applicants for licensure by examination who are graduates of foreign medical schools must submit the following:**

- A completed Certification of Medical Education for Graduates of Foreign Medical Schools form. This form must be completed and returned to this office directly from the medical school you attended.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website [www.fsmb.org](http://www.fsmb.org) or the National Board of Medical Examiners (if tested May 1994 or earlier) [www.nbme.org](http://www.nbme.org).
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG. Go to [www.ecfm.org](http://www.ecfm.org) for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

**Applicants for licensure by examination who are graduates of medical schools located in the United States, its territories, the District of Columbia, or the Dominion of Canada, must submit the following:**

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website [www.fsmb.org](http://www.fsmb.org) or the National Board of Medical Examiners (if tested May 1994 or earlier) [www.nbme.org](http://www.nbme.org).
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.

**Section 17031 of PA 368 of 1978 states that the board may grant a full license to individuals who have held a Clinical Academic Limited License if the applicant has been engaged in the practice of medicine for not less than 10 years after completing the requirements for a degree in medicine located outside the United States or Canada.**

- The applicant must have completed not less than 3 years of postgraduate clinical training in an institution that has an affiliation with a medical school that is listed in a directory of medical schools published by the World Health Organization (WHO). The Certification of Postgraduate Training form must be submitted directly to this office by the Director of Medical Education where you completed your postgraduate training.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website [www.fsmb.org](http://www.fsmb.org) or the National Board of Medical Examiners (if tested May 1994 or earlier) [www.nbme.org](http://www.nbme.org).
- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Practice in an Academic Institution form must be submitted directly to this office by the Director of Medical Education where you practiced under the Clinical Academic license. You must have practiced under a clinical academic license for at least 2 years immediately preceding the date of application for a full license and during that time have functioned at least 800 hours per year in the observation and treatment of patients.

#### **Limited Medical License from a Clinical Academic License**

**An applicant for this limited license must demonstrate the following:**

- a. That the applicant has been engaged in the practice of medicine for at least ten years after completing the requirements for a degree in medicine obtained in an institution outside of the United States or Canada.
  - b. That the applicant has completed not less than three years of postgraduate clinical training in an institution that is affiliated with the World Health Organization (WHO).
  - c. That the applicant has safely and competently practiced medicine under a clinical academic limited license for one or more academic institutions located in this state and that the clinical academic license has been renewed the maximum of five times preceding the date of application for this limited license and that during that time the applicant functioned at least 800 hours per year in the observation and treatment of patients.
- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
  - Certification of successful completion of three years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.
  - The Certification of Practice in an Academic Institution form must be submitted directly to this office by the Director(s) of Medical Education where you practiced under the Clinical Academic license. You must have renewed your clinical academic license the maximum of five times to qualify for the limited license.
  - The Certification of Appointment to a Michigan Academic Institution form certifying a teaching or research appointment to a Michigan academic institution must be completed and submitted directly to this office by the Director of Medical Education of the appointing institution.

#### **Medical Clinical Academic Limited License**

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Academic Institution form certifying a teaching or research appointment to a Michigan academic institution must be completed and submitted directly to this office by the Director of Medical Education of the appointing institution.

#### **Educational Limited License**

**Applicants who are graduates of a medical school located in the United States, its territories, the District of Columbia, or the Dominion of Canada, must submit the following:**

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Training Hospital form submitted directly to this office by the hospital in which the training is to occur.

**Applicants who are graduates of foreign medical schools must submit the following:**

- A completed Certification of Medical Education for Graduates of Foreign Medical Schools form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Training Hospital form submitted directly to this office by the hospital in which the training is to occur.
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG. Go to [www.ecfm.org](http://www.ecfm.org) for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

All active postgraduate clinical training programs accredited by the Accreditation Council of Graduate Medical Education (ACGME), the Liaison Committee on Medical Education (LCME), the Joint Commission on Accreditation of Hospitals (JCAH) or the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association are approved by the board. All hospitals accredited by the Joint Commission on Accreditation of Hospitals (JCAH) are board approved.

All medical schools accredited by the Liaison Committee on Medical Education (LCME) are approved by the Board.


**FEDERATION CREDENTIALS VERIFICATION SERVICE:**

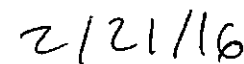
- The Michigan Board of Medicine now accepts the Federation Credentials Verification Service (FCVS). The Federation of State Medical Boards (FSMB) makes this service available to applicants. The FCVS verifies a physician's basic credentials with primary sources. Those credentials include postgraduate training, examination history, ECFMG certification and board action history. FCVS does NOT provide licensure verification from other states.
- Please note that the use of the FCVS is strictly voluntary on the part of the applicant. The Michigan Board of Medicine reserves the right to request additional information from the applicant during the application review process.
- If you are interested in receiving more information or have any questions regarding this service, please contact the FSMB by visiting their website at [www.fsmb.org](http://www.fsmb.org).

