EmailTo:mari.bentley@icloud.com

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject: Provider Enrollment Deadline - Your Claims May Be Denied

Date Sent:06/13/2019

Provider Enrollment Deadline

Your Claims May Be Denied

The Pennsylvania Department of Human Services (DHS) has implemented the Affordable Care Act (ACA) provision requiring all CHIP network providers and practitioners who render, order, prescribe or bill for items or services to CHIP enrollees to be screened and enrolled with DHS.

Effective **July 1, 2019**, claims for services rendered to a CHIP enrollee that are submitted by a provider who does not have a PROMISe ID that corresponds to the location where the service(s) were rendered **will be denied** in accordance with DHS requirements.

If you would like to continue receiving payment for services rendered to CHIP enrollees, please complete your enrollment with the Department as soon as possible.

Enrollment information and the ability to enroll electronically are available at the following website: CHIP Provider Enrollment. **Providers are encouraged to enroll electronically.**

If you have any questions or issues with the enrollment process, contact the Provider Enrollment Hotline at 1-800-537-8862, select options 2, 4 and finally option 2 to speak to a representative.

Pennsylvania Department of Human Services
Harrisburg, Pennsylvania

EmailTo[redacted]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject: Reach Out PA – Feedback Requested

Date Sent:02/08/2020

Bureau Of Professional And Occupational Affairs

Dear Licensee:

Governor Wolf recently announced a focused multi-agency and anti-stigma campaign, 'Reach Out PA: Your Mental Health Matters,' aimed at expanding resources and the state's comprehensive support of mental health and related health care priorities in Pennsylvania. In furtherance of this goal, the Department is distributing the following voluntary survey to help us better understand barriers to mental health and substance use disorder treatment.

Please take the survey at https://www.surveymonkey.com/r/2CVJCSM and provide your responses by March 4, 2020.

Whether you are a family practitioner, psychologist, pediatrician, psychiatrist, or any other type of provider, we want to hear from you. You are on the front lines of our efforts to ensure that everyone who wants or needs mental health treatment has full access to quality services. With better information about what providers are experiencing, we can get a better understanding of parity – the requirement that insurance companies don't place restrictions on mental health and substance use disorder services that are more strict than those used for medical and surgical services.

We realize that roles in provider organizations can range from staff providing direct clinical services to administrative support and to those in leadership roles. This survey is designed to be responsive to each of those roles because we seek to understand the challenges that arise at various levels of interaction with insurance carriers when it comes to mental health and substance use disorder treatment. All your responses in the accompanying survey will aid us in reaching our primary objective to enhance mental health parity enforcement and increase awareness of the protections that are available for Pennsylvania consumers.

Thank you for your time and curiosity.

If you have questions about the survey or the parity campaign, please email be RA-IN-Parity-PID@pa.gov.

BPOA PALS

EmailTo[redacted]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject: Free Training on SAMHSA's Clinical Guidance for Treating Pregnant and Parenting Women.

Date Sent:02/20/2020

SAMHSA's Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.

The Department of Health is offering a free training for clinicians on SAMHSA's Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.

This training provides comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

This training on SAMHSA's "Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants" is provided at no cost and includes:

- **Lunch;**
- **CME/CEs ; and**
- **A copy of SAMHSA's Clinical Guidance book.**

Please click the image below for more information and to register. Space is limited.

Clinical Guidance for Treating PREGNANT AND PARENTING WOMEN with Opioid Use Disorder & their Infants

5.20.2020

8AM - 4PM

@ Pennsylvania Child Welfare Resource Center

403 E Winding Hill Rd, Mechanicsburg, PA 17055

Cost: FREE

Registration: www.train.org/pa/

Course ID **1088856**

*CME/CE Credits Available

pennsylvania
DEPARTMENT OF HEALTH

SAMHSA
Substance Abuse and Mental Health Services Administration

TARGET SHEET

Board: Medicine

Licensee Full Name:
MARI BENTLEY

License No:
MD463619

6057011_LIC_1_02/26/2018

MD463619

(8/2017)

Regular Mailing Address	Courier Delivery Address
STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov	STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Submit the $35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** **Check or money order must be in U.S. funds**. Note: A processing fee of $20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

TO BE COMPLETED BY APPLICANT
(Please print or type)

450383

NAME:	Last Bentley	First Mari	Middle
ADDRESS:	Street [redacted]		
City Brookline		State MA	ZIP 02446
DATE OF BIRTH:	Month / Day / Year [redacted]	SOCIAL SECURITY NUMBER:	[redacted]
EMAIL ADDRESS:	[redacted]		
PHONE NUMBER:	[redacted]		

If your medical/licensure records are listed under another name or names, please list below:

APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):	☑ YES	☐ NO
HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?	☐ YES - LICENSE NO. _____	☑ NO

RECEIVED
DEC 15 2017
By_____

APPLICATION FOR UNRESTRICTED LICENSE - INTERNATIONAL

NAME OF APPLICANT:	Last: Bentley	First: Mari	Middle:

NAME & ADDRESS OF MEDICAL SCHOOL

1. NAME OF MEDICAL SCHOOL:	University of Massachusetts Medical School											
ADDRESS OF SCHOOL:	55 Lake Avenue North, Worcester, MA 01655											
DATE OF ATTENDANCE:	FROM	Month: 08	Day: 23	Year: 93	TO	Month: 06	Day: 07	Year: 98				
2. NAME OF MEDICAL SCHOOL:												
ADDRESS OF SCHOOL:												
DATE OF ATTENDANCE:	FROM	Month:	Day:	Year:	TO	Month:	Day:	Year:	DATE OF GRADUATION:	Month: 06	Day: 07	Year: 98

EXAMINATION INFORMATION

CHECK LICENSING EXAMINATION(S) PASSED:		STATE WHERE TAKEN		DATE TAKEN
	☐ FLEX	_____		COMPONENT 1: _____ COMPONENT 2: _____
	☐ NATIONAL BOARD	PART I:	PART II:	PART III:
	☑ USMLE	STEP 1: 06/14/1995	STEP 2: 03/03/1998	STEP 3: 02/10/2000
	☐ LMCC – CANADIAN			
	☐ STATE BOARD	INDICATE STATE WHERE TAKEN: _____		

ACGME POST GRADUATE TRAINING

		FROM: (MM/DD/YYYY)	TO: (MM/DD/YYYY)
PGY1 HOSPITAL:	Memorial Hospital of Rhode Island/ Pokuan University 111 Brewster St, Pawtucket, RI 02860	06/24/1998	06/30/1999
PGY2 HOSPITAL:	Same	07/01/1999	06/30/2000
PGY3 HOSPITAL:	Same	07/01/2000	06/30/2001

IF YOU NEED TO LIST ADDITIONAL POST GRADUATE TRAINING, PLEASE MAKE COPIES OF THIS FORM.

(8/2017)

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession or occupation in any state or jurisdiction? **If you answered yes, provide the profession and state or jurisdiction.** LIST: Medical license: Active MA, CT, NY, MD, VA / Inactive medical license: RI	✓	
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		✓
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		✓
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		✓
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		✓
8	Have you had your DEA registration denied, revoked or restricted?		✓
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		✓
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other [redacted] drugs or substances that may impair judgment or coordination?		
12	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? **If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.** ****If you previously reported the complaint to the Board provide the docket number** _____		✓

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspens[redacted]icate, permit or registration.

Signature of Applicant

12/10/17
Date

Mari Bentley
Printed Name of Applicant

12/18/17

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

MD-I

MG.

DEC 1 4 2017

RECEIVED DIRECT

Medical Professional Information Profile

This report provides credentialing information for:

Name:	**Bentley, Mari Josephine Mansfield**
Social Security Number:	[redacted]
Date of Birth:	
FID#:	**213113632**
Recipient:	**PA - Pennsylvania State Board of Medicine**
Delivery Date:	**12/11/2017**

Federation of STATE MEDICAL BOARDS

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.

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868 - 5000 | FAX (817) 868 - 5099

AFFIDAVIT AND RELEASE

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make are true, that I am the 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 I furnish with my application are strictly true.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and 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 my being prosecuted under appropriate federal and state laws.

I authorize every person, hospital, clinic, government agency (local, state, federal or foreign), 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, or true and correct copies of documents or records.

I hereby release, discharge and hold harmless the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, records or documents of any and all liability. 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.

[redacted]

Applicant's Signature (must be signed in the presence of a notary)

BENTLEY

Applicant's Printed Last Name

MARY J. MANSFIELD

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

12/12/00

Date of Signature (must correspond to date of notarization)

State of Rhode Island, County of Providence

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 12th day of December, 2000.

Notary Public signature: Delores Burdick

My commission expires: July 24, 2001

Notary:
The physician has been instructed to sign the front of the photograph. Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

PACKET ID: 0017294

Federation Credentials Verification Service

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Identity

Biographic Information

Medical professional Name(s):	**Bentley, Mari Josephine Mansfield**
	Bentley, Mari Mansfield
	Bentley, Mari J
Date of Birth:	[redacted]
Place of Birth:	Tripoli, TB, LIBYAN ARAB JAMAHIRIYA

Contact Information

Business Address:	127 FULLER ST # 1 BROOKLINE, MA 024465711 UNITED STATES
Mobile Phone:	[redacted]
Home Phone:	
Email:	

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

The Secretary of State
of the United States of America
hereby requests all whom it may concern to permit the citizen/
national of the United States named herein to pass
without delay or hindrance and to afford to
give all lawful aid and protection.

CANCELLED
1 1999
CANCELLATION
NOT REQUIRED

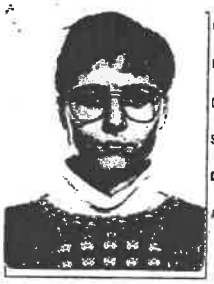
Le Secrétaire d'Etat
des Etats-Unis d'Amérique
prie par les présentes toutes autorités compétentes de laisser passer
le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport,
sans délai ni difficulté et, en cas de besoin, de lui accorder
toute aide et protection légitimes.

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE

UNITED STATES OF AMERICA

PASSPORT
PASSEPORT

Type/Catégorie: P
Code of issuing State / code du pays émetteur: USA
PASSPORT NO./NO. DU PASSEPORT: 100366247



Surname / Nom: BENTLEY
Given names / Prénoms: MARI JOSEPHINE MANSFIELD
Nationality / Nationalité: UNITED STATES OF AMERICA
Date of birth / Date de naissance: [redacted]
Sex / Sexe: F
Place of birth / Lieu de naissance: LIBYA
Date of issue / Date de délivrance: 31 JAN/JAN 89
Date of expiration / Date d'expiration: 30 JAN/JAN 99
Authority / Autorité: PASSPORT AGENCY BOSTON
Amendments/Modifications: SEE PAGE 24

P<USABENTLEY<<MARI<JOSEPHINE<MANSFIELD<<<<<<
100366[illegible]75USA6609025F9901306<<<<<[illegible]<<<<<<<<0

By the signature and seal affixed hereto, the Federation Credentials Verification Service certifies that this page was copied directly from the original document.

Name: [signature] Date: 23 Dec 00

Title: Credentials Verification Analyst

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

CERTIFICATE OF MARRIAGE

This certificate must be delivered to the person before whom the marriage is to be contracted before he proceeds to solemnize the same

(State number file)
CAMBRIDGE
(City or town making return)

Registered No.

Intention No. 958

1 Place of Marriage

City or Town

2 Date of Marriage (Month) (Day) (Year)

[redacted]

12 FULL NAME BRIDE: Mari Mansfield

12A SURNAME AFTER MARRIAGE: Bentley

13 AGE: 21

14 OCCUPATION: student

15 RESIDENCE NO. [redacted] STREET

CITY OR TOWN: Somerville STATE: MA

16 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.): First

17 WIDOWED OR DIVORCED

18 BIRTHPLACE: Tripoli (City or town) Libya (State or country)

19 NAME OF FATHER: John Paul Mansfield

20 MAIDEN NAME OF MOTHER: Alicia Maria Arellano

21 THE INTENTION OF MARRIAGE by the above-named persons was duly entered by me in the records of the City (City or Town) of Cambridge (Name of city or town) according to law, this 26th day of October 1987

Certificate issued (Month) NOV 5 (Day) 1987 (Year) by Joseph E. Connarton (City or Town Clerk or Registrar)

22 I HEREBY CERTIFY that I joined the above-named persons in marriage at No. 795 Massachusetts Avenue St. (If marriage was solemnized in a church, give its NAME instead of street and number)

Cambridge (Name of city or town) on November 9, 1987 (Month) (Day) (Year)

Signature John E. Flynn

Official station Justice of the Peace (Minister of the Gospel, Clergyman, Priest, Rabbi, or Justice of the Peace)

John E. Flynn (Print or type name)

Residence No. 18 Yerxa Road St., City or Town of Cambridge, MA

23 Certificate received by city or town clerk November 9, 1987 (Month) (Day) (Year) Joseph E. Connarton CLERK OR REGISTRAR

DATE: NOV 9 1987
A TRUE COPY ATTEST:
Joseph E. Connarton
Joseph E. Connarton
City Clerk

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

Certification of Birth

This is to certify that according to records on file in this Office

MARY JOSEPHINE MANSFIELD

Sex FEMALE *was born at* TRIPOLI, LIBYA

on SEPTEMBER 2, 1966 *Report of birth recorded on* [redacted]

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States of America at TRIPOLI, LIBYA

this 15TH *day of* SEPTEMBER *19* 66.

(SEAL)

COLETTE MEYER
CONSUL *of the United States of America*

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

FORM FS-545
11-17-89

16—75523-1 GPO

Certified to be a true copy.

Timothy P. Brady

Timothy P. Brady
Notary Public Fairfax County, VA
My commission expires on October 18, 1991

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:12/11/2017

PRACTITIONER INFORMATION

Name:	Bentley, Mari Josephine Mansfield
Alternate Name(s):	Bentley, Mari Mansfield
	Bentley, Mari J
DOB:	[redacted]
Medical School:	University Massachusetts Med School Worcester, Massachusetts, UNITED STATES
Year of Grad:	1998
Degree Type:	MD
NPI:	1043299027

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CONNECTICUT	055837	10/19/2016	9/30/2018	11/27/2017
MARYLAND	D82632	11/29/2016	9/30/2018	12/8/2017
MASSACHUSETTS	209027	1/24/2001	9/2/2019	11/29/2017
NEW YORK	284491	5/19/2016	4/30/2018	12/6/2017
RHODE ISLAND	MD10568	4/27/2001	6/30/2002	9/1/2015
VIRGINIA	0101261335	10/13/2016	9/30/2018	11/16/2017

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PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:12/11/2017

Practitioner Name: Bentley, Mari Josephine Mansfield

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
Certificate: Family Medicine
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	07/21/2008	12/31/2018		Recertification	12/6/2017
Expired	Time Limited	07/13/2001	12/31/2008		Initial	12/6/2017

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FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Chronology of Activities

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
08/23/1993	06/07/1998	Medical Education	University Massachusetts Med School Worcester Massachusetts UNITED STATES
06/24/1998	06/30/1999	Postgraduate Training	Memorial Hospital of Rhode Island/Brown University Program Pawtucket Rhode Island UNITED STATES
07/01/1999	06/30/2000	Postgraduate Training	Memorial Hospital of Rhode Island/Brown University Program Pawtucket Rhode Island UNITED STATES
07/01/2000	06/30/2001	Postgraduate Training	Memorial Hospital of Rhode Island/Brown University Program Pawtucket Rhode Island UNITED STATES

End of Chronology of Activities report for: Bentley, Mari Josephine Mansfield

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Education

Medical Education

Medical School: **University Massachusetts Med School**

Location: Worcester, MA
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

VERIFICATION OF MEDICAL EDUCATION

(This form must be completed by the medical school)

RECEIVED
JAN 17 2001
By

INSTRUCTIONS TO THE DEAN

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 complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.**

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).**

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: University of Massachusetts Medical School

Complete Address: 55 Lake Avenue North
Street Address

Street Address

Worcester, MA 01655
City State Zip Code(Postal Code)

If name of institution was different when this individual attended, please note this name below:

Enrollment and Participation: Our records indicate that Bentley, Mari M.
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 162 weeks of continuous on-campus education on the following dates (mm/dd/yy):

From	To
8 / 23 / 1993	6 / 10 / 1994
8 / 22 / 1994	5 / 26 / 1995
7 / 8 / 1996	6 / 17 / 1997
7 / 7 / 1997	6 / 7 / 1998
/ /	/ /

This individual (check one):

✓ was awarded the degree of M.D on 06 / 07 / 98 (mm/dd/yy)

____ was NOT awarded a degree (please attach an explanation)

SEAL VERIFIED
Rev. 10/30/00

VERIFICATION OF MEDICAL EDUCATION (continued)

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please circle the appropriate response. **"Yes" responses to any of these questions requires a written explanation.**

Questions	Response	
Did this individual ever take a leave of absence or break from their medical education?	(Yes)	No
Was this individual ever placed on probation?	Yes	(No)
Was this individual ever disciplined or under investigation?	Yes	(No)
Were any negative reports regarding this individual ever filed by instructors?	Yes	(No)
Were any limitations or special requirements imposed on the individual because of questions or academic incompetence, disciplinary problems or any other reason?	Yes	(No)

Premedical Education: Does your school have a premedical education requirement? (Yes) No

If yes, include where your records indicate the individual completed his/her premedical education and the basic science courses taken (attach additional pages if necessary):

Premedical Institution(s): Harvard University
Cambridge, MA

Check Courses Taken:
✓ Physics ✓ Biology/Zoology
✓ Organic Chemistry ✓ Inorganic Chemistry

Certification: By my signature, I, Nancy L Salmon (type/print name), certify that the above information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.

Signature: Nancy L. Salmon

Title: Registrar

Date of Signature: 1-11-2001

Telephone: (508) 856-3927

Fax: (508) 856-1899

Email: @umassmed.edu

AFFIX INSTITUTIONAL SEAL HERE

(If your institution does not have an official seal, this form must be notarized).

SEAL VERIFIED

University of Massachusetts
UMASS Medical School

Office of the Registrar
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655-0002 USA
508.856.2267 (office) 508.856.1899 (fax)
877.210.2238 (toll free)
Registrar@umassmed.edu

May 16, 2016

The Federation Credentials Verification Service
Attn: Gracie Harris

Dear Ms. Harris:

This letter certifies that Mari Mansfield Bentley matriculated at the University of Massachusetts Medical School on August 23, 1993 and was awarded a Doctor of Medicine degree on June 7, 1998.

During a one year maternity leave of absence, Mari continued her volunteer work at the free clinic.

The dates of Mari's leave of absence were: July 10, 1995 – June 28, 1996.

If any additional information is needed, please do not hesitate to contact the Registrar's office.

Sincerely,

Michael F. Baker, M.A.
Registrar

MFB/imc

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Medical School

Medical Professional Name: Bentley, Mari Josephine Mansfield

University Massachusetts Med School

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	**Yes**
Dates: 07/1995 To 06/1996	
One year maternity leave of absence between second and third year of medical school	
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: Bentley, Mari Josephine Mansfield

FILE COPY - FINAL VERSION as of 10/23/97

November 1, 1997

Re: Mari Mansfield Bentley

Dear Program Director,

Mari Mansfield Bentley, a member of the Class of 1998, is applying to your program for a housestaff position in Family Medicine. The following information, based on all academic and personal data available to the Office of Student Affairs, constitutes this school's Dean's Letter, and is presented on her behalf.

Mari graduated *cum laude* from Harvard University in 1988 with a Bachelor of Arts in Social Studies and received a Masters of Public Health from Boston University in 1993. As an undergraduate, she received the John Harvard Award for Academic Achievement as well as the Harvard College Award for Academic Achievement. Following graduation, she worked in international family planning and volunteered for three years as a medical assistant at a family planning clinic. Mari has an international background, is fluent in Spanish and French, and conversant in German and Egyptian colloquial Arabic.

Mari entered this medical school in 1993. Because we are on an Honors/ Pass/ Fail grading system, I cannot give you a precise statement of her class standing. Mari has done very well academically, earning Honors in Human Anatomy, Histology, Neuroanatomy, Physiology, Pathology, Microbiology, Behavioral Science/ Psychiatry, Epidemiology/ Preventive Medicine, and Near Honors in Biochemistry, the first year clerkship in Family and Community Medicine, Pathophysiology, and Physical Diagnosis II during her preclinical years. Mari's score of 220 on Step 1 of the U.S. Medical Licensing Examination (formerly National Boards) placed her at the 76th percentile. In addition to her academic work, Mari played a leadership role in an area Free Clinic, which provides healthcare to those who could otherwise not afford it, where she co-coordinated medical student participation and trained other students in Pap smear and venipuncture techniques. Mari also acted as a volunteer interpreter for Spanish-speaking patients at UMass, served as interim vice-president on the Student Body Committee, and delivered student input on curriculum reform at Second Year Curriculum Committee meetings. During a one-year maternity leave of absence, Mari continued her volunteer work at the free clinic and additionally saw patients one day a week in a rural family practitioner's office.

Mari's first clinical experience was a clerkship in Surgery, where she was considered "a very good, enthusiastic and dependable student, whose overall work was rated at the superior level. The residents felt that her knowledge correlated well with her level of training. She was highly dependable and all her assignments were completed promptly. She displayed good team work and superior interpersonal relations. Her great enthusiasm combined with her hard work gave her excellent rating. During her cardiothoracic rotation it was noted that she had an excellent basic knowledge base supported by enthusiasm and dependability. She had good manual skills. She asked appropriate questions and was very pleasant to work with. During her pediatric surgery rotation we found her to be highly enthusiastic and conscientious with a tireless work ethic. She integrated very well with the activities of the team. Her written and oral presentations were all excellent. She functioned very comfortably in the role of a physician."

In Internal Medicine, Mari's clerkship coordinator described her as "exceptional in the area of medical knowledge. One evaluator wrote: 'Mari had an excellent fund of knowledge which she applies well to develop plans of management. A very caring student physician, she worked well with all members of the health care team.' Another wrote: 'She demonstrated a great fund of knowledge and professional demeanor. Exceptional write-ups and oral presentations as well a great ability to develop differential diagnoses. She was extremely hard working and dependable.' A third described her as 'a caring compassionate and hard-working student physician.' Her ambulatory preceptor describes her as a 'warm compassionate and eager student. Very well received by my patients. She is thorough and organized ... will make a fine primary care physician.' "

Mari's performance in Psychiatry was considered Outstanding. Her preceptor described her as "one of the most thoughtful, genuinely caring students I have ever worked with. Very skillful interpersonally. She would make a great psychiatrist or any specialist of medicine. Another evaluator wrote: 'Mari demonstrated all the qualities necessary to be an excellent psychiatrist, including strong intuitive abilities, empathy, awareness of psychological conflict and defenses, solid interpersonal skills, and devotion to patient care.' Ms. Bentley performed at the 'above expected' to 'outstanding' level on the final observed

standardized interview, and she wrote .cellent case summary which included an exce...nal discussion of diagnostic issues, treatment planning and prognosis."

Mari's performance in Obstetrics and Gynecology was again rated as Outstanding. Comments from site evaluators included: "Ms. Bentley was an excellent student who was very interested in obstetrics and gynecology and manifested this by being very focused, energetic, pleasant, and enthusiastic about all aspects of her clinical experience. Her workups were thorough and succinct and her quiet, warm personality was very endearing to patients. She worked exceptionally well with her peers and House Officers. The Attending physicians were very impressed with her maturity and professional poise. Ms Bentley performed exceptionally well in Journal Club where she critiqued an article. Her presentation was erudite and analytical. The committee felt that Ms. Bentley merited Honors."

In Pediatrics, Mari earned a grade of Above Expected Performance and was described by her site evaluators as "a delightful, mature, experienced woman who brings all of her life skills to her rotations. She has great interpersonal skills, volunteers to translate, is empathetic and an enthusiastic learner. She has acquired good clinical skills including organization, good physical examination skills and good to outstanding written and oral presentation skills. She quietly and steadily is an effective advocate for her patients... and a good critical thinker. She appropriately questions information she is given and uses that information for her patients' benefit. As a residency director, I can say she will be a real asset to whatever primary care residency can attract her!"

Mari ended her third year with a rotation in Family Medicine, during which she was considered Outstanding. Her preceptor described her as "a joy to work with. From the first day she was here she fit right into the practice. I trust her completely with my patients and several patients have suggested that I hire her. She has the clinical skill, confidence and empathy of a much more advanced practitioner. I would love to have her come back and join my practice after she's done with residency. In support of an 'Exceptional' rating on most domains [her preceptor] noted that Mari was 'very skilled at procedures including pap smears, shave biopsy, immunizations and venipuncture.' Her differential diagnoses were 'very complete showing good intuition and common sense regarding which diagnosis is most likely.' Her oral case presentations were 'very clear, concise and complete.' Finally, her medical knowledge was rated at the 'Exceptional' level. It was remarked that her 'knowledge base was far above the average third year student, even considering it's the end of the third year.' Regarding psycho-social issues Mari was noted to be 'even more aware (of these issues) than I am and I like to think that I'm pretty good.'" Mari's Written Exam was "above expected;" her OSCE and Preventive Medicine Exercise were considered "outstanding."

During her fourth year, Mari received a rating of Outstanding in an elective Subinternship in the Medicine Intensive Care Unit (MICU) at Newton Wellesley/ Tufts MC as well as in an elective in Adolescent Medicine at UMass. Mari also received Above Expected Performance in electives in combined Gynecologic Oncology and in Urology. Evaluators' comments included: "A superb medical student who will be an outstanding physician. She can do it all." [Subinternship in MICU]; "Very fine performance. Mari was excellent with patients and extremely helpful in general. Volunteered to present a topic ... did a fine job." [Comb GYN Onc/Urology]; "Excellent fund of knowledge; eager to learn ... Concise, accurate and complete history and physical examinations skills. Focused, fluent oral presentations and written documentation. Clinical skills and judgment consistent with first year residency ... warm and personable, yet professional in her approach to patients and staff." [Adolescent Medicine]

In summary, Mari is a hard-working, conscientious, mature student who is an effective advocate for her patients. She has a warm personality which is very endearing to her patients. She is very skilled at procedures and her work-ups were thorough and accurate. Mari has an exceptional fund of knowledge as well as the ability to use that knowledge to develop sophisticated differential diagnosis and management plans. Mari's oral and written skills are excellent and she was noted to work exceptionally well with all members of her health care team -- a "real team player." Mari came to medical school with an MPH and organizational skills derived from her experience in international family planning. She has language skills in four languages in addition to English and was active in school and community service while in school. Her interest in Family Medicine stems from her desire to enter a field in which she can provide comprehensive care through a variety of roles - from preventive medicine through being an educator and a resource to her patients. She is particularly impressed by the versatility which the field demands, both in the ages and problems of patients presented and in the responses required of the practitioner. Based on a review of Mari's record by a committee of the faculty, I am highly pleased to recommend her as an excellent and potentially outstanding candidate for a housestaff position in Family Medicine.

Sincerely,

Mai-Lan Rogoff, M.D.
Associate Dean for Student Affairs

MEDICAL SCHOOL OFFICIAL

UMASS, Worcester

Nancy R. Salmon

Name : Bentley,Mari Mansfield
Student ID: 100536362
SSN : [redacted]

Print Date : 2001-01-1

- - - - - Academic Program History - - - - -

Student granted a Leave of Absence for Academic Year 1995-96.
Program : Medical Degree Program
1993-07-01 : Active in Program
1995-07-07 : Leave of Absence
1996-07-01 : Active in Program
1998-06-07 : Completed Program

- - - - - Degrees Awarded - - - - -

Degree : Doctor of Medicine
Confer Date : 1998-06-07
Internship: Memorial Hosp - Ri

- - - - - Beginning of Medical School Record - - - - -

1994 Med School Full Year Term

Course		Description	Grade
BI	100	Biochemistry	NH
CB	100	Human Anatomy	H
CB	101	Histology	H
CB	102	Neuroanatomy	H
FC	101	Communication Skills	CR
FC	103	Community Medicine And Public	NH
ME	102	Emergency Medicine	CR
ME	103	Physical Diagnosis - 1	CR
ME	106	Clinical Interviewing - 1	CR
PY	102	Physiology	H
XX	100	Genetics	S

1995 Med School Full Year Term

Course		Description	Grade
FC	201	Epidemiology And Biostatistics	APH
ME	200	Pathophysiology	NH
ME	203	Physical Diagnosis - 2	NH
MI	200	Microbiology	H
PA	200	Pathology	H
PH	200	Pharmacology	CR
Notes		: Student elected credit/no credit grading option.	
PS	203	Behavioral Science/Psychiatry	H
XX	201	Nutrition	CR
XX	202	Medical Ethics / Humanities An	CR

1997 Med School Full Year Term

Course		Description	Grade
FC	300	Clerkship In Family Medicine	O
ME	300	Clerkship In Medicine	EP
OB	300	Clerkship In Ob/Gyn	O
OB	417	Combined Gyn Oncology & Urolog	AEP
Notes		: Taken at Umass Medical Ctr	
PE	300	Clerkship In Pediatrics	AEP
PS	300	Clerkship In Psychiatry	O
SU	300	Clerkship In Surgery	EP
XX	301	InterClk on Domestic Abuse	CR

SEAL VERIFIED

UNIVERSITY OF MASSACHUSETTS WORCESTER

UMASS, Worcester

Name : Bentley Mari Mansfield
Student ID: 100536362
SSN : [redacted]

XX	305	InterClk on Managed Care	CR
XX	309	InterClk Pedi Malnutrition	CR

1998 Med School Full Year Term

Course		Description	Grade
ME	301	Subinternship In Medicine	EP
Notes		: Taken at UMass NPACS	
ME	401	Subinternship In MICU	O
Notes		: Taken at Newton-Wellesley Hosp	
ME	404	Emergency Medicine	AEP
Notes		: Taken at Umass Medical Ctr	
ME	413	Clin. Endocrinology/Diabetes/M	O
Notes		: Taken at Umass Medical Ctr	
NU	300	Clerkship In Neurology	AEP
Notes		: Taken at Lahey Clinic	
OR	401	Musculoskeletal Diseases	O
Notes		: Taken at Umass Medical Ctr	
PE	418	Pedi/Adolescent Medicine	O
Notes		: Taken at Boston Floating Hosp.	

- - - - - ***End of Transcript*** - - - -

SEAL VERIFIED

UNIVERSITY OF MASSACHUSETTS WORCESTER
KEY TO TRANSCRIPTS

Graduate School of Biomedical Science

Grading System

Courses for graduate credit are graded on the following basis:

A - Excellent; outstanding performance
B - Satisfactory performance
C - Unsatisfactory, though not failing for the course
F - Failure
I - Incomplete (may be replaced by a letter grade when all course requirements have been met, but no later than one calendar year from the end of the course; after one calendar year, if not completed, a grade of F is recorded.)
W - Withdrawal (a grade of W may be given if the student withdraws before one-third of the course has been taken. After this time W plus the letter grade at the time of withdrawal will be given.)
P/F - Research credits and certain seminar courses are evaluated on a pass/fail system.

Maintenance of Good Standing

Students must maintain a grade point average of B (3.0) on the scale A=4, B=3, C=2, F=0, and pass all pass/fail courses to remain in good standing. Students may have a C grade in no more than two courses, of which only one can be a core course, and for no more than six credits. No F grades are allowed. A student who obtains a grade of C in a core course must repeat this course and achieve at least a grade of B.

Continuing Registration indicates that the student [illegible] the coursework, course work and the required 90 credit hours for the Ph.D. degree except for the Dissertation Research and Defense.

Graduate School of Nursing

Grading System

The following grades are given to graduate nursing students:

Grade	Numerical Equivalent for GPA	
A	4.0	(93-100)
AB	3.5	(88-92)
B	3.0	(83-87)
BC	2.5	(78-82)
C	2.0	(73-77)
CD	2.0	(68-72)
D	1.5	(62-67)
F	0	(0-61)
I, IF*	—	
W, WP,WF	—	
P/F	—	

This grade represents a single repetition of a course.

*A grade of I (Incomplete) can be given at the discretion of the faculty. A student can obtain credit for an Incomplete only by completing the work of the course before the end of one calendar year from the time of enrollment in that course. At the end of that period, if a grade is not submitted, a grade of IF (Incomplete Failure) will be recorded. The responsibility for arranging the removal of an Incomplete rests with the student.

Transfer of Credits

Up to nine graduate credits from other institutions may be transferred with the permission of the faculty advisor. Transferred courses must have been taken within the last five years. All approved transferred courses can be used to meet graduation requirements. Transferred courses are not included in the calculation of Grade Point Average.

Medical School

Grading System for All Courses Prior to July 1, 1992

H - Honors. Indicative of exceptional and clearly outstanding performance.
NH - Near Honors. Meets most but not all criteria for an Honors grade.
S - Satisfactory. Indicative of totally acceptable and competent work.
M - Marginal. Work of uneven or consistently borderline quality.
U - Unsatisfactory. Unacceptable work of low quality.
I - Incomplete. A temporary designation indicating that a final rating is not yet available although the grade-granting unit has ended.
CR - Credit (No letter grades assigned).
NC - No Credit
AP/ - AP preceding a grade indicates that the student received advanced placement in a course by passing a departