

#### **BOARD OF MEDICINE**

### ENSE APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)

section of this application and submit the original application and all required supporting documents. If more space attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and courd of cause for crammal prosecution pursuant to DC Code 22-2514. If you have any questions, call HPLA Customer Service at 1-877-672-2174 Monday through Friday, 8:15AM to 4:40PM EST.

SECTION 1A. LICENSURE TYP	E & FEES	SECTION 1B. BASIS OF APPLICATION
SELECT LICENSURE TYPE:	SELECT GRADUATE TYPE:	Select the basis by which you are applying:
Medicine & Surgery (MD)	U.S./ Canadian Graduate	EXAM COMPLETED: \$805.00 USMLE  NBME  NBOME  LMCC FLEX  COMLEX  COMVEX  State Exam
☐ Osteopathy & Surgery (DO)	☐ International Graduate	USMLE STEP 3:
		EMINENCE:  Eminence 1: \$805.00
SECTION 2A. APPLICANT INFO	PRMATION	
Neter LECAL NAME, (Co. and		
Note: LEGAL NAME: (Do not use any	The state of the s	
KATELYN FIRST NAME	R SMITHL	
FIRST NAME	WII LA	AST NAME (SUFFIX: Jr., Sr. etc.)
DEGREE(S): X M.D., □ D.O, □PH	.D., OTHER DEGREE	GENDER:   MALE   FEMALE
Date of Birth Place of Birth	: State/Providence/Territory	Country if not USA Social Security Number
SECTION 2B. OTHER NAMES US	SED: (Please print clearly)	
If your name has changed at any point sing	e you first registered with the Americ	can Medical Association, taken any exams or attended college or EH time that it has changed. Acceptable documents for individuals are
FIRST NAME	MI LAST	NAME (SUFFIX: Jr., Sr. etc.)
FIRST NAME	MI LAST	NAME (SUFFIX: Jr., Sr. etc.)
SECTION 2C: RACE & ETHNICI	TY DESIGNATION: (Optiona	al) LANGUAGE(S) SPOKEN:
American Indian/Alaskan Nat		Language(s) spoken other than English:
☐ Black or African American	Caucasian/White	
☐ Hispanic or Latino	Other	
☐ Native Hawailan or other Paci	fic Islander	





#### **BOARD OF MEDICINE**

### NEW LICENSE APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)

SECTION 3A. PREFERRED MAILING ADDRESS
Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS, PLEASE PROVIDE A STREET ADDRESS.
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.
HOME ADDRESS 🔲 BUSINESS ADDRESS
SECTION 3B. HOME ADDRESS
THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.
HOME ADDRESS:  (Street Number and Street Name)  (City)  (State/Province/Territory)  (Zip Code)
APARTMENT # 3 HOME PHONE NUMBER:
EMAIL ADDRESS: (REQUIRED)
SECTION 3C. BUSINESS ADDRESS:
THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC.
BUSINESS NAME: Meditar Washington Hospital Center  BUSINESS ADDRESS: 110 Irving St Washington DC Washington DC 20010  (Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)
BUSINESS ADDRESS: 10 Irving St Washing ton DC Washing ton DC 20010 (Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)
Ø(SUITE #_5β-63 □ FLOOR#
BUSINESS PHONE NUMBER: (202) 877 - 7127 BUSINESS FAX: (202) 877 - 7029
EMAIL ADDRESS:
IMPORTANT MESSAGE TO ALL PHYSICIANS
Physicians are required to update name or address changes within 30 days of the change. It is imperative that you update your information in writing, by email <a href="https://hpla.doh.dc.gov">hpla.doh.dc.gov</a> or fax (202) 724-5145 to the District of Columbia Health Professional Licensing Administration Processing Department. Submit your request to the Attention of the "Processing Center". Include your name, phone number and any other pertinent information that will assist us in ensuring that the information is updated to the appropriate record/file.  District of Columbia Health Professional Licensing Administration
Attention: Processing Department — Board of Medicine 899 North Capitol Street, N.E., 1st Floor

Washington, D.C. 20002





#### **BOARD OF MEDICINE**

SECTION 4A. POST SECONDARY SCHOOL	S ATTENDED			
List post secondary schools attended, in reverse chronologic School Name, City, State, Co	ical order, beginning with the buntry	Date	of Graduation mm/yyyy	Degree/Certificate
Cornell University			12006	B.S.
Columbia University College of Phy	sicians + Surgeon	0.5	12010	M.D
SECTION 4B. MEDICAL TRAINING AND ME List experience covering the five (5) year period prior to the training. Include letters from employing facilities, organization	submission of the applicati	on (MONT)	I & YEAR) and all in	ternship, residency, and fellowship
DESCRIPTIONS", use the letter key code below. List exp Organization/Institution	Sta	ogical order art Date m/yyyy	End Date mm/yyyy	Type of Position (Use Key Code Below)
Nomen + Infants Hospital/Brown U	University Qu	12010	06/2014	C
TRAINING AND PRACTI	ICE DESCRIPTIONS/T	VDE OE DI	OSITION KEY CO	)nc
A. Fellowship B. Internship F. Other (Attach a type	C. Residency D.	Employ	nent <b>E.</b> Privat	e Practice
SECTION 4C. MEDICAL LICENSES IN OTHE				
List all states and jurisdictions in which you have ever he additional sheet if necessary.  Are you currently applying for licensure in any other jurisd		_	ses) and provide le	itters of verification. Use
Jurisdiction	Issue Date mm/yyyy	Expiration mm/y		License Number
				-





#### **BOARD OF MEDICINE**

SECTION 5A. PRACTICE TIME IN TH	E DISTRICT		
Please provide practice information			
(1.A) Do you plan to practice in the District of (1.B) What type of medical practice?  (1.C)  How many hours will you practice in the District of (2.C)  ACADEMIC MEDICINE	ademic Adm	ninistrative	No Clinical Research  more than 20 hours/week
ADMINISTRATIVE MEDICINE     CLINICAL MEDICINE     RESEARCH MEDICINE	<b>⊠</b>		
(2) Please indicate if you do or will practice in:	Mary	yland	Virginia
SECTION 5B. SPECIALTIES			
Please select the appropriate specialties.  If your practice is limited to a specialty, pleas	e indicate the code from t	he specialty code listed below.	Primary OB
	SPECIALTY	CODE	
AC Academic Medicine ADM Administrative Medicine AI Allergy & immunology AN Anesthesiology DE Dermatology EM Emergency Medicine FM Family Medicine GE Gerlatrics HOS Hospitalist IN Internal Medicine (General) IN Internal Medicine  IN/CA Cardiology IN/EN Endocrinology IN/EN Endocrinology IN/ID Infectious Disease IN/NEP Nephrology IN/NEU Neurology IN/NEU Neurology IN/PCC Pulmonary Critical Care IN/PUD Pulmonary Disease IN/RH Rheumatology MG Medicine Genetics	PED/CA Carr PED/EN End PED/GI Gas PED/HEM Herr PED/NEO Neo PED/NEP Nep PED/NEU Neur PED/ONC Oncc PED/PCC Puin PED/PUD Puin PED/RH Rheu  BOARD CER	cology th PR PSY pulative RA   REM SU SU si) pleacent Medicine diology locrinology troenterology natology natology phrology prology	SU/NE Neurological Surgery SU/OR Orthopedic Surgery SU/PL Plastic Surgery SU/TH Thoracic Surgery SU/TP Transplant SU/UR Urology SU/VA Vascular
ere you brain betimed it any specially?		Ing organization(s)	provided space below)





### **BOARD OF MEDICINE**

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





#### **BOARD OF MEDICINE**

SE	CTION 6A. SUPPORTING DOCUMENTS									
	ease indicate the supporting documents you have inc ard of Medicine. Keep a photocopy.	cluded with this package or requested to be sent to the DC								
×	applicant's name printed on the back.	otos of the applicant's face (approx. 2"X2") with								
	The photos must be original photos and cannot be computer-generated copies or paper copies.									
Ø										
	Please have form completed by each employer/train required. Must be completed by an MD or DO).	ning program within the past five years (No more than 3								
×	AMA/AOA Profile The profile should be submitted	ed from the issuing institution.								
	FCVS (if applicable)									
	Verification(s) of licensure – These should be jurisdiction(s) for each license identified in Section 4									
×	All undergraduate, graduate, medical, and particular and particula	professional school transcripts.  ne from the issuing institution for each school that you								
,Ø	Documentation of all experience covering to the application and all internships, resident Proof of experience should be submitted as a letter institution/organization.									
R	Examination scores -In a sealed envelope from	the examination contractor or administrator.								
	ECFMG Certificate (if Foreign applicant)									
	FMGEMS Certificate (if Fifth Pathway applicant)									
	Eminence application package (if Eminence 1	or 2 applicant)								
×	Criminal Background Check (CBC) -To access form and instructions go to www.hpla.doh.dc.gov/bomed or contact the CBC unit at 1-877-783-4187.									
	CTION 6B. CONTROLLED SUBSTANCE REGISTRATION Il you be applying for a DC controlled substance license?	SECTION 6C, PAYMENT/MAILING INFORMATION Make CHECK or MONEY ORDER payable to DC Treasurer:								
		A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)								
	YES	MAIL YOUR APPLICATION PACKAGE AND CHECK TO:								
	NO es, please visit the Pharmaceutical Control Division at	Health Professional Licensing Administration Board of Medicine								
ww	If yes, please visit the Pharmaceutical Control Division at <u>www.hrla.doh.dc.gov</u> or contact Karin Barron at  202.724.8938/Latasha Gaskin at 202.442-5877  Processing Center - 899 North Capitol Street, NE (First Floor)  Washington, DC 20002									





#### **BOARD OF MEDICINE**

#### NEW LICENSE APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)

#### SECTION 7A.

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

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

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

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

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

Yes	No
	X

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

#### SECTION 7B. LICENSEE AFFIDAVIT

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

truituling	Katelyn Smi-	thling	1-2-14
LICENSEE SIGNATURE	PRINT NAME	1	DATE

Update anw 8/10/12



		DC	Department of	of Healt	h		
		Board of Med	icine Charact	er Refe	rence F	orm	
	Board of Medicine						
	899 North Capitol St., NE 1st Fit	•					
	Washington, DC 20002				(202	)-724 4900	
	Please print/type name and location	of setting completing this form	(Should match setting list	ted on chrono	logical page		
	of application)	AL CO					
	is a series	71.0.	111				
	Women & Twiants	Hospital	Natel	tw Smit	Aling,	M.O.	
	Women & Twfants  105 Dep ley A. Provide Ports of Columbia Board of	Penco, RI	4	lease clearly	print type na	M.0 me of Applicant	
The	biodict of Columbia Double of I	weulchie, in its conside	ration of a candida	te for licer	isure, den	ends on inform	nation from
per	sons and institutions regarding form to the best of your ability	the candidate's employ	/ment, training, affil	iations, an	nd staff pri	vileges. Pleas	e complete
the	processing of this candidate	s application in a time	elv manner. I he	on you pro rehv auth	ovide can Iorize all	De given cons hospitals linet	ideration in
org	anizations, my references, pers	onal physicians, emplo	overs (past and pre	esent), bus	siness and	l professional	associates
(pa	st and present) and government	tal agencies and instru	mentalities (local, s	tate, feder	al or forei	an) to release	to the D.C.
Boa	ard of Medicine any information	n, files or records requ	uested by the boar	rd in conr	nection wi	th the proces	sing of my
app	olication.		Signature of A	policant K	inital	ino	
item	n #1 must be completed, or form may	/ be invalid	Signature of A	ppiicani _v =	21001 - 1 - 0	7	
			. 7 1			2	
	Date and type of service: This individual s	erved with us as _ C5	Hent	AND THE PARTY OF T	0		
"	rom Tune 2010 to Ta (Month/Year) (Mo	nth/Year) nostoraduat	esponding for a training pr	ogram, pleas	e provide the	number of months	of
	(Monthly Coll)	min rear) posigraduai	e danning awarded	<u> </u>	48 upo	a combetion	ylos aut ui
2.	Please evaluate:		(Indicate with check ma	ark)			
			Poor	Fair	Good	Superior	
	Professional knowledge						
	Clinical judgment						
	Relationship with patients						
	Ethical/professional conduct						
	Interest in work						
	Ability to communicate						
			*				
3. To	o your knowledge, has the applicant been	the subject of any disciplinary of	or legal proceeding conve		regulatory a	gency ог board, em	nployer
п	ospital or health care facility? Yes [ ];	(if yes, please explain on a separ	ate sheet)	No	4		
4. R	Recommendation: (please indicate with che	ck mark)					
	<ul> <li>Recommend highly and without reserve</li> </ul>		alified and competent				
•	<ul> <li>Recommend with some reservation (e</li> </ul>	xplain)					
•	Do not recommend (explain)						
5 0	f particular value to us in evaluating any ca	ndidata regardina any notoble	atronatha and wallana	- /:			
o, oi	i particular value to us in evaluating any ca ich comments from you.	nuluate regarding any notable	strengths and weaknesse	is (including p	ersonal geme	eanor). vve would a	appreciate
			21				
e The	above spect is based on falcon indicat	10 Miles Mass	1. 3.1				
o. The	above report is based on: (please indicate Close personal observation 🔲, Gene		المراجع والمراجع والمراجع والمراجع				
	Olher:	rai impression E. A compos	ile of evaluations [ ;				
	V. 18			1			-
	Date (Required): 6 January	2014	Signed by:	for			
	- I		Print or type name:		U. Frish	nan, M.O	
			Title: <u>Ses Jen</u>	cy Prog	ram (	Director	



Name and Mailing Address KATELYN RITA SMITHLING MD DEPARTMENT OF OBSTETRICS-GYN **Primary Office Address** 

SAME AS MAILING ADDRESS

Phone

UNKNOWN

Birth date

06/08/1984

Physician's major professional activity HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty OBSTETRICS & GYNECOLOGY (primary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

**MEMBER** 

#### All information from this point forward is provided by the primary source

#### Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
	07/30/2010	NOT RPTD	NOT RPTD	NOT RPTD	12/23/2013

#### Current and/or historical medical school

COLUMBIA UNIV COLL OF PHYSICIANS AND SURGEONS, NEW YORK NY 10032

Degree Awarded:

Yes

Degree Year:

2010



### Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as in progress or Eurrent with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

**Sponsoring Institution:** 

WOMEN & INFANTS HOSP

Sponsoring State:

RHODE ISLAND

Program name:

BROWN UNIVERSITY (WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND)

Specialty:

PROGRAM

Dates:

**OBSTETRICS & GYNECOLOGY** 

06/2010 - 06/2014

(Verified)

If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

#### Current and/or historical medical licensure

Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
RHODE ISLAND	MD	06/15/2010	06/30/2014	ACTIVE	LIMITED	12/02/2013

#### **ECFMG Certfication**

#### Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <a href="https://cvsonline2.ecfmg.org/">https://cvsonline2.ecfmg.org/</a>



#### U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	eported Address:		
None	Reported					

Only the last three characters of active DEA numbers are displayed

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

#### **Specialty Board Certification**

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.



Certifying board:

TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate type:

Effective

Expiration

Reverification

Occurrence

Last Reported

rence Date

Duration

Date

Date

Date

, occurrent

For certification dates, a default value of Ol'appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All right reserved.

#### Action notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Adminstration or the US Public Health Service.



#### Additional Information

To date, there is no additional information for this physician on file.

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log onto our website (www.ama-assn.org/go/amaprofiles) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association Division of Database Products Attn: Physician Products Portfolio AMA Plaza 330 N. Wabash Ave., Suite 39300 Chicago, IL 60611-5885

Fax: (312) 464-5900

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

#### COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

NAME: Katelyn Rita Smithling

0.037.0

SCHOOL: COLLEGE OF PHYSICIANS AND SURGEONS: MEDICINE

DEGREE (S) AWARDED:

DATE AWARDED:

Doctor of Medicine

May 18, 2010

PROGRAM: MEDICINE

GRADE

SUBJECT COURSE TITLE

NUMBER

2006 - 2007

FIRST YEAR COURSES ARE GRADED PASS/FAIL ONLY

M5102 GROSS ANATOMY ANAT M5103 HUMAN DEVELOPMENT ANAT M5105 NEURAL SCIENCE ANPH TNTC M5010 SCI BASIC/PRAC OF MEDICINE I INTC M5011 SCI BASIC/PRAC OF MEDICINE II MEDI M5103 CLINICAL PRACTICE IA MEDI M5104 CLINICAL PRACTICE IB PSCY M5101 PSYCHIATRIC MEDICINE I

2007 - 2008

THE FOLLOWING COURSES ARE GRADED HONORS/PASS/FAIL

INTC M6404 PATHOPHYSIOLOGY I
INTC M6405 PATHOPHYSIOLOGY II
PHAR M6101 PHARMACOLOGY
PSCY M6102 PSYCHIATRIC MEDICINE II

THE FOLLOWING COURSES ARE GRADED PASS/FAIL

DERM M6110 DERMATOLOGY
MEDI M6103 CLINICAL PRACTICE IIA
MEDI M6104 CLINICAL PRACTICE IIB
MEDI M6106 PHYSICAL DIAGNOSIS
RADI M6101 INTRODUCTION TO RADIOLOGY

| SUBJECT COURSE TITLE

NUMBER

2008 - 2009

THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL

GRADE

INTC M7010 CLINICAL CLERKSHIP PRIMARY CAR
MEDI M7201 CLINICAL CLERKSHIP IN MEDICINE
NEUR M7201 CLINICAL CLERKSHIP NEUROLOGY
OBSG M7201 CLINICAL CLERKSHIP OBSTET GYN
PEDS M7201 CLINICAL CLERKSHIP PEDIATRICS
PSCY M7201 CLINICAL CLERKSHIP PSYCHIATRY
SURG M7201 CLINICAL CLERKSHIP IN SURGERY

THE FOLLOWING COURSES ARE GRADED HONORS/PASS/FAIL

ANES M7201 CLNCL CLERKSHIP ANESTHESIOLOGY UROL M7201 CLINICAL CLERKSHIP IN UROLOGY

THE FOLLOWING COURSES ARE GRADED PASS/FAIL

MEDI M7205 CLINICAL CLERKSHIP PRACTICBIII
NEUR M7205 CLINICAL CLERKSHIP NEUROSURGRY
OPHT M7201 CLINCL CLERKSHIP OPHTHALMOLOGY
ORTS M7201 CLNCL CLRKSHP ORTHOPDC SURGERY
OTOL M7201 CLNCL CLERKSHIP OTOLARYNGOLOGY

SENIOR COURSES TAKEN DURING THE FINAL THREE SEMESTERS

THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL

AS NO3P SURG-ANES INTSV CRE-ADV C CR NO1P CLINICAL CARDIOLOGY EM N60R EMERGENCY MEDICINE OB NO7P MATERNAL-FETAL MEDICINE I PA N03P MEDICAL & SURGICAL PATHOL RA NO2P DIAGNOSTIC RADIOLOGY ELEC NEPHROLOGY I RD NOIP

THE FOLLOWING COURSES ARE GRADED PASS/FAIL

CPMD N04P0 CLIN PRAC IV:RETURN TO CL MDMD N02P0 ADV MED PATHOPHYSIOLOGY/T MIMD N02P0 BIOMEDICAL INFORMATICS

This official transcript was produced on JANUARY 02, 2014.

OFFICE OF THE UNIVERSITY REGISTRAR STUDENT SERVICE CENTER 1140 AMSTERDAM AVENUE 205 KENT HALL, MAIL CODE 9202 NEW YORK, NEW YORK 10027 (212) 854-4400



Columbia College, Continuing Education, Engineering and Applied Science, General Studies, Craduate School of Arts and Sciences, International and Public Affairs, Library Service, Human Nutrition, Nursing, Occupational Therapy, Physical Therapy, Special Studies Program, Summer Session

A. B. C. D. F (excellent, good, fair, poor, failing). NOTE: Plus and minus signs and the grades of P (pass) and HP (high pass) are used in some schools. The grade of D is not used in Graduate Nursing, Occupational Therapy, and Physical Therapy.

American Language Program, Center for Psychoanalytic Training and Research, Journalism
P (pass), F (falling). Grades of A, B, C, D, P (pass), F (falling) — used for some offerings from the American Language Program Spring 2009 and thereafter.

Architecture
HP (high pass), P (pass), LP (low pass), F (falling), and A. B. C. D. F — used June 1991 and thereafter P (pass), F (falling) — used prior to June 1991

H (honors), P (pass), LP (low pass), F (fail).

Business
H (honors), HP (high pass), P1 (pass), LP (low pass), P (unweighted pass), F (failing); plus (+) and minus (-) used for H, HP and P1 grades Summer 2010 and thereafter.

College of Physicians and Surgeons H (honors), HP (high pass), P (pass), F (lailing).

College of Dental Medicine H (honors), P (pass), F (failing)

Law.
A through C [plus (1) and minus (-) with A and B only], CR (credit - equivalent to passing). F (failing) is used beginning with the class which entered Fail 1994. Some offerings are graded by HP (high pass), P (nass), LP (low pass), F (failing). W (withdrawn) signifies that the student was permitted to drop a course, for which he or site had been officially registered, after the close of the Law School's official Change of Program (add/drop) period. It carries no connotation of quality of student performance, not is it considered in the calculation of academic honors.

E (excellent), VG (very good), G (good), P (pass), U (unsatisfactory), CR (credit) used from 1970 through the class which entered in Tail 1993.

Any student in the Law School's Juris Doctor program may, at any time, request that he or she be graded on the basis of Credit-Fail. In such event, the student's performance in every offering is graded in accordance with the standards outlined in the school's bulletin, but recorded on the transcript as Credit-Fail. A student electing the Credit-Fail option may revoke it at any time prior to graduation and receive or request a copy of his or her transcript with grades recorded in accordance with the policy obligation. In all cases, the transcript in ceeived or requested by the student shall show, on a cumulative basis, all of the grades of the student shall show, on a cumulative basis, all of the grades of the student shall be stated as Credit or Fail.

Public Health

A, B, C, D, F - used Summer 1985 and thereafter, H (honors), P (pass), F (failing) — used prior to Summer 1985

Social Work E (excellent), VG (very good), G (good), MP (minimum pass), F (failing).

A though C is used beginning with the class which entered Fall 1997. Plus signs used with B and C only, while minus signs are used with all letter grades. The grade of P (pass) is given only for select classes.

#### OTHER GRADES USED IN THE UNIVERSIT

AB = Excused absence from final examination,

AR = Administrative Referral awarded temporarily if a final grade cannot be determined without additional information

AU = Audit (auditing division only).

CP = Credit Pending. Assigned in graduate courses which regularly involve research projects extending beyond the end of the term. Until such time as a passing or failing grade is assigned, satisfactory progress is implied.

F\* = Course dronged unofficially

iN = Work Incomplete

MU = Make-Up, Student has the privilege of taking a second final examination.

 ${\bf R}={\bf For}$  the Business School: Indicates satisfactory completion of courses taken as part of an exchange program and earns academic credit

 $\mathbf{R}=\text{For Columbia College: The grade given for course taken for no academic credit, or notation given for internship.$ 

R = For the Graduate School of Arts and Sciences: By prior agreement, only a portion of total course work completed, Program determines academic credi

R = For the School of International and Public Alfairs: The grade given for a course taken for

LIW = Unofficial Withdrawal

UW = For the College of Physicians and Surgeons; Indicates significant attempted coursework which the student does not have the opportunity to complete as listed due to required

W = Withdrew from course.