**CERTIFICATION AND SIGNATURE**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

RECEIVED  
 MAR 21 2016

**CERTIFICATION OF MEDICAL EDUCATION  
 FOR GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES,  
 ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR THE DOMINION OF CANADA**  
 Authority: 1978 PA 368

This form must be submitted directly to this office by the dean or registrar of medical school. If this form is submitted by the applicant, it will not be accepted.

**Section of Form to be Completed by Applicant:**

Applicant's Name (First, Middle, Last) Natalie Rachel Gladstein		Date of Birth [REDACTED]/1983
Address 2312 W Iowa St. Apt 1F		
City Chicago	State IL	Zip Code 60622
Telephone Number 954-[REDACTED]	Email Address [REDACTED]@gmail.com	
Name of Medical School Drexel University College of Medicine		
Applicant's Signature <i>Natalie Gladstein</i>	Date 2/21/16	

**Remainder of Form to be Completed by the Dean or Registrar of the Medical School**

Name of Medical School <i>Drexel University College of Medicine</i>		
Address of Medical School <i>2900 Queen Lane</i>		
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code <i>19129</i>

**CERTIFICATION AND SIGNATURE**

I certify the applicant named above was/will be granted the degree of *Doctor of Medicine*  
 on *05/18/2012*  
 (Month/Day/Year)

Signature of Dean or Registrar *Joseph J. Salomone* Date *03/10/2016*

Dr. Joseph J. Salomone

Executive Director and University Registrar

(Seal)

Print or Type Name of Dean or Registrar  
 Drexel University



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 241-0560  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**CERTIFICATION OF POSTGRADUATE TRAINING**

Authority 1978 PA 368

This form must be submitted directly to this office by the director of medical education office. If this form is submitted by the applicant, it will not be accepted.

**Section of Form to be Completed by Applicant:**

Applicant's Name (First, Middle, Last) Natalie Rachel Gladstein		Date of Birth [REDACTED] 1983
Address 2312 W Iowa St. Apt 1F		
City Chicago	State IL	Zip Code 60622
Telephone Number 954 [REDACTED]	Email Address [REDACTED]@gmail.com	
Name of Medical School Drexel University College of Medicine		
Applicant's Signature <i>Natalie Gladstein</i>	Date 2/21/16	

RECEIVED  
 FEB 29 2016  
 LARA

**Remainder of Form to be Completed by Director of Medical Education:**

Name of Hospital or Institution MCGAW Medical Center of Northwestern		
Address of Hospital or Institution 240 E. Huron St. Suite 1-203		
City Chicago	State IL	Zip Code 60611

OK

**CERTIFICATION AND SIGNATURE**

I certify the applicant named above has successfully completed postgraduate clinical training offered by the hospital or institution named above from

06/24/2012 to 2/22/16 in the clinical area of Obstetrics + Gynecology  
 (Month/Day/Year) (Month/Day/Year)

This is an active program accredited by the ACGME, the Liaison Committee on Medical Education, the Joint Commission on Accreditation of Hospitals or the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association.

*[Signature]*  
 Signature of Director of Medical Education

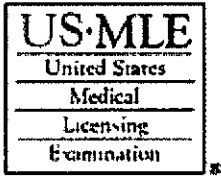
2/22/16  
 Date

SUSAN GERBER MD  
 Print or Type Name of Director of Medical Education

(Seal) If hospital has no seal, please indicate.

NOTE: Certification of Postgraduate Training will not be accepted if signed and submitted more than 15 days prior to actual completion.





# United States Medical Licensing Examination (USMLE) Certified Transcript of Scores

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wisser Road, Suite 300, Eules, TX 76039-3856 – Telephone (817)868-4000

Recipient:

Date: 02/11/2016

MICHIGAN BOARD OF MEDICINE

Examinee: Gladstein, Natalie

Examinee ID: 52404936

Alt Name(s):

Date of Birth: [REDACTED] 1983

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only, two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

### USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/11/2010	Pass	[REDACTED]		

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
8/13/2011	Pass	[REDACTED]		

#### Clinical Skills (CS)\*

Test Date	Pass/Fail	Total	MP	Comments
8/30/2011	Pass			

### USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
4/8/2014	Pass	[REDACTED]		

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee