

Submission Date and Time: 4/24/2019 8:43 PM

# New License Application

## License Type - Doctor of Medicine (MD)

### Personal Information

Provide the necessary personal information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

Title

Dr.

First Name

Chinedu

Middle Name

Kingsley

Last Name

Nwabuobi

Maiden Name

No Response

Social Security Number

Redacted

Date of Birth

1/12/1986

Email Address

[cknwabuobi@gmail.com](mailto:cknwabuobi@gmail.com)

Phone Number

(917) 826-2047

Other Phone Number

No Response

What is your U.S. Residency status related to your employment?

United States Citizen

Do you consider yourself Hispanic, Latino/a or of Spanish origin?

No

What do you consider your race?

Black or African American

List languages you personally use to communicate with patients excluding an interpreter or software

English

Other Language

No Response

Individual National Provider Identifier - if not applicable leave blank

No Response

Enter home US zip-code. Enter NA if unavailable

33624

## **Additional Information**

Provide the necessary additional information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process.

Do you have other aliases?

No Response

What is your gender?

Male

In which country were you born?

Nigeria

In which state were you born (if United States)?

No Response

In which city were you born?

No Response

## **Employment Status**

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

What is your primary employment status

Actively working in a position(s) that does not require this license

Which of the following best describes your five-year employment plan?

Maintain practice hours as is

## **License Mailing Address**

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

2717 Whitehurst Way

Columbus

OH

43219-3181

United States

## **License Public Address**

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

2717 Whitehurst Way

Columbus

OH

43219-3181  
United States

### **Military Service**

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

No

If you answered "Yes", are you currently serving in the military?

No Response

Has your spouse served in the military?

No

If you answered "Yes", are they currently serving in the military?

No Response

I declined to answer these questions



### **Secondary Email Recipient**

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

### **Education History**

List all undergraduate, graduate, and Medical Schools you have attended, including those from which you did not graduate. As you type, the name of your school should auto-populate. Once it does, click on it to select. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. If you did not receive a degree, please select "Not Applicable" as the degree type and do not enter a graduation date.

Educational Institution - Albert Einstein College of Medicine of Yeshiva University

Degree Type - Doctoral

Degree - Doctor of Medicine

Enrollment date - 8/26/2008

Graduation date - 5/13/2012

Educational Institution - State University of New York Upstate Medical University

Degree Type - Masters  
Degree - Masters Degree in Medical Technology  
Enrollment date - 8/21/2006  
Graduation date - 5/30/2008

Educational Institution - State University of New York Purchase College  
Degree Type - Bachelor's  
Degree - Bachelor's degree in Biology  
Enrollment date - 8/19/2002  
Graduation date - 5/22/2006

## **Employment History**

List your employment history for the past five years including medical, non-medical, and post-graduate training. For any non-working time, you must indicate exactly what your activities were, such as vacation or seeking employment as well as your permanent address. If you worked for a physician staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. Be sure to indicate the percentage of working time spent in clinical or other duties.

Employer / Non-Working Activity - Planned Parenthood of Southwest and Central Florida  
Job Title - Independent Contracting Physician  
Start Date - 1/1/2017  
End Date - 5/25/2019  
Average Hours/Week- 6  
Street Address - 736 Central Avenue  
Employment City - Sarasota  
Employment County - Sarasota  
Employment State - Florida  
Employment Zipcode - 34236  
Employment Country - United States

## **License Verification**

You must complete the License Verification component if you hold or have ever held a professional license or certification in a state or Canadian Province. You must request verification of all your applicable licenses and certifications from the issuing state or Canadian province to be sent to the State Medical Board of Ohio. Please include both active and inactive professional licenses or certifications.

ME127866  
Doctor of Medicine (MD)  
State of Florida Department of Health  
Active  
United States  
Florida

## **Examination Tracking**

List each licensure examination you have taken (USMLE, NBME, COMLEX USA, NBOME, LMCC, PMLEXIS, etc.)

Examination - USMLE Step 1

Status - Passed

Exam date - 6/5/2010

Number of Attempts - 1

Examination - USMLE Step 2 CK

Status - Passed

Exam date - 6/27/2011

Number of Attempts - 1

Examination - USMLE Step 2 CS

Status - Passed

Exam date - 11/10/2011

Number of Attempts - 1

Examination - USMLE Step 3

Status - Passed

Exam date - 4/28/2014

Number of Attempts - 1

## **Specialty Tracking Component**

Please list any American Board of Medical Specialties, American Osteopathic Association, or Council on Podiatric Medical Education specialty and/or subspecialty certifications that you currently hold.

Medical Speciality Certification - American Board of Medical Specialties (ABMS)

Medical Speciality - Obstetrics and Gynecology (ABMS)

Medical SubSpeciality - null

## **Residency Component**

List all post-graduate training programs you have attended, including those you did not complete. As you type, the name of your Hospital/Institution should auto-populate. Once it does, click on it to select. If your Hospital/Institution does not auto-populate, type and select Other. You will then enter your Hospital/Institution name in the fields that appear.

Residency Number - RES22258  
Hospital Name - University of South Florida Morsani College of Medicine  
Address - 2 Tampa General Circle  
City - Tampa  
State - FL  
ZipCode - 33606  
Country - USA  
PG Years - 3  
PG Type - Fellowship  
Department/Specialty - Maternal-Fetal Medicine  
Start Date - 7/1/2016  
End Date - 6/30/2019  
Successfully Completed? - true

Residency Number - RES22260  
Hospital Name - University of Rochester Medical Center  
Address - 601 Elmwood Avenue  
City - Rochester  
State - NY  
ZipCode - 14642  
Country - USA  
PG Years - 2  
PG Type - Residency  
Department/Specialty - Obstetrics and Gynecology  
Start Date - 6/17/2012  
End Date - 6/30/2016  
Successfully Completed? - true

### **Current Employment Location(s)**

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

### **Questions**

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Question - Are you or will you be in an accredited training program in Ohio?  
Answer - No

Question - Are you an International Medical School Graduate?

Answer - No

Question - In the past five years, have you been diagnosed as having, or been hospitalized for a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? You may answer "NO" to this question if you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Section 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.

Answer - No

Question - Have you ever resigned from, withdrawn from, or terminated, or have you ever been requested to resign from, withdraw from, or otherwise been terminated from, a position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public?

Answer - No

Question - Have you ever resigned from, withdrawn from, or have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from, a medical or podiatry school, clinical clerkship, externship, preceptorship, residency, postdoctoral training program, or graduate medical education program?

Answer - No

Question - Have you ever transferred from one graduate medical education program or postdoctoral training program to another?

Answer - No

Question - Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification?

Answer - No

Question - Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license, certificate or registration granted to you; placed you on probation; or imposed a fine, censure or reprimand against you?

Answer - No

Question - Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body; or have you ever withdrawn any application for licensure, relicensure, or examination, in any state (including Ohio), territory, province, or country?

Answer - No

Question - Have you ever, for any reason, been denied licensure or relicensure, application for licensure or

relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country?

Answer - No

Question - Have you ever been requested to appear before any board; bureau, department, agency, or other body, including those in Ohio, concerning allegations against you?

Answer - No

Question - Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?

Answer - No

Question - Have you ever been notified of any investigation concerning you by any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?

Answer - No

Question - Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?

Answer - No

Question - Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?

Answer - No

Question - Have you ever pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

Answer - No

Question - Have you ever been arrested, forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

Answer - No

Question - Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? In addition, ask your malpractice insurance carrier(s) to provide a complete claims history report for the last 10 years to the State Medical Board of Ohio. If your current carrier has provided coverage for less than 10 years, ask your previous carrier to submit a claims history report to the Board.



Answer - Yes

Question - Have you ever been denied professional liability insurance or coverage, or had such insurance or coverage canceled, limited, or restricted in any way?

Answer - No

Question - Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?

Answer - No

Question - Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced, or terminated by the Department of Defense, the Veteran's Administration, or any of their respective components?

Answer - No

Question - Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Answer - No

Question - Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?

Answer - No

Question - Are you currently engaged in the illegal use of controlled substances?

Answer - No

Question - Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution?

Answer - No

Question - Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended or terminated, been put on probation, or been requested to withdraw from or resign privileges at any hospital, nursing home, clinic, health maintenance organization, or other similar institution in which you have trained, been a staff member, or held privileges, for reasons other than failure to maintain records on a timely basis, or failure to attend staff or section meetings?

Answer - No

## Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - License Verification

Description - I attest that I will request License Verification(s) from any state(s), jurisdiction(s) or Canadian province(s) where I currently hold or previously held a full license. VERIDOC, electronic or standardized letters are acceptable for license verification.

Attested - Attestation complete

Title - Supporting Documents

Description - Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? Submit a medical claims history report or NPDB report.

Attached file - Chinedu Nwabuobi NPDB and claims report.pdf

Title - AMA (MD) Physician Profile

Description - I attest to have a physician profile from the American Medical Association (AMA) (<https://profiles.ama-assn.org/amaprofiles/>) sent to the Board.

Attested - Attestation complete

Title - FBI Report

Description - I acknowledge as an applicant I am required to complete an FBI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

Attested - Attestation complete

Title - BCI Report

Description - I acknowledge as an applicant I am required to complete an Ohio BCI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

Attested - Attestation complete

## Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

### Attestation

I hereby certify and attest 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 read and understand this application and have answered all questions contained in this application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my 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 Board 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 Board 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 Board, its agents or representatives and any 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 of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to the credential for which I have applied being granted to me by the board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of the credential for which I have applied.

### Consent to Electronic Signature - **Consented**

Date/Time Stamp - 4/24/2019 8:43 PM

Type your First Name and Last Name as they appear on the application to sign electronically.

Chinedu Nwabuobi

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in. If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

## Medical Professional Information Profile

---

*This report provides credentialing information for:*

Name: **Nwabuobi, Chinedu  
Kingsley**

Social Security Number: **Redacted**

Date of Birth: **January 12, 1986**

FID#: **215909326**

Recipient: **OH - State Medical Board of  
Ohio**

Delivery Date: **04/22/2019**

---

### 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**

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.



Chinedu Nwabunbi
Applicant's Signature (must be signed in the presence of a notary)
AWABUDBI
Applicant's Printed Last Name
CHINEDU, K
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
3/10/2016
Date of Signature (must correspond to date of notarization)

State of New York County of Monroe

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 10th day of March, 2016.

Notary Public Signature: Holly J. Wass

HOLLY J. WASS
Notary Public, State of New York
Orleans County, #01WA4848167
Commission Expires March 30, 2019

My Notary Commission Expires:

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

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 868-5000
© 2014 Federation of State Medical Boards

---

**Biographic Information**

---

Medical professional Name(s): **Nwabuobi, Chinedu Kingsley**

Date of Birth: January 12, 1986

Place of Birth: Lagos, LA, NIGERIA

---

**Contact Information**

---

Business Address: 500 South Cleveland Avenue  
Westerville, OH 43081  
UNITED STATES

Home Address: 4003 Lady Palm Court  
Tampa, FL 33624  
UNITED STATES

Business Phone: (380) 898-4591

Mobile Phone: (917) 826-2047

Email: cknwabuobi@gmail.com

---

**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: Nwabuobi Chinedu Kingsley  
Last First Middle

FCVS ID Number: 354080

**Notary – Please complete the section below:**

State of New York County of Monroe

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 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.

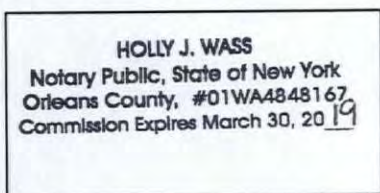
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 10<sup>th</sup>, of (Month) March, (Year) 2016.

Notary Public Signature: Holly J. Wass

Commission Expiration Date\* (Month) March / (Day) 30 / (Year) 2019

\* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.

**Notary Stamp Here**



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., Suite 300  
Eules, TX 76039-3856

CAUTION: Any person who (1) Falsifies any of the particulars on this certificate or (2) uses a falsified certificate as true, knowing it to be false is liable to prosecution.



ORIGINAL

FEDERAL REPUBLIC OF NIGERIA  
NATIONAL POPULATION COMMISSION

CERTIFICATE OF BIRTH No 2980232

Issued under the Births and deaths, etc. (Compulsory Registration) Decree 69 of 1992

Registration Centre HEALTH CENTRE **B**

Town/Village OSUSU

L.G.A. ABA - NORTH I | 2005 | 422

State ABIA Volume Year Entry No.

This is to certify that the birth, details of which are recorded herein has been registered on

22 07 2005  
Day Month Year at this Registration Centre

1. Full Name: NWABUOBI, CHINEDU KINGSLEY  
(Surname First) (in block letters)

2. Sex: MALE 3. Date of Birth: 12 01 86  
Day Month Year

4. Place of Birth: LAGOS Town/Village

5. Full name of Father: NWABUOBI, JOSEPH EGBUNA  
(Surname First) (in block letters)

6. Full name of Mother: NWABUOBI, ANN EGO  
(Surname First) (in block letters)

Place of Issue: OSUSU - ABA EKONG D.A.  
Name of Registrar

Date: 22/07/2005  
Signature of Registrar



354080



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
09/01/2008	05/03/2012	Medical Education	Albert Einstein College of Medicine of Yeshiva University Bronx New York UNITED STATES
07/01/2012	06/30/2016	Postgraduate Training	University of Rochester Program Rochester New York UNITED STATES
07/01/2016	06/30/2019	Postgraduate Training	University of South Florida Morsani Program Tampa Florida UNITED STATES

End of Chronology of Activities report for: Nwabuobi, Chinedu Kingsley



---

**Medical Education**

---

**Medical School:** Albert Einstein College of Medicine of Yeshiva University

Location: Bronx, NY

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:** Albert Einstein College of Medicine of Yeshiva University

**Address Line 1:** Office of the Registrar

**Address Line 2:** Belfer Educational Center, Room 210

**City:** Bronx

**State/Province:** NY

**Zip Code (Postal Code):** 10461

**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: B.S. and M.S.

**Enrollment and Participation:** Our records indicate that Nwabuobi, Chinedu Kingsley

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

attended our medical school for total of 4 years of medical education on the following dates:

**From:** 08/20/2008 **To:** 05/25/2012  
Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine on 05/30/2012

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

**Attestation**

Affix Institutional Seal Here

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



**Name:** Julie Schneider

**Signature:** Julie Schneider

**Title:** Registrar

**Date of Signature:** 02/29/2016

**Fax:** (718) 430-4123

**Phone:** (718) 430-2102

**Email:** julie.schneider@einstein.yu.edu

**Unusual Circumstances**

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

**No**

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:

Other:

Please Specify:

**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: Nwabuobi, Chinedu Kingsley

Albert Einstein College of Medicine of Yeshiva University

---

**Unusual Circumstances****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: Nwabuobi, Chinedu Kingsley



Science at the heart of medicine

OFFICE OF STUDENT AFFAIRS

Jack and Pearl Resnick Campus  
1300 Morris Park Avenue  
Belfer Building, Rm 210  
Bronx, NY 10461  
718.430.3060 718.430.3764 fax  
osa@einstein.yu.edu

Medical Student Performance Evaluation  
For  
**Mr. Chinedu Nwabuobi**  
November 1, 2011

Dear Colleague,

We are pleased to provide this profile of achievements for Mr. Chinedu Nwabuobi who is a student at the Albert Einstein College of Medicine of Yeshiva University, Bronx, New York.

Mr. Nwabuobi is a 2006 graduate of the State University of New York, Purchase College, where he received his B.S. degree, majoring in Biology. As an undergraduate student, Chinedu was a Dean's List student and Vice-President of the Pre-medical club. He was also a Counselor/Mentor for the Upward Bound Program at Purchase, and a participant in the Albert Einstein College of Medicine Emergency Medicine Clinical Exposure and Mentoring Program at Montefiore Medical Center. Following graduation, Chinedu enrolled in a Master of Science Program at the State University of New York (SUNY) Upstate, where received his M.S. degree in 2008. Chinedu matriculated at Einstein in August, 2008 and has an expected graduation date of June, 2012.

In the pre-clerkship years, Einstein uses a Pass/Fail grading system. Students are required to take and pass USMLE Step 1 before starting clerkships, and to pass Step 2 CK, and Step 2 CS before graduation. We do not maintain a class ranking.

In the clinical clerkships, we use an expanded grading system that includes Honors and both High and Low Pass values, unless otherwise noted. All clerkships require passage of a standardized exam, the score on which, depending on the clerkship, may carry significant weight in establishing the grade. During the third year, in addition to the clerkships, all Einstein students participate in a required assessment of clinical competence, the goal of which is to provide students with a valuable educational experience while receiving essential feedback on their skills. Students are required to complete all core clerkships prior to enrolling in electives.

During each clinical clerkship and sub-internship rotation, students are rated on the degree of professionalism they exhibit. The following attributes (rated on a 7 point scale) are encompassed in their evaluation: compassion; reliability; willingness to help in the overall clinical effort; ability to bridge potential barriers of race, ethnicity, social class, gender, religious belief, sexual orientation, etc.; acceptance of feedback; and overall interpersonal effectiveness. The vast majority of our students are rated well in this system

354080

57

and this fact will simply be noted in this letter. When a student has either impressed her/his preceptors with outstanding professionalism or has been found wanting in one or more of the above attributes, we will elaborate further in this letter.

During their final year, Einstein students take part in a required two-month rigorous subinternship in Internal Medicine, Pediatrics or Family Medicine, during which, the student's responsibilities are equivalent to that of an intern. Prior to graduation, students are required to complete a Scholarly Project.

Mr. Nwabuobi has successfully passed all of his basic science courses and passed Step 1 and Step 2 CK of the USMLE. He hit his stride in second-year, and easily transitioned from the basic science course work to the clinical rotations where he continued to excel in the third and fourth years. Some of the following narratives may have been edited for the purpose of conciseness. Items removed such as clerkship descriptions of clinical requirements, specific details of case or project presentations, etc. were deemed to be extraneous. The following clerkship evaluations are provided in chronological order to display progress.

**PEDIATRICS:** (Clerkship) Write-ups: High Pass and Honors. Chinedu earned an overall grade of "High Pass" during his required Pediatric rotation... He was enthusiastic and motivated about learning and acquiring new knowledge and skills. He became actively involved in all aspects of patient care. His knowledge is appropriate for his level of training and he worked hard to improve it by consistently reading up on relevant topics and presenting them during rounds. House staff remarked on his ability to "prioritize and identify problems" in the patients he followed. Throughout the rotation, "his clinical skills rapidly improved" and "at the end (he) was quite proficient" in his approach to the pediatric patient. He was an excellent team player and displayed great communication skills. We believe that with continued reading, and practice in synthesis of clinical facts, Chinedu will succeed in any specialty he chooses. **Overall Evaluation – High Pass 6**

**SURGERY:** (Clerkship) ...This was Mr. Nwabuobi's second clerkship, and he did very well. He quickly became an integral member of the team. He was described as polite, enthusiastic with good fund of knowledge. He had a caring attitude, and was well-liked by patients, patients' families as well as the residents and nursing staff. One of the residents points out that Chinedu has "generally remarkable skills with a great knowledge of both basic and clinical signs." The same resident points out that he is always active in helping residents and very diligent about patient care. Another resident comments on his hard work and great motivation. The written work that he submitted to me was also of high caliber. His oral examination was outstanding, scoring in the honors level. His written examination was mid range which brought down his final grade for the clerkship, ...he earns High Pass as his final grade. **Overall Evaluation – High Pass 6**

**FAMILY MEDICINE:** (Clerkship) Mr. Chinedu Nwabuobi showed initiative to learn and has compassion for the patients. The patients loved working with Chinedu. He was pleasant, paid attention, and asked great questions. He responded quite well to constructive feedback and improved week by week. I am confident he would make an

excellent physician. He was an enthusiastic and knowledgeable student who had good rapport with patients and staff. Evaluation: High Pass... Community Based Project: ...Chinedu and another student ran creative education sessions... The community site director commented that Chinedu wanted to ensure that the project would be meaningful and satisfying to members. This was done by involvement of the members every step of the way. He took on the role of primary facilitator during most of the discussions with the members and it was always nice to hear the voices of the members and his echoing down the corridor as though they were old friends. Evaluation: High Pass... Chinedu successfully completed the Palliative Care and Nutrition assignments and satisfied all of the other clerkship requirements. **Overall Evaluation – High Pass 6**

**GERIATRICS:** (Clerkship) Chinedu was a pleasure to have... He had excellent interpersonal skills, relating well to staff, students and residents of the nursing home. He was eager to learn and was inquisitive. Chinedu actively participated in rounds, using good reasoning to arrive at appropriate plans of care. Chinedu will make an outstanding physician. **Overall Evaluation – Pass** (*This course is Pass/Fail only.*)

**RADIOLOGY:** (Clerkship) Chinedu is a very pleasant and bright student with a very good background fund of information. He attended preceptor sessions as well as resident teaching sessions. He was also a very active contributor to group discussions and he appeared to grasp the principles presented when he was challenged with images of a patient with an unknown diagnosis. At the end of the rotation he gave a very good presentation... **Overall Evaluation – Pass** (*This course is Pass/Fail only.*)

**MEDICINE:** (Clerkship) Chinedu did an excellent job during his medicine clerkship. He was enthusiastic, hardworking, and dedicated. Chinedu responded extremely well to feedback early in his clerkship and showed a marked improvement in his oral and written presentations to perform them at an excellent level. His fund of knowledge was appropriate for his level of training and he demonstrated sound clinical reasoning skills. Chinedu's history taking/physical examination skills were thorough and excellent. He demonstrated a sincere intellectual curiosity - he often went to the literature to answer clinical questions and present them to the team. Chinedu followed his patients very closely and took a keen interest in their progress. He was very gracious and professional and interacted well with all members of his team. He passed the NBME Shelf... Chinedu was awarded a grade of High Pass for his overall excellent clerkship performance. **Overall Evaluation – High Pass 6**

**OBSTETRICS/GYNECOLOGY:** (Clerkship) Chinedu Nwabuobi was a dedicated and diligent student. Throughout the rotation he demonstrated reliability and maturity and sought out every learning opportunity. He read extensively and participated actively in didactic discussions. He worked well with residents, midwives and attendings and was regarded as an integral part of the team. His surgical skill was above expected level. His patient log reflected his broad participation and tremendous effort. He earned Honors for his clinical performance on the rotation. His oral and written presentations were well prepared and he earned a High Pass on the OB case and Honors on the Gyn case. He received a High Pass on his oral examination and a score...a clerkship equivalent of



Honors on his shelf examination. He received a final grade of Honors for the Obstetrics and Gynecology and Women's Health clerkship. We are confident that Chinedu Nwabuobi will become an outstanding house officer.

**Overall Evaluation – Honors 7**

**PSYCHIATRY:** (Clerkship) Adolescent Inpatient Program (first 3 weeks): Energetic about learning about psychiatry in general and inpatient psychiatry in particular; asked good questions and sought out learning experiences with many team members. Grade: Honors. Adult Partial Program (second 3 weeks): A pleasure to work with; actively seeks clarification and researches new areas; excellent performance of comprehensive psychiatric evaluation and able to formulate an appropriate treatment plan; compassionate and congenial. Grade: Honors. Observed Clinical Encounter: Conducted an excellent psychiatric evaluation; was able to elicit essential information in a calm, thorough manner; gained patient's trust and maintained a comfortable environment. Grade: Honors. Case Write-ups and Progress Notes: Grade: Honors. NBME Exam: Grade: Pass. Essay exam: Grade: Honors. **Overall Evaluation – Honors 7**

**PATIENTS, DOCTORS AND COMMUNITIES:** (Course) Chinedu was an active participant in all sessions. He was an excellent influence with his positive and upbeat attitude. He approaches life situations in a self-assured manner. He played a valuable role in the group by raising some thought-provoking issues. Chinedu's essays were thorough and detailed, often drawing on personal experiences. He has an idealistic attitude yet he recognized limitations of the "larger system." Chinedu is an upbeat and welcoming student who is helpful and compassionate with peers and patients.

**Overall Evaluation – Pass** (*This course is Pass/Fail only.*)

**NUTRITION AND CHRONIC DISEASES:** (Elective) Chinedu worked independently with Faculty guidance to search the scientific literature and develop a scholarly project.

**Overall Evaluation – High Pass 6**

**OBSTETRICS SUBINTERNSHIP:** (Elective) Chinedu performed at Honors level during his subinternship on the labor and delivery service... He was enthusiastic about seeing patients and gaining experience. He was able to integrate his academic knowledge into clinical practice and he was an excellent participant in the team. He was always happy to be of any assistance. Chinedu took initiative in evaluating patients and in participating in the care of laboring patients. He participated in numerous normal and Cesarean deliveries and has a skill set above the expected level. He is compassionate with patients and families and was always professional in demeanor. His academic knowledge was above expectations, as well. Chinedu was a pleasure to have on service.

**Overall Evaluation – Honors 7**

**REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY:** (Elective) Chinedu was a pleasure to have on service. He had a real "can do" attitude and was a true team player. His medical knowledge was above average for a fourth year medical student and more impressive was his ability to utilize that knowledge and begin to formulate theories

and treatment plans. He gave a well-researched PowerPoint presentation... He had a great work ethic, great interest in learning and was a true pleasure.

**Overall Evaluation – Honors 7**

**UNIQUE ACTIVITIES AND INTERESTS:**

Chinedu is an avid soccer player and participates in the Einstein intramural soccer competition yearly. He also played competitively throughout college and won an Athlete's award. Chinedu enjoys the outdoors, particularly hiking and climbing mountains in the NY Adirondack region. Chinedu wrote a book of Poetry while in College. It was published in Nigeria and was also sold here in the United States. He is currently working on his second book titled "100 miles and still running." Chinedu teaches 6<sup>th</sup> to 12<sup>th</sup> graders in his local church's bible school. Chinedu mentors high school and college students interested in a healthcare career in the Bronx area of New York. Chinedu is highly interested in Global health. He was a co chair of the Einstein Global health club and is currently the Nigerian liaison for Distinguished Nigerian Physicians of Tomorrow (DNPT). DNPT is an international organization of Nigerian medical students training all over the world. He helps set up elective rotations and medical mission trips in Nigeria for medical students in the United States. His long-term goal is to create a sustainable model for healthcare delivery for women and children in Nigeria.

Chinedu Nwabuobi's MSPE advisor, **Genevieve S. Neal-Perry, M.D., Ph.D., Assistant Professor, Department of Obstetrics and Gynecology & Women's Health (Reproductive Endocrinology and Infertility) at Einstein**, wrote the following comments: "It is with great enthusiasm and honor that I write this statement of support for the application of Chinedu Nwabuobi for a residency in Ob/Gyn. To know Chinedu is to learn the importance of strength, determination and hope. Chinedu is truly an inspiring young man who overcame incredible odds to become the first person in his family to go to medical school. Chinedu and his family immigrated into the United States after his mother won an immigration lottery in Nigeria. Through hard work and determination Chinedu completed college at Purchase with a major in Biology and a minor in Chemistry. He then went on to complete a Masters in Medical Science at Upstate Medical University before he enrolled in the Albert Einstein College of Medicine. He has been involved in several research projects that have resulted in abstract presentations at the Gynecological Oncologist Annual Meeting and the American Society for Reproductive Medicine. He has been a true superstar at Einstein in that he has performed extremely well academically while maintaining an active role in community health outreach programs and maintaining leadership positions in the Global Health Club and the Student National Medical Association. Chinedu's interest in Ob/Gyn stems from his experiences in Nigeria where he witnessed women being ostracized for rectovaginal fistulas and infertility. Chinedu's long term goal is to complete an Ob/Gyn residency program so that he can provide medical services to women who are marginalized because of Gyn-related medical problems. He also desires to design and assist with the implementation of programs that will educate Nigerian communities about the common causes and treatment of rectovaginal fistulas and infertility. Chinedu's career/lifetime goals have encouraged him to seek a trainee position in a busy residency program that provides services to culturally and socioeconomically diverse patient populations. On a

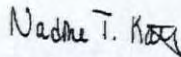
personal level, Chinedu has all of the attributes that constitute a great Ob/Gyn resident and future clinician. He is a quick learner, he is good with his hands, he is very bright and mature, he is incredibly organized, he has a great work ethic, he can work well in a team, he can be a leader, and he has a great personality with outstanding social skills. There is no doubt that Chinedu will be an outstanding Ob/Gyn resident and a superior physician who will change the lives of many women and their families. His desire to "do good" will not only resonate among faculty and inspire his peers but it will also motivate and give hope to the patients that he treats. I look forward to following his future successes in women's health."

Dr. Neal-Perry's assessment captures Chinedu's strengths and abilities that will surely make him an excellent house officer in Obstetrics and Gynecology. His evaluations consistently comment on his interpersonal skills, interest in learning, 'can do' attitude, and abilities as a team player. Chinedu is committed to a career in Ob-Gyn and wants to make a difference by contributing to the field. He is mature, professional, a pleasure to work with, and wants to learn. Based on his accomplishments, positive evaluations, support from faculty, and commitment, it is our pleasure to evaluate and recommend Chinedu Nwabuobi to you as an excellent candidate for residency training in Obstetrics and Gynecology. He will be an asset to the program that recruits him.

Sincerely,



Stephen G. Baum, M.D.  
Sr. Assoc. Dean for Students



Nadine T. Katz, M.D.  
Sr. Assoc. Dean for Student Academic Affairs  
Professor of Clinical Ob-Gyn and Women's Health

**MSPE Advisor:**

**Genevieve S. Neal-Perry, M.D., Ph.D.**  
**Assistant Professor of Clinical Obstetrics and Gynecology & Women's Health**  
**Reproductive Endocrinology and Infertility**  
**Albert Einstein College of Medicine**

**Appendix: A**  
**Required Clerkship Grade Distribution (Comparative Performance)**

TABLE: Recent Grade Frequency by Discipline in Required Clerkships

	Int Med	Gen Surgery	Pediatrics	Family Med	Ob/Gyn	Psychiatry
Honors (7)	35%	46%	38%	39%	44%	42%
High Pass (6)	48%	31%	45%	37%	27%	40%
High Pass (5)	14%	14%	6%	18%	17%	13%
Pass (3-4)	2%	9%	11%	6%	12%	5%

Missing percentages in table represent grades of Low Pass or Fail

**Appendix: B**

**MSPE**

Preparation of the MSPE:

Each student meets with a faculty member (often in their intended discipline) who assists with the drafting of the MSPE, which is edited and completed in the Dean's Office.

Final authority for composing the MSPE rests with:

Stephen G. Baum, M.D.  
 Senior Associate Dean for Students  
 Professor of Medicine, Microbiology & Immunology

Nadine T. Katz, M.D.  
 Senior Associate Dean for Student Academic Affairs  
 Professor of Clinical Obstetrics & Gynecology and Women's Health

Student Review of MSPE:

Students review their MSPE with one of the Deans for Students.

**Appendix: C**

**Curriculum and Special Programs:**

**Year I and II** are semi-traditional "basic science" courses that include small group and case-based seminars, as well as the inclusion of "live" patient conferences. Our Introduction to Clinical Medicine (formerly "Introduction to the Patient") course meets twice weekly throughout the Year I and II. In this mentored small group format students learn interviewing skills, history-taking, physical examination, and the foundation elements of the doctor-patient relationship. All students have substantial, supervised contact with patients in clinical settings.

**Year III** consists of required clerkships in Internal Medicine (11 weeks), General Surgery (8

354080

weeks), Pediatrics (7 weeks), Obstetrics & Gynecology and Women's Health (6 weeks), Psychiatry (6 weeks), Family Medicine (4 weeks), and Radiology (2 weeks). Selective clinical rotations are available for two weeks during the clerkship cycle. A two week Geriatrics clerkship occurs either in Year III or IV. Comparative grade information is found in Appendix A.

**Year IV** consists of a demanding two month required Sub-internship in Internal Medicine, Pediatrics, or Family Medicine. We further require a one month Ambulatory Care rotation in one of these same departments, and a one month clerkship in Neurology. The remaining months are available for clinical or research electives. Many of our senior students participate in our Global Health program. All are required to submit a scholarly paper as a graduation requirement.

The College supports an MD-PhD (MSTP) program, an MD-MS program (MS in Clinical Research Methods), and supports students who seek MPH degrees at outside institutions. The MSPE for our MD-PhD program is co-composed with the Director of our Medical Scientist Training Program. Many of our students are encouraged to engage in more than four years of undergraduate medical education to enrich their experience.

#### USMLE Requirements:

Passing scores on Step I, Step II-CK, and Step II-CS of the USMLE are required in order to receive the MD degree at the Albert Einstein College of Medicine. The College permits no more than three attempts on each of these exams.

#### Observed Clinical Encounter:

Our major required clerkships have implemented an "Observed Clinical Encounter" (OCE) wherein a senior clinical supervisor directly observes each medical student evaluating an actual patient. OCE grades and reports are captured within the narrative evaluations of each major clerkship.



Science at the heart of medicine

**OFFICE OF STUDENT AFFAIRS**

Jack and Pearl Resnick Campus  
1300 Morris Park Avenue  
Belfer Building, Rm 210  
Bronx, NY 10461  
718.430.3060 718.430.3764 fax  
osa@einstein.yu.edu

**ADDENDUM TO THE MSPE**

April 9, 2012

Chinedu Nwabuobi, 2012

**THE FOLLOWING WAS RECEIVED AFTER COMPLETION OF THE MEDICAL STUDENT PERFORMANCE EVALUATION LETTER.**

**MEDICINE:** (Subinternship) Chinedu received a grade of high pass during his subinternship. In all categories of assessment, he received a "meets expectation to outstanding" rating from his evaluators. One attending wrote, "Chinedu was very intelligent and a dedicated sub intern. His efforts were above expectations." Another attending stated, "Chinedu was highly professional and was a great team member. His organizational and presentation skills improved during the rotation. Chinedu was motivated and demonstrated a desire to learn." One resident commented, "He was genuinely concerned for his patients' health. Even on difficult encounters with patients he remained calm and composed, I enjoyed working with him." Another resident, wrote, "Chinedu was wonderful with patients and had excellent bedside manners." Another resident mentioned, "Excellent subintern. Very enthusiastic about learning, always printed literature about his patients' conditions. He gave several mini talks during attending rounds." Another resident wrote, "Extremely independent, very professional, a pleasure to have on the team." In his Observed Clinical exam he performed all of the interviewing, interpersonal, patient education and physical exam skills.

**Overall Evaluation - High Pass 6**

Stephen G. Baum, M.D.  
Sr. Assoc. Dean for Students

Nadine T. Katz, M.D.  
Sr. Assoc. Dean for Student Academic Affairs

354080



Science at the heart of medicine

**OFFICE OF STUDENT AFFAIRS**

Jack and Pearl Resnick Campus  
1300 Morris Park Avenue  
Belfer Building, Rm 210  
Bronx, NY 10461  
718.430.3060 718.430.3764 fax  
osa@einstein.yu.edu

**ADDENDUM TO THE MSPE**

June 19, 2012

Chinedu Nwabuobi, 2012

**THE FOLLOWING WAS RECEIVED AFTER COMPLETION OF THE MEDICAL STUDENT PERFORMANCE EVALUATION LETTER.**

**MEDICINE:** (Ambulatory Care) Chinedu was an excellent student. He was enthusiastic and personable. He was soft-spoken and was well liked by the patients.

**Overall Evaluation – Honors 7**

Stephen G. Baum, M.D.  
Sr. Assoc. Dean for Students

Nadine T. Katz, M.D.  
Sr. Assoc. Dean for Student Academic Affairs

354080

Albert Einstein College of Medicine  
 1300 Morris Park Avenue Belfer Building Room 210  
 Bronx NY 10461  
 (718)430-2102

Chinedu Kingsley Nwabuobi

Conferred Degree: MD 30-MAY-2012

Date of Birth: 12-JAN

Major: Medicine

Admit Term: Fall 2008

Program: Doctor of  
 Medicine

SUBJ NO	COURSE TITLE	CRED GRD	SUBJ NO	COURSE TITLE	CRED GRD
<b>INSTITUTION CREDIT:</b>					
<b>2008-2009</b>					
CD&A 1001	Clinical & Dev. Anatomy	P	MED AMBC	Medicine Ambulatory Care	H
CVFH 1001	CV Physiology	F	MED K702	Critical Care	H
DM 1001	Disease Mechanisms	P	MED SUBI	Medicine Subinternship	HP
EPID 1001	PDC Ethics	F	NEUR NEUR	Neurology	HP
HSTO 1001	Histology & Cell Structure	P	OBGY H508	Repro Endo & Infertility	H
ICMA 1001	Introduction to the Patient	P	OBGY H601	Subinternship in Obstetrics	H
ICMB 1001	The Clinical Experience	P	SPEL 1297	Blebbistatin Preterm Labor Mgmt	HP
MCFM 1001	Mol. & Cell Foundations of Med	P			
PHRM 1001	Principles of Pharmacology	P			
PPM 1001	Prev. Med. & Clin. Rsch.	P			
RENL 1001	Renal Disease	P			
<b>2009-2010</b>					
CLEX 20G0	ICM - Clinical Examination	F			
CVS 20G0	Cardiovascular System	P			
ENDO 20G0	Endocrine System	P			
GI 20G0	GI/Liver System	P			
HEMA 20G0	Hematological System	P			
MCRO 20G0	Micro/Infectious Disease	P			
MSDS 20G0	Musculoskeletal Disorders	P			
NSHB 20G0	Nervous System/Human Behavior	P			
PARA 20G0	Parasitology & Global Medicine	P			
PULM 20G0	Pulmonary System	P			
REPR 20G0	Reproductive Sys. & Human Sex.	P			
<b>2010-2011</b>					
EPID PDC	Patients Doctors & Communities	P			
FMED FM31	Family Medicine Clerkship	HP			
GERI GE31	Geriatrics Clerkship	P			
MED ME3	Medicine Clerkship	HP			
OBGY OB3	Obstetrics & Gynecology Clerk	H			
PEDS PE3	Pediatrics Clerkship	HP			
PSBS PG3	Psychiatry Clerkship	H			
RADI RA31	Radiology Clerkship	P			
SURG SU3	Surgery Clerkship	HP			
<b>2011-2012</b>					
EPID P204	Nutrn & Devlp of Chronic Dis	HP			



SEAL  
 VERIFIED

354080

57

This officially sealed and signed transcript is printed on blue SCRIP-SAFE® security paper. When photocopied the name of the institution and the word VOID will appear. Translucent globe icons must be visible from both sides of transcript when held toward light source. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

In accordance with USC 438(6)(4)(8) (The Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agents or employees, will not permit any other party access to this record without consent of the student. Alteration of this transcript may be a criminal offense.

*Selma Botman*  
 Selma Botman  
 Provost & Vice President of Academic Affairs



In accordance with USC 438(6)(4)(8) (The Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agents or employees, will not permit any other party access to this record without consent of the student. Alteration of this transcript may be a criminal offense.

**Accreditation:** Yeshiva University is accredited by the Middle States Association of Colleges and Schools to award the Baccalaureate, Master's and Doctoral level degrees. In addition, many of the colleges and academic departments are fully accredited by their individual accrediting agencies. Refer to our catalogs for further details ([www.yu.edu/catalog](http://www.yu.edu/catalog)).

**Calendar:** The academic calendar consists of two long semesters lasting approximately fifteen weeks and condensed summer and winter semesters. Semesters may include several shorter sessions. Our MD program uses a full-year academic calendar. Cardozo law programs use a 13-14 week semester.

**Credits:** Where applicable, the unit of measurement for academic purposes is the credit. A credit is equivalent to one period of recitation or a minimum of two periods of laboratory per week for a semester or an equivalent time for a shorter term. A period is usually defined as 50 minutes. Consult the academic catalog for more information.

**Degree Requirements:** For a full explanation of all degree requirements please consult the academic catalog for the respective program of study. Most recent catalogs are available at [www.yu.edu/catalog](http://www.yu.edu/catalog). For information from earlier catalogs or any questions regarding degree requirements you may contact the registrar. Students are generally bound by the requirements set forth in their term of matriculation or re-admission.

**Grading System:** Yeshiva University uses a four point grading system. Certain programs, including the MD, PhD, and MS programs at the Albert Einstein College of Medicine, do not assign grades based on points. Descriptions for all grades can be found in the table below. Consult the academic catalog for full details.

Grade	Quality Points	Used in GPA	
A+	Excellent	4.000-4.333	Yes
A	Excellent	4.000	Yes
A-	Excellent	3.667	Yes
B+	Good	3.333	Yes
B	Good	3.000	Yes
B-	Good	2.667	Yes
C+	Fair	2.333	Yes
C	Fair	2.000	Yes
C-	Fair	1.667	Yes
D+	Poor	1.333	Yes
D	Poor	1.000	Yes
D-	Poor	0.667	Yes
F	Failure	0	Yes
G	Unauthorized Withdrawal	0	Yes
E	Exempt	0	No
H	Honors	0	No
HH	High Honors	0	No
HP/LP	High/Low Pass	0	No
I	Incomplete	0	No
L/AU	Audit	0	No
M	Missing	0	No
N/NG	No Credit/No Grade	0	No
NI	Needs Improvement	0	No
P	Passing	0	No
R	Repeat	0	No
S	Satisfactory	0	No
T	Transfer Course	0	No
U	Unsatisfactory	0	No
W	Withdrawal w/o penalty or prejudice	0	No
Y	Year Course Awaiting Grade	0	No
V	Visitor	0	No

**MD Program Note:** 1<sup>st</sup> Year courses graded on Pass/Fail basis beginning with academic year 1998-1999. 2<sup>nd</sup> Year courses graded on Pass/Fail basis beginning with academic year 2003-2004.

**Plus and Minus Grades:** To June 1972, + = 1/2 point higher. From Jan 1973, + = 1/3 higher, - = 1/3 lower.

**Withdrawal & Transfer:** Students may withdraw in accordance with the policies and procedures of the school attending. Transfer work must be university level.

**Course Numbering:**

1000-2999 Undergraduate lower division courses  
 3000-4999 Undergraduate upper division courses  
 5000 and above Graduate level courses  
 (Prior to Fall 2013 courses numbered below 5000 in the PhD program of the Albert Einstein College of Medicine are to be considered as graduate courses.)

**Our Undergraduate Schools:**

Yeshiva College for Men  
 Stern College for Women  
 Sy Syms School of Business  
 Joint Israel Programs for Men and Women  
 Isaac Breuer College of Hebraic Studies (through 1982, Erna Michael College)  
 James Striar School  
 YU Global

**Our Graduate Schools:**

Albert Einstein College of Medicine (1955-2015)  
 Azrieli Graduate School of Jewish Education and Administration  
Formerly Azrieli Graduate Institute of Jewish Education and Administration (1983-1985), 55 5<sup>th</sup> Ave School in the Dept. of Ed. And the Isidore and Rose Silverstein Dept of Jewish Education of the Ferkauf Graduate School (prior to 1983)  
 Belfer Graduate School of Science (1963-1979)  
Formerly Graduate School of Science (1961-1963), Graduate School of Mathematical Science (1958-1960), Institute of Mathematics (1953-1957)  
 Benjamin N. Cardozo School of Law  
 Bernard Revel Graduate School – Harry Fischel School  
 Ferkauf Graduate School of Psychology  
Formerly Ferkauf GS of Behavioral and Social Sciences (1977-1982), Ferkauf GS of Humanities and Social Sciences (1965-66), Graduate School of Education (1957-1965), School of Education and Community Administration (1948-1957)  
 Graduate Programs in Arts and Sciences  
 Institute for University-School Partnership  
 Stern College for Women  
 Sy Syms School of Business  
 Wurzelweiler School of Social Work  
Formerly School of Social Work (1957-1965), School of Education and Community Administration (1948-1957)  
 YU Global

**Our Affiliated Schools:**

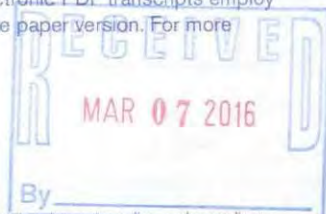
Albert Einstein College of Medicine (2015-), including:  
 Center for Public Health Sciences (2008-2014)  
 Clinical Research Training Program  
 Einstein-Cardozo Programs of Study in Bioethics  
 Graduate Programs in the Biomedical Sciences (Sue Golding Graduate Division)  
 Rabbi Isaac Elchanan Theological Seminary, including:  
 Belz School of Jewish Music

**Special Note Regarding Continuing and Non-Degree Study at Yeshiva University:**

Courses taken for credit at Yeshiva University outside of a degree or certificate program may be recorded on a single official record of continuing and non-degree study. The particular school at which the course was taken will be noted next to the course. Such credit may be transferable to a degree or certificate program according to the guidelines set forth by the school or program.

**Electronic PDF Transcript:** Official Electronic PDF transcripts employ special authenticity features not found on the paper version. For more information consult [www.yu.edu/transcript](http://www.yu.edu/transcript).

Transcript key last revised: 9/17/2015



# Yeshiva University

*in recognition of the satisfactory fulfillment of the required course of study at the*  
**Albert Einstein College of Medicine**  
*and upon the recommendation of the Faculty, the Trustees of Yeshiva University*  
*by virtue of the authority vested in them have conferred upon*

**Chinedu K. Nwabuobi**

*the degree of*

**Doctor of Medicine**

*with all the rights, privileges, and honors thereunto pertaining in testimony whereof*  
*this diploma is granted in the city of New York on the thirtieth day of May, 2012.*

*Henry Kressel*  
Chairman, Board of Trustees

*Ruth L. Gottsman*  
Chairman, Board of Overseers



*Richard M. Joel*  
President

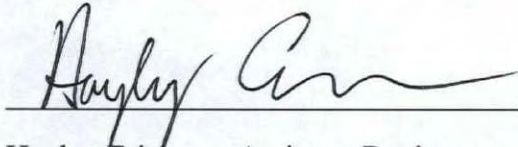
*Allen M. Spiegel*  
Vice President for Medical Affairs and  
Marilyn and Stanley M. Katz Dean

354080

57

SEAL  
VERIFIED

This is to certify that this is a copy of the original diploma of Dr. Chinedu K. Nwabuobi who received his MD degree on May 30, 2012.



Hayley Erickson, Assistant Registrar

SEAL:



354080

**SEAL  
VERIFIED**

---

**Postgraduate Training**

---

**Accreditation ID:** 2203521213**Institution:** University of Rochester ProgramLocation: Rochester, NY  
UNITED STATES**Accreditation ID:** 2301122001**Institution:** University of South Florida Morsani ProgramLocation: Tampa, FL  
UNITED STATES

---

**Credentials Analysis Information for Postgraduate Training**

---

There is no Omission/Discrepancy/Miscellaneous information identified.



Verification of Postgraduate Medical Education	
Institution: <u>University of Rochester Program</u> Specialty: <u>Obstetrics &amp; Gynecology</u> Address: <u>Rochester, NY</u>	Attention: <u>Program Director</u> Affiliated University: <u>University of Rochester Medical Center</u>
<b>Verification For:</b>	Name: <u>Chinedu Kingsley Nwabuobi</u> DOB: <u>01/12/1986</u> Individual's Name on Record (If different from above): _____
<b>Program Participation:</b> <b>Important:</b> 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>PGY1</u> Specialty/Subspecialty: <u>Obstetrics and Gynecology</u> <input checked="" type="checkbox"/> Internship      From: <u>06/12/2012</u> To: <u>06/30/2013</u> <input type="checkbox"/> Residency      Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency      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"/> Fellowship <input type="checkbox"/> RCPS <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
	PGY: <u>PGY2-PGY3</u> Specialty/Subspecialty: <u>Obstetrics and Gynecology</u> <input type="checkbox"/> Internship      From: <u>07/01/2013</u> To: <u>06/30/2015</u> <input checked="" type="checkbox"/> Residency      Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency      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"/> Fellowship <input type="checkbox"/> RCPS <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
	PGY: <u>PGY-4</u> Specialty/Subspecialty: <u>Obstetrics and Gynecology</u> <input type="checkbox"/> Internship      From: <u>07/01/2015</u> To: <u>06/22/2016</u> <input type="checkbox"/> Residency      Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> Chief Residency      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"/> Fellowship <input type="checkbox"/> RCPS <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research
<b>Unusual Circumstances:</b> 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:
<b>ELECTRONIC SEAL VERIFIED</b>	<b>Certification:</b> 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 R. Harrington, MD</u> Signature: _____ Title: <u>Residency Director</u> Date of Signature: <u>04/17/2019</u> Tel: <u>585-275-3733</u> Fax: <u>585-756-4967</u> E-Mail: <u>amy_harrington@urmc.rochester.edu</u>



**Graduate Medical Education**

Medical Professional Name: Nwabuobi, Chinedu Kingsley  
 Accreditation ID: 2203521213  
 Institution: University of Rochester Program  
 Specialty: Obstetrics & Gynecology

**Unusual Circumstances**

**Training Period: 7/1/2012 - 6/30/2016 Internship/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: Nwabuobi, Chinedu Kingsley



**Verification of Postgraduate Medical Education**

Institution: <u>University of South Florida Morsani Program</u> Specialty: <u>Obstetrics &amp; Gynecology/Maternal-Fetal Medicine</u> Address: <u>Tampa, FL</u>	Attention: <b>Program Director</b> Affiliated University: _____
---	--

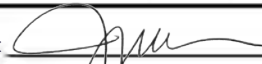
<b>Verification For:</b>	Name: <u>Chinedu Kingsley Nwabuobi</u> DOB: <u>01/12/1986</u> Individual's Name on Record (If different from above): _____
--------------------------	--

<b>Program Participation: Important:</b> 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>5-6</u>	Specialty/Subspecialty: <u>Maternal Fetal Medicine</u> From: <u>07/01/2016</u> To: <u>06/30/2018</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
	<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research	

PGY: <u>7</u>	Specialty/Subspecialty: <u>Maternal Fetal Medicine</u> From: <u>07/01/2018</u> To: <u>06/30/2019</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"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research	

PGY: _____	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
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	

<b>Unusual Circumstances:</b> 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:
--	---

<b>Certification:</b>  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>Judette Louis, MD</u> Signature:  Title: <u>Program Director</u> Date of Signature: <u>4/22/2019</u> Tel: <u>813-259-8876</u> Fax: <u>813-250-2560</u> E-Mail: <u>jlouis1@health.usf.edu</u>
--	--



**Graduate Medical Education**

Medical Professional Name: Nwabuobi, Chinedu Kingsley  
 Accreditation ID: 2301122001  
 Institution: University of South Florida Morsani Program  
 Specialty: Obstetrics & Gynecology/Maternal-Fetal Medicine

**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: Nwabuobi, Chinedu Kingsley



---

**Licensure / Examinations**

---

Exam: USMLE

---

**Credential Analysis Information for Licensure / Examinations**

---

There is no Omission/Discrepancy/Miscellaneous information identified.



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

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

Date: 04/22/2019

Federation Credentials Verification Service  
ATTN: FCVS

FCVSID: 453527

Examinee: Nwabuobi, Chinedu Kingsley  
Alt Name(s):

Examinee ID: 5-245-252-1  
Date of Birth: 01/12/1986

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. 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	Score	Minimum Pass	Comments
06/05/2010	Pass	211	(188)	

## USMLE STEP 2

### Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/27/2011	Pass	212	(189)	

### Clinical Skills (CS)

Test Date	Pass/Fail	Comments
11/10/2011	Pass	

## USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/28/2014	Pass	198	(190)	

### End of Exam History

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



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

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

**Examinee:** Nwabuobi, Chinedu Kingsley

**Examinee ID:** 5-245-252-1

**Date of Birth:** 01/12/1986

## INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

## STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

## ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

**Indeterminate** - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Incomplete** - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

**Irregular Behavior** - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Score Not Available** - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

## ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

## PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

*This document was printed from a secure website and accurately reflects score information maintained by the FSMB.*

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county, & community



**Ron DeSantis**  
Governor

**Vision:** To be the **Healthiest State** in the Nation

April 24, 2019

Ohio, State Medical Board of  
77 S High St, 17th Fl  
Columbus, OH 43215

RE: License Certification for Chinedu Kingsley Nwabuobi

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME127866
ORIGINAL CERTIFICATION:	04/12/2016
EXPIRATION DATE:	01/31/2020
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	None

This license information was last updated on: 04/19/2019

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595.





State Medical Board of  
**Ohio**

30 E. Broad St., 3<sup>rd</sup> Floor  
Columbus, Ohio 43215  
(614) 466-3934  
[www.med.ohio.gov](http://www.med.ohio.gov)

5/8/2019

Dear Chinedu Nwabuobi:

This is to notify you that you are now licensed to practice in the State of Ohio. The Board approved your request and your license number **35.136552** was issued on 05/08/2019 and will expire on 04/01/2020.

Below is a printable wallet card for your convenience. A wall certificate will be mailed to you within the next five business days. Please be advised that verification of your Ohio license must be obtained directly from the website at <https://elicense.ohio.gov>. This website is updated immediately to reflect license status.

Questions concerning licensure or renewal can be sent to [license@med.ohio.gov](mailto:license@med.ohio.gov).

Sincerely,

State Medical Board of Ohio  
Licensure & Renewal Department

	State Medical Board of <b>Ohio</b>	30 East Broad Street, 3 <sup>rd</sup> Floor Columbus, OH 43215-6127 614-466-3934 <a href="http://www.med.ohio.gov">www.med.ohio.gov</a>
THE RECORDS OF THE STATE MEDICAL BOARD OF OHIO INDICATE THAT YOU HOLD THE FOLLOWING ACTIVE LICENSE:		
<b>35.136552</b> <b>Chinedu Nwabuobi</b>		
<b>Effective Date: 05/08/2019</b> <b>Expiration Date: 04/01/2020</b>		