YC = Year Course. Assigned at the end of the first term of a year course. A single grade for the entire course is given upon completion of the second term. Until such time as a passing or tailing grade is assigned, satisfactory progress is implied

#### OTHER INFORMATION

All students who cross-register into other schools of the University are graded in the A, B, C, D, F grading system regardless of the grading system of their own school except in the schools of Arts (prior to Spring 1993) and in Journalism (prior to Autumn 1992), in which the grades of P (pass) and F (failing) were assigned. NOTE:

Effective fall 1995: Transcripts of Columbia College students show the percentage of grades in the A (A+, A, A-) range in all classes with at least 12 grades, the mark of R excluded. Calculations are taken at two points in time, three weeks after the last final examination of the term and three weeks after the last final of the next term. Once taken, the percentage is final even if grades change or if grades are submitted after the calculation, For additional information about the grading policy of the Faculty of Columbia College, consult the College Bulletin. % of A

#### **KEY TO COURSE LISTINGS**

A course listing consists of an area, a capital letter(s) (denotes school bulletin) and the four digit course number (see below).

The capital letter indicates the University school, division, or affiliate offering the course.

of Human Nutrition, Program in Occupational

Therapy, Program in Physical Therapy, Psychoanalytical Training and Research

School of Nursing

Α	Graduate School of Architecture, Planning, and	O	Other Universities or Affiliates/Auditing
	Preservation	P	School of Public Health
В	School of Business	0	Computer Technology/Applications
BC	Barnard College	Ř	School of the Arts
С	Columbia College	S	Summer Session
D	College of Dental Medicine	Т	School of Social Work
E	School of Engineering and Applied Science	TA-TZ	Teachers College
F	School of General Studies	U	School of International and Public Affairs
G	Graduate School of Arts and Sciences	V	Interschool Course
H	Reid Hall (Paris)	w	Interfaculty Course
J	Graduate School of Journalism	Υ	Teachers College
K	School of Library Services/Continuing	Z	American Language Program
	Education (effective Fall 2002)		·
L	School of Law		
М	College of Physicians and Surgeons, Institute	UNDER T	HE PROVISION OF THE FAMILY EDUCATION
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UNDER THE PROVISION OF THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, THIS TRANSCRIPT MAY NOT BE RELEASED OR REVEALED TO A THIRD PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT. The first digit of the course number indicates the level of the

Course that cannot be credited toward any degree

Undergraduate course
Undergraduate course, advanced
Graduate course open to qualified undergraduates

Graduate course open to qualified undergraduates

Graduate course Graduate course

Graduate course, advanced

Graduate research course or seminar

Note: Level Designations Prior to 1961: 1-99 Undergraduate courses 100-299 Lower division graduate courses 300-999 Upper division graduate courses

The term designations are as follows: X=Autumn Term, Y=Spring Term, ScSummer Term

THE ARROYS INFORMATION REFLECTS GRADING SYSTEMS IN USE SINCE SPRING 1982. THE CUMULATIVE INDEX, F SHOWN, DOES NOT REFLECT COURSES TAKEN BEFORE SPRING OF 1982. ALL TRANSCRIPES ISSUED FROM THIS DIFFICE ARE OFFICIAL DOCUMENTS. TRANSCRIPTS ARE PRINTED ON LAMPER-PROOF PAPER, ELIMINATING THE NEED FOR SIGNATURES AND STAMPS ON THE BACK DELINITY OFFI CERTIFICATION PURPOSES, A REPRODUCED COPY OF THIS RECORD SHALL NOT BE VALID. THE HEAT-SENSITIVE UNIVERSITY SEAL LOCATED ON THE LOWER RIGHT HAND CORNER OF THE FACE OF THE TRANSCRIPT, WILL CLIANGE FROM BLUE TO CLEAR WHEN HEAT OR PRESSURE IS APPLIED, A BLUE SIGNATURE ALSO ACCOMPANIES THE UNIVERSITY SEAL ON THE FACE OF THIS DOCUMENT

PECORD OF:

Katelyn R Smithling

RECORD DATE:

01/02/2014



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PAGE:

1 of 2

COURSE TITLE	SUBJECT/NUMBER	TOTAL MEDIAN* ENROLLED	UNITS GRADE	COURSE TITLE	SUBJECT/NUMBER	TOTAL MEDIAN* ENROLLED	UNITS GRADE
FALL 2002				FALL 2003			
Program: Human Ecology				Program: Human Ecology			
Plan:   Human Biology, Heal	th, and Society			Plan: Nutritional Science:	s.		
		4.					
TRANSFER CREDIT FROM AP TEST	CREDIT			ORGANIC CHEM FOR LIFE SCIENCES	S CHEM 357		3.00
APPLIED TOWARD HUMAN ECOLOGY	PROGRAM			CALCULUS I	MATH 111		4.00
Transfer Totals:				CORNELL CHORUS	MUSIC 333		1.00
		1		SOCIAL SCI PERSPEC FOOD/NUTR	NS 245		3.00
FALL 2002				GENERAL PHYSICS	PHYS 101		4.00
Program: Human Ecology				INTRODUCTION TO PSYCH	PSYCH 101		3.00
Plan: Human Biology, Heal	lth, and Society				**DEAN'S LIST**		3.00
BIOLOGICAL SCIENCES LEC	BIO G 101		2.30	SPRING 2004			
BIOLOGICAL SCIENCES LAB	BIO G 103		2.30	Program: Human Ecology			
GENERAL CHEMISTRY	CHEM 207		4.30	Plan: Nutritional Science:	_		
FWS: FRANKENSTEIN TO DRACULA	ENGL 187		3.00	Plan: Nutlitional Sciences			
NUTRIN HATH AND SOCIETY	NS 115		3.00	INTRO EXPER ORGANIC CHEM	GUEN 251		
PERSONAL CONCEPT/CONTROVERSIE			1.00	ORGANIC CHEM FOR THE LIFE SCI	CHEM 251 CHEM 358		2,00
BOWLING	P ED 250		1.00	CORNELL CHORUS	MUSIC 334		3.00
	**DEAN'S LIST**		1.00	FOOD FOR CONTEMP LIVING	NS 247		1.00
	<b>DEE</b> 5 1151			HUM ANATOMY/PHÝSIOLOGY LAB	NS 247		2.00
SPRING 2003				GENERAL PHYSICS	PHYS 102		4.00
Program: Human Ecology				GENERAL FRISICS	**DEAN'S LIST**		4.00
Plan: Nutritional Science	es				- DEAN'S BISIA		
				PALL 2004			
BIOLOGICAL SCIENCE LEC	BIO G 102		2.00	Program: Human Ecology			
BIOLOGICAL SCIENCE LAB	BIO G 104		2.00	Plan: Nutritional Science:	ò		
GENERAL CHEMISTRY	CHEM 208		4.00	Tam. Macricional Bolence.			
FWS:CST:SUBURBRAN EXPERIENCE	ENGL 168		3.00	ETHICAL ISS IN HEALTH & MEDIC	I BASOC 205		4.00
FAMILIES AND THE LIFE COURSE	HD 250		3.00	PRINC BIOCHEM INDIV INSTR	. BIOSM 330		4.00
ADVANCED VOLLEYBALL	P ED 412		1 00	THE HUMAN BRAIN AND MIND	HD 220		3.00
	**DEAN'S LIST**			CORNELL CHORUS	MUSIC 333		0.00
	Dan D mo.			INTRODUCTION TO STATISTICS	PAM 210		
		24		INTRODUCTION TO STATISTICS	*DEAN'S LIST**		4.00
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UNITED STATES

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Katelyn R Smithling

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COURSE TITLE	SUBJECT/	NUMBER	MEDIAN*	TOTAL	UNITS	GRADE	COURSE TITLE	SUBJECT	NUMBER	MEDIAN*	TOTAL ENROLLED	UNITS	GRAI
SPRING 2005							SPRING 2006						
Program: Human Ecclogy							Program: Human Ecology						
Plan: Nutritional Sciences							Plan: Nutritional Sciences	3					
	MUSIC	334			1.00		INTRODUCTION TO WINES	H ADM	430			2.00	
	MUSIC	348			1.00		CORNELL CHORUS	MEJSIC	334			2.00	
	NS	331			4.00		WORLD MUSIC CHOIR	MUSIC	348			1.00	
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4-51	**DEAN'	S LIST**					MUSHROOMS AND MOLDS	PL PA	201			2.00	
PALL 2005													
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Plan: Nutritional Sciences							*******************************			****			
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METHODS IN NUTRITIONAL SCIENCE	NS	332			3.00								
MINERAL NUTR/CHRONIC DISEASE	ns	431			3.00								
NUTRITION & DISEASE	NS	441			4.00								
IMPLEMENT OF NUTRITIONAL CARE	NS	442			3.00								
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GARY N. FRISHMAN, MD Residency Program Director Women & Infants Hospital

Professor of Obstetrics and Gynecology Warren Alpert Medical School of Brown University

January 6, 2014

DC Department of Health Board of Medicine 899 North Capitol St, NE 1<sup>st</sup> Flr Washington, DC 20002

RE: Katelyn Smithling, MD

To whom it may concern:

Katelyn Smithling, MD is a resident in Obstetrics and Gynecology at Women & Infants Hospital. She has been in our residency program from June 24, 2010 and is scheduled to complete it June 23, 2014.

Dr. Smithling is very a compassionate and caring human being and has great professionalism. Katelyn has a good relationship with her patients and the physicians at the Hospital.

There have never been any suspensions or problems with Dr. Smithling and she is an excellent physician.

Sincerely,

Gary Frishman, MD

Residency Program Director

Department of Obstetrics and Gynecology

Women & Infants Hospital

Professor of Obstetrics and Gynecology Warren Alpert School of Medicine at Brown University



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

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

> Date: 02/25/2014

#### Recipient:

District of Columbia Board of Medicine ATTN: Antoniette Stokes 899 North Capitol St NE 1st Floor Washington, DC 20002

> Examinee ID#: Date of Birth:

Examinee: Alt Name(s):

Smithling, Katelyn Smithling, Katelyn Rita

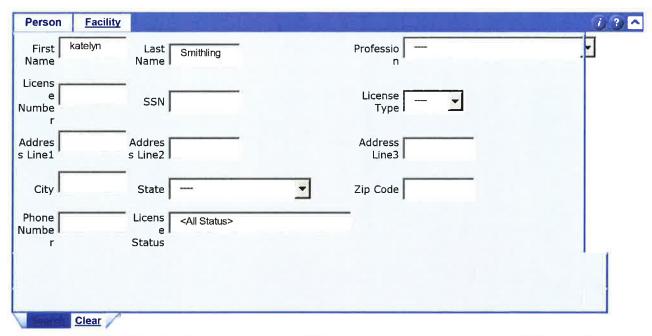
Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in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

USMLE STEP 1						
	Test Date	Pass/Fail	Total	MP	Comments	
	06/07/2008	Pass				
USMLE STEP 2						
Clinical Knowledge (C	CK)					
	Test Date	Pass/Fail	Total	MP	Comments	
	10/17/2009	Pass				
Clinical Skills (CS)*						
` '	Test Date	Pass/Fail	Total	MP	Comments	
	02/19/2010	Pass				
USMLE STEP 3						
	Test Date	Pass/Fail	Total	MP	Comments	
RHODE ISLAND	11/18/2011	Pass				

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

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

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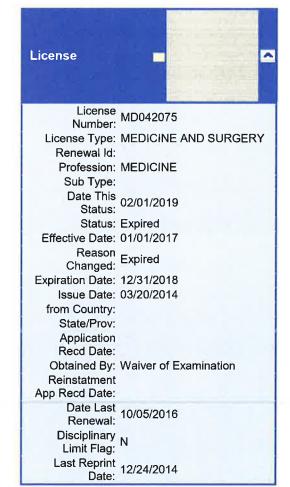


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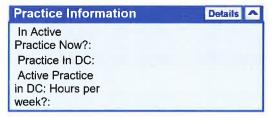
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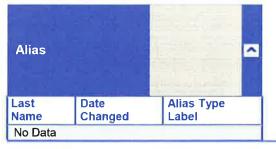






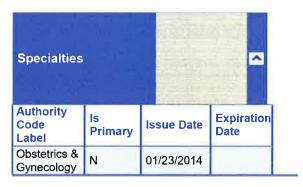










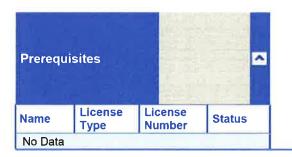






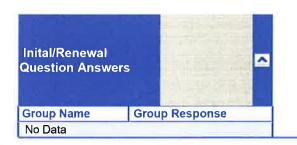
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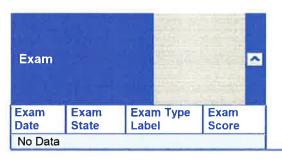


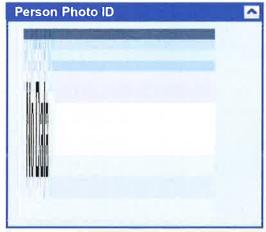
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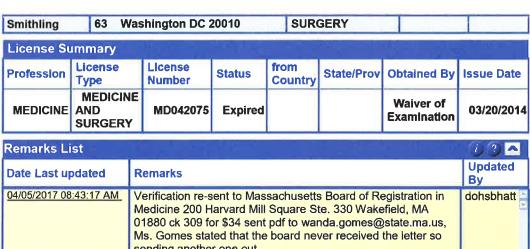
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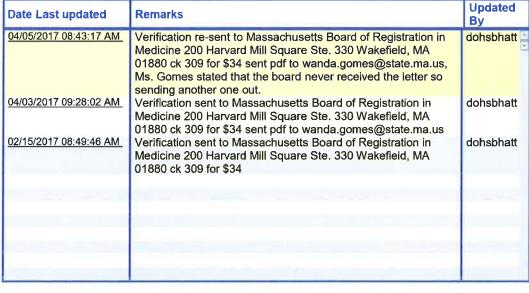




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