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Board of Registration in Medicine

Application #: 275336
For Board Use Only

Commonwealth of Massachusetts - Board of Registration in Medicine
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

INITIAL LIMITED LICENSE APPLICATION

IMPORTANT: Read the accompanying instructions before completing this form, and print legibly or type your answers. Please attach a $100.00 check payable to the Commonwealth of Massachusetts.

CHECK ONE: ☑ Graduate of a Medical School in the United States, Canada, or Puerto Rico (USMG)
☐ Graduate of an International Medical School (IMG)

NOTE: GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS MUST COMPLETE ADDITIONAL FORMS.

SECTION A: Sworn Statement to be completed by applicant

1-A. Name: (Last) Bahamon (First) Camila (MI) _____

1-B. Other Name(s) _____

	YES	NO
a) Since your graduation from medical school, have you ever been known under a different name or been licensed under a different name?	☐	☑
b) Have you ever applied for licensure, or applied to sit for an examination, or taken an examination under a different name?	☐	☑

If you answer **yes**, you must provide additional information. (See instructions.)

2. Current Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

3. Date of Birth: ___ ___ ___ ___ (Month Day Year) Place of Birth: _____

E-mail Address _____

4. Sex: ☐ Male ☑ Female 5. U.S. Social Security Number: _____

6. Name of Massachusetts Training Program: Boston Medical Center

One Boston Medical Center Place (Street Address) Boston, MA 02118 (City)

Are you applying for licensure through the Federation Credentials Verification Service (FCVS)?
☑ Yes ☐ No

Date Received: 3 / 30 /18

Check #: 1142

Check Amount: $ 150.25

Initials:

PRINT NAME Camila Bahamon

7. Name of premedical school(s): Florida International University

   Location: Miami, Florida, USA
   (City, State, Country)

8. Name of medical school(s): Florida International University Herbert Wertheim College of Medicine

   Location: Miami, Florida, USA
   (City, State, Country)

   Date of Graduation: 05 (Month) / 04 (Day) / 2015 (Year) Degree: ☑ M. D. ☐ D. O. Other (specify)_____

9. Have you ever or are you currently engaged in postgraduate training in the U.S. or Canada?

   ☑ Yes ☐ No

   Name of Postgraduate Training Program Orlando Health

   City: Orlando State: Florida

   Training Dates: From: 07 /05 /2015 To: CURRENT / Specialty: OB/GYN

   (Attach a list of any additional postgraduate training in the United States or Canada.)

10. List states (abbreviations) where you ever had a full license to practice medicine.

    _____

11. Please indicate **all** the licensing examinations that you have have completed with a passing score:

    USMLE: ☑ Step 1 ☑ Step 2 (CK) ☑ Step 2 (CS) ☑ Step 3

    COMLEX: ☐ Level 1 ☐ Level 2 (CE) ☐ Level 2 (PE) ☐ Level 3

    ☐ LMCC ☐ Other _____

	YES	NO
12. If you are a U.S. or Canadian graduate, did you take more than four (4) years to complete medical school; or if you are an international medical graduate, did you take more than six (6) years to complete medical school? (Include leave of absence for research, public service, M.D./Ph.D program, and personal reasons, etc.) (Please request that your medical school also provide an explanation.)	☐	☑
13. Has *more than one year* passed between the date of your graduation from medical school and the anticipated start date of your limited licensure in Massachusetts? (Include past or current training programs)	☑	☐

Fax should be 15 pages including this cover sheet

Attention:

Shirley Cole-Wornum
Residency Program Manager
Boston Medical Center
Department of OB/GYN
85 East Concord Street, 6th Floor
Boston, MA 02118
Tel: 617-414- 5193
Fax: 617-414-7300

From:

Almi Rodriguez
College of Medicine Registrar
Herbert Wertheim College of Medicine
Office of Student Affairs
Florida International University
11200 SW 8th Street, AHC2 397
Miami, FL 33199
Office: 305-348-1815
Fax: 305-348-0650

PRINT NAME Camila Bahamon

SECTION B: TO BE COMPLETED AND SIGNED BY THE DESIGNATED OFFICIAL OF THE TEACHING PROGRAM AT WHICH THE APPLICANT HAS RECEIVED AN APPOINTMENT.

This certifies that Camila Bahamon has been appointed
(Name of Applicant)

to the position of ☐ Intern ☒ Resident ☐ Fellow

in the specialty of Obstetrics & Gynecology as a PGY 3

Department: Obstetrics & Gynecology Subspecialty: _____

at Boston Medical Center
(Name of Healthcare Facility)

beginning 5 / 6 / 18 (Month / Day / Year) to anticipated completion of training: 6 / 3 / 18 (Month / Day / Year)

	YES	NO
1. Is the program accredited by the ACGME?	☑	☐
2. If **no**, is there an ACGME-approved training program in the applicant's specialty?	☐	☐
3. Have you reviewed Sections A and C of the limited license application?	☑	☐

Designated Official's Signature: _____

Type or Print Name: Jeffrey Schneider, MD

Official Title: Designated Institutional Official

Date: 3 / 29 / 18 Telephone Number: 617-414-7144

SECTION C: PAGES 4-7 MUST BE COMPLETED BY APPLICANT.

PRINT NAME Camila Bahamon

SECTION C: Read the instructions. Check either YES or NO to each question. Do not answer N/A. If you answer YES to any of these questions, you must provide details on the Limited License Supplement. You must answer all questions or your application will be returned to you.

	YES	NO
14. While enrolled in college, medical school, graduate school or postgraduate training, were you ever the subject of any disciplinary action? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)		
If you answered "yes" to question 14, you must provide an explanation and a letter from the program director is required.		
15. Have you ever been terminated or granted a leave of absence by a medical school or any postgraduate training program, or have you ever withdrawn from a medical school or any postgraduate training program or had to repeat a year of postgraduate training?		
16. Have you ever been placed on probation or remediation by a medical school, graduate school or any postgraduate training program?		
If you answered "yes" to 15 or 16, you must provide an explanation and request a letter of explanation from your medical school, graduate school, or postgraduate training program.		
17. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of or found to have cheated or engaged in improper conduct during an examination?		
18. Have you ever been denied a medical license, whether full, limited or temporary, or have you withdrawn an application for medical licensure?		
19. Have you ever surrendered a license to practice medicine or any professional license or has your license or certificate ever been revoked? (You do not need to report a lapsed license.)		
20. Are you aware of any pending investigation or inquiry into your professional conduct by any entity, or are any disciplinary charges pending against you?		
21. Since your completion of postgraduate training, has any disciplinary action ever been taken against you? (A confidentiality agreement does not absolve you of your requirement to answer this question.)		
22. Have you been denied American Board of Medical Specialties or American Board of Osteopathic Medicine certification or has your certification ever been suspended or revoked?		

PRINT NAME Camila Bahamon

	YES	NO
23. Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied medical staff membership, advancement in medical staff status or association with a health care facility, or has such denial been recommended by a medical staff committee, administration or governing body?		
24. Have you ever relinquished any medical staff membership or association with a health care facility?		
25. Has your medical staff membership, medical privileges, medical staff status or association with a health care facility ever been limited, suspended, revoked, not renewed or subject to probationary conditions, or has processing toward any of those ends been instituted or recommended by a medical staff committee, administration or governing board?		
26. Have you ever been charged with any criminal offense? (You must report being arrested, arraigned, indicted or convicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. A charge of operating under the influence or its equivalent is reportable. A medical malpractice claim is a civil, not a criminal, matter and need not be reported for purposes of this question.)		
27. Has your privilege to manufacture, distribute, administer, possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction, including a federal agency, regarding such privileges?		
28. Has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim, or has such a suit been settled, adjudicated or otherwise resolved?		
29. Has any lawsuit, other than a medical malpractice suit, ever been filed against you which is related to your practice of medicine, or has such a suit been settled, adjudicated or otherwise resolved?		
30. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition on your coverage, or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?		
31. Have you ever had an application for membership as a participating provider denied by any third-party payor, Medicare or Medicaid (any state), or have you ever been the subject of any termination, suspension or probation proceedings instituted by any third-party payor, Medicare or Medicaid (any state), or have you ever been restricted from receiving payments from any third-party payor, Medicare, Medicaid (any state)?		

PRINT NAME Camila Bahamon

CONFIDENTIAL MEDICAL INFORMATION

Before completing the following questions, refer to the instructions for definitions and additional information. If answering "yes" to any of the questions, you must provide details on the Limited License Supplement. For purposes of the following questions, "currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years.

		YES	NO
32.	Do you have a medical or physical condition that currently impairs your ability to practice medicine?		
33.	Have you engaged in the use of any substance(s) with the result that your ability to practice medicine is currently impaired?		
34.	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?		

If you have a substance use disorder or mental or physical health diagnosis that impacts your ability to practice medicine, the Board encourages you to seek assistance voluntarily and to abide by any recommendations of your health care provider.

When the Board receives notice of a substance use disorder, its primary mission is to protect the public; however, the Board also seeks to ensure successful rehabilitation through the physician's participation in approved treatment programs and supervised structured aftercare. Similarly, when the Board receives notice of a mental health or physical health diagnosis that impacts a physician's ability to practice, the Board needs to ensure that the physician can practice medicine safely.

In regard to issues of physician impairment, whether the impairment is caused by a substance use disorder, or a mental or physical health diagnosis, the Board works cooperatively with the Massachusetts Medical Society's Physician Health Services (PHS) and encourages physicians to contact PHS to determine what services may be available to them in order to ensure their safe practice of medicine. Please call PHS at (781) 434-7404.

If your responses to Questions 15-34 change while your application is pending, you must notify the Board of the new information immediately. Please note that your license expires at the end of the academic year and must be renewed. A limited licensee may practice medicine only at the institution or its affiliates. With a limited license you are not allowed to "moonlight" under any circumstances.

PRINT NAME Camila Bahamon

CERTIFICATIONS

- Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law and that I have complied with all laws of the Commonwealth related to withholding and remitting child support. (*Note:* This applies even if you reside out of the state or out of the country.)

- Pursuant to G.L. c. 112, § 1A, I will fulfill my obligation to report abuse or neglect of children as required by G.L. c. 119, §51A.

- I will read the Board's regulations, 243 C.M.R. 1.00 through 3.00.

- To the best of my knowledge, I meet the qualifications for limited licensure in Massachusetts.

- Under the penalties of perjury, I declare that I have examined this limited license application and all its accompanying instructions, forms and statements, and to the best of my knowledge, and belief the information contained herein is true, correct and complete.

Applicant's Signature: _____ Date: 12/18/17

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
www.mass.gov/massmedboard

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, Camila Bahaman
(type or print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency, or other third parties and organizations and their representatives to release information, records, transcripts and other documents concerning my professional qualifications and competency, ethics, character and other information pertaining to me to the Massachusetts Board of Registration in Medicine.

I further request and authorize that the requested information, documents, and records be sent directly to:

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Attention: Licensing

Immunity and Release

I hereby extend absolute immunity to and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons has been sent to me directly from the primary source in a sealed envelope and that none of the seals have been broken. I understand that the Board of Registration in Medicine will not accept any such information, records or documents forwarded by me unless they are in sealed envelopes.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.

Applicant's Signature

12/18/17
Date of Signature

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

Applicant's Date of Birth (month/day/year)

Camila Bahamon

EDUCATION

Boston Medical Center Family Planning rotation, Boston, MA
Department of Obstetrics and Gynecology
Visiting resident physician (5/2018 – 6/2018)

Orlando Health, Orlando Florida
Resident Physician, Obstetrics and Gynecology (07/2015-Current)

Florida International University Herbert Wertheim College of Medicine, Miami, Fl
Doctor of Medicine (07/2011 – 05/2015)

Florida International University, Miami, Fl
Bachelor of Science in Biological Sciences (05/2006 – 05/2009)
Minors: Chemistry, Philosophy
Awards: Dean's List

Miami Dade College, Miami, Fl
Associate in Arts (01/2004 – 01/2006)
Awards: Dean's List

WORK EXPERIENCE

Miami Dade College
Mathematics and Science tutor **01/2007 - 01/2011**

- Tutored college students on a variety of science courses including college algebra, calculus, trigonometry, organic chemistry, general chemistry and general biology.

Florida International University
Teaching Assistant **01/2009 – 12/2009**

- Assisted college students with the understanding of Biological Science concepts and topics that were being covered in lecture. My responsibilities included preparing objectives to be covered during the session, teaching the material and grading t extra credit papers assigned by the professor.

RESEARCH

Department of Obstetrics and Gynecology
Orlando Health **12/2015- Present**
Stephen Carlan, MD
Clinical Research Director

- Studied pregnancy outcomes in diabetic obese women including fetal weight, APGAR scores, NICU admissions, rate of cesarean sections, pre-eclampsia and shoulder dystocia in comparison to obese non diabetic women.

Department of Health Sciences **12/2014 – 03/2015**
FIU Herbert Wertheim College of Medicine
Juan Acuña, MD, M. Sc,
Department of Medical and Health Sciences Research

- Studied relationship between prenatal HIV testing and counseling and insurance status on pregnant women among different regions in the United States.

Department of Obstetrics and Gynecology **05/2013 - 07/2014**
FIU Herbert Wertheim College of Medicine
Emery Salom MD
Obstetrics and Gynecology Clerkship Director

- Performed data analysis on various outcomes of laparoscopic, robotic and abdominal gynecological surgeries performed in a gynecologic oncology practice. Areas of interest include incidence of sarcomas among women with presumed fibroids, comparison of intraoperative and postoperative complications between minimally invasive surgery and laparotomy surgery among women with endometrial and cervical cancer.

Ocular Surface Center **07/2010 -03/2011**
Miami, Florida
Scheffer Tseng MD, PhD, Medical and Research Director Ocular Surface Center Research and Education Foundation

- Performed an internship as a student researcher at Ocular Surface Center. Main interest was to reveal the biochemical properties of HC-HA, a complex purified from human amniotic membrane that has been found to have anti-inflammatory, anti-scarring and anti-angiogenic factors. Roles included performing literature research, performing biochemical laboratory procedures and data analysis.

CONFERENCE PRESENTATIONS

"Should fibroid morcellation be banned? Risk of sarcoma in 2248 patients referred to a gynecologic oncologist."
Emery Salom MD, Camila Bahamon (MS4), Jacqueline Atlass (MS4), Jade Michelle Hernandez (MS4), Jacob Tangir MD, Luis E. Mendez MD, Manuel Penalver MD

- Poster presentation at the 2015 ACOG Annual Clinical and Scientific Meeting **09/2011**

"Radical, robotic and laparoscopic hysterectomy – perioperative and oncologic outcomes in 175 cases of cervical cancer."
Emery Salom MD, Camila Bahamon (MS4), Yoko Young Sang (MS4), Natalia Echeverri Botero(MS4), Chattopadhyay Rhea (MS4), Luis E. Mendez MD, Manuel Penalver MD

- Abstract accepted for oral presentation at the 2015 ACOG Annual Clinical and Scientific Meeting **09/2014**

"Is pharmacologic prophylaxis indicated for prevention of thromboembolic disease after robotic and laparoscopic hysterectomy in a gynecologic oncologic practice? Analysis of morbidity and cost in 1335 cases"
Emery Salom MD, Jacob Tangir MD, Manuel Penalver MD, Alejandro Landa (MS4), Lisandra Calzadilla (MS4), Camila Bahamon (MS3), Yasmani Alonso, Violeta Acosta.

- Poster presentation at the Society of Gynecologic Oncology Annual Meeting **03/2014**

"Is robotic hysterectomy safe – perioperative evaluation of 1200 total robotic hysterectomies."
Emery Salom MD, Jacob Tangir MD, Manuel Penalver MD, Alejandro Landa (MS4), Hillary Garber DO, Natalia Echeverri-Botero (MS3), Elizabeth Bonier (MS3), **Camila Bahamon (MS3)**, Lisandra Calzadilla (MS4).

- Oral presentation at the Society of Robotic Surgery Annual Meeting **11/2013**

"Comparing pregnancy outcomes in obese diabetic and obese non diabetic women- a retrospective study"
Shannon Hahn, MD, Camila Bahamon, MD, Anna Varlamov, MD, Stephen Carlan, MD

- Poster presentation at ACOG Annual Clinical and Scientific meeting **05/2017**

RESEARCH PROJECTS

Pregnancy outcomes among women with HIV and HIV and HCV co-infection
Camila Bahamon, MD, Kathryne Kostamo, MD, Jeannie McWhorter, MD, Martha Kuffskie, MD, Stephen Carlan, MD **08/2017**

Primigravidas: Morbidity and Mortality of Cesarean versus Vaginal delivery in an Urban Population
Camila Bahamon, MD, Kristina Dragovic, MD, Anna Varlamov, MD, Stephen Carlan, MD
08/2017

Estimated fetal weight accuracy in macrocosmic fetuses versus fetuses of normal weight
Conisha Holloman, MD, Kathryne Kostamo, MD, Camila Bahamon, MD Jeannie McWhorter, MD, Christiano Jodicke, MD, Stephen Carlan, MD ***09/2017***

Accuracy of Sonographic Estimated Fetal Weight in the Setting of Amniotic Fluid Index < 10 cm Pregnancy outcomes among women with HIV and women with HIV and HCV co-infection
Conisha Holloman, MD, Kathryne Kostamo, MD, Camila Bahamon, MD Jeannie McWhorter, MD, Martha Kuffskie, MD, Stephen Carlan, MD ***09/2017***

VOLUNTEER SERVICES

Jamaica Medical Mission Trip

- Provided intern-level medical care to underserved individuals in urban and rural Jamaica. In partnership with dental, pharmacy, occupational and physical therapy students and faculty from Florida International Universityand NOVA Southeastern University **06/2012**

MEMBERSHIPS

American Medical Student Association	08/2011 - Present
American Medical Association	08/2011 - Present
American Congress of Obstetricians and Gynecologists	05/2013 - Present

Sealed Envelope

Initials: MJ

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

EVALUATION FORM

I hereby authorize the representatives or staff of the facility listed below to provide the *Board of Registration in Medicine* with any and all information requested in this evaluation form, whether such information is favorable or unfavorable, and I hereby release from any and all liability the named facility and/or any person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice.

Signature of applicant: [signature] Date: 12 / 9 / 17

Please PRINT your name: Camila Bahamon

Name of facility: Winnie Palmer Hospital State: FL

INSTRUCTIONS TO THE CHIEF OF SERVICE, PROGRAM DIRECTOR OR SUPERVISOR, WHO MUST BE A PHYSICIAN: Please complete items #1-7 below and return to the applicant with your name affixed across the envelope seal.

1. How long have you worked with the applicant? From: 7 / 1 / 2015 To: 11 / 30 / 2019

   A. In what capacity? ☒ supervisory ☐ other: Chief Resident

   B. Date(s) of applicant's affiliation at facility: From: 07 / 1 / 2015 To: Present

   C. Applicant's Status: ☐ Intern ☒ Resident ☐ Fellow ☐ Staff Member ☐ Other _____

2. Has the applicant's privileges to admit or treat patients ever been modified, suspended, reduced or revoked? ☒ No ☐ Yes (if "yes" please explain below)

   _____

   _____

3. Please rate the following (if "BELOW AVERAGE or "POOR", explain in detail on the back of this evaluation and/or attach a separate sheet).

	Superior	Above Average	Average	Below Average	Poor
Clinical knowledge		✓			
Clinical competency		✓			
Professional judgment	✓				
Character and ethics	✓				
Technical skills	✓				
Relationships with staff	✓				
Relationship with patients	✓				
Cooperativeness/ability to work with others	✓				

(Continued on page 2)

4. Has this applicant ever been the subject of disciplinary action or had staff privileges, employment or appointment at this hospital or facility voluntarily or involuntarily denied, suspended, revoked or has (s)he resigned from the medical staff in lieu of disciplinary action? If "yes" please explain below. ☒ NO ☐ YES

5. **PLEASE COMMENT ON THE PHYSICIAN'S STRENGTHS OR WEAKNESSES AND/OR ANY OTHER INFORMATION THAT YOU MAY HAVE TO ASSIST IN THIS EVALUATION.**

Camilla is very assertive, She is Compassionate & Caring. Her work ethic is Superb.

6. The above comments are based on the following:

- ☒ Close personal observation
- ☐ General impression
- ☒ A composite of previous evaluations by other physicians
- ☐ Other_____

7. **RECOMMENDATIONS:**

- ☒ Recommend for licensure in Massachusetts.
- ☐ Recommend for licensure in Massachusetts, with the following reservations:

_____

- ☐ Do not recommend for the following reason(s):

_____

Signature: _____ *(check one)* ☒ M.D. or ☐ D.O.

Print Your Name: ANDREA GUZMAN MD Date: 11/20/2017

Academic title or position: Chief OB&GYN Resident Phone number: 904-334-8753

Specialty/Service or Department: Winnie Palmer Hospital, - OB&GYN Residency

E-mail address: ANDREA.GUZMANMD@gmail.com

PLEASE RETURN THE COMPLETED EVALUATION TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE AFFIXED ACROSS THE ENVELOPE SEAL.

Taite, Carolyn (MED)

From:
Sent: Tuesday, May 01, 2018 10:10 AM
To: Taite, Carolyn (MED)
Subject: FW: Dr. Camila Bahamon
Attachments: Camila Bahamon - Herbert Wertheim College of Medicine Florida International University.pdf; ATT00001.htm

Hi Carolyn,

We received the attached fax from Florida International University, will this suffice?

Thank you, Corde

From: Cole-Wornum, Shirley
Sent: Thursday, April 26, 2018 2:46 PM
To:
Subject: Fwd: Dr. Camila Bahamon

Thoughts?

Begin forwarded message:

From: "Cole-Wornum, Shirley" <
Date: April 24, 2018 at 2:19:48 PM EDT
To: "Miller, Corde" <
Subject: RE: Dr. Camila Bahamon

FIU mailed her information, but also faxed it to me. I'm not sure if this will work.

From: Miller, Corde
Sent: Tuesday, April 24, 2018 8:09 AM
To: Cole-Wornum, Shirley <
Subject: RE: Dr. Camila Bahamon
Importance: High

Hi,

Just checking!

Do you know if the Dean's evaluation was sent to the Board?

I have completed the checklist. FYI – new requirement, that we all missed.

Thank you, Corde

From: Cole-Wornum, Shirley
Sent: Wednesday, April 18, 2018 5:21 PM
To: Miller, Corde
Subject: Re: Dr. Camila Bahamon

I'm positive everything was submitted, otherwise Sandi would have rejected her application. I don't make a copy of everything so I don't have proof. Which checklist does the Board need?

On Apr 18, 2018, at 4:23 PM, Miller, Corde g> wrote:

FYI

From: Jordan, Margaret (MED) [mailto:margaret.jordan@state.ma.us]
Sent: Wednesday, April 18, 2018 2:28 PM
To: Miller, Corde <
Subject: Dr. Camila Bahamon

April 18, 2018

Hi Corde – In connection with Dr. Bahamon's Initial Limited License application, please provide the following additional information:

1. Need Dean's Evaluation letter from Florida International University

2. Need Checklist.

Thank you!

Margaret L. Jordan
Office Support Specialist I
Board of Registration in Medicine
200 Harvard Mill Square
Wakefield, MA 01880
781-876-8236
Fax: 781-876-8383

<initial-limited-checklist.doc>

Jordan, Margaret (MED)

From: Jordan, Margaret (MED)
Sent: Wednesday, April 18, 2018 2:28 PM
To: 'Miller, Corde'
Subject: Dr. Camila Bahamon
Attachments: initial-limited-checklist.doc

April 18, 2018

Hi Corde – In connection with Dr. Bahamon's Initial Limited License application, please provide the following additional information:

1. Need Dean's Evaluation letter from Florida International University
2. Need Checklist.

Thank you!

Margaret L. Jordan
Office Support Specialist I
Board of Registration in Medicine
200 Harvard Mill Square
Wakefield, MA 01880
781-876-8236
Fax: 781-876-8383

Sealed Envelope

Initials: CM

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383

MEDICAL EDUCATION VERIFICATION – FORM A

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification. **Please note: Fourth year medical students must include the letter to the medical school registrar and Form B.**

Waiver for Release of Information

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: _____ Date of Birth: _____

Name (Please type or print): _____ _____ _____
(Last Name) (First Name) (Middle Initial)

Other Name(s) (Please type or print): _____

Name of Medical School: _____

Address: _____ City: _____ State or Province: _____

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL

Please complete Form A. For fourth year medical graduates, please complete Form B after the student completes the degree requirements. Please include a copy of the official transcript (which indicates courses taken, dates and hours of attendance, scores, grades, or evaluations) and return to the applicant in a sealed envelope. Please sign or stamp across the seal on the envelope.

APPLICANT'S EDUCATIONAL HISTORY

If name of institution was different from the above-named institution when applicant attended, please enter name below:

Premedical Education: Does your school have a premedical school education requirement? ☑ Yes ☐ No

If yes, indicate where the applicant completed premedical school.

Applicant's Undergraduate School: Florida International Univ.

Undergraduate School Address: 11200 SW 8th ST. Miami, FL 33199

Enrollment and Participation:

Our records indicate that: Bahamon (Last name) Camila (First name) (Middle initial)
(Print the applicant's name):

attended our medical school for a total of 189 weeks (must be included) of continuous medical education on the following dates from 8 / 1 / 11 (month/day/year) to 5 / 4 / 15 (month/day/year)

This applicant:

Check one: ☑ **was awarded** the degree of Doctor of Medicine on 5 / 4 / 15 (month/day/year)

☐ **will be awarded** the degree of _____ on ___/___/___ (month/day/year)
(Form B must also be completed and returned directly to the Board.)

☐ **was not awarded** a degree because: _____

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. All questions must be answered. **If you answer "YES" to any of the questions below, please enclose an explanation.**

	YES	NO
1. Was the medical school training more than four (4) years for U.S. graduates or 6 years for international medical graduates, or did the applicant take any leaves of absence (i.e. for research, public service, participation in an M.D./Ph.D. program) or for any "personal reasons"?		
2. Was the applicant ever placed on probation or remediation?		
3. Was the applicant ever disciplined or under investigation?		
4. Were any negative reports ever filed by instructors regarding the applicant?		

Please provide a detailed explanation for any of the above questions _____

AFFIX INSTITUTIONAL SEAL HERE

(If the institution does not have a seal, this form must be notarized.)

INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: Sachay Liriano

Print Name: Sachay Liriano

Title: Assistant Registrar

Date: 11 / 22 / 17 Telephone: (305) 348-0683

E-mail address: com registrar @ fiu.edu

Seal Verified
DATE: 04/17/2018
INITIALS: cm

This form must be stamped with the institutional seal or notarized. Please return to the applicant with the medical school transcripts in a sealed envelope with the signature of the Dean or the seal of the medical school affixed on the back of the envelope. Thank you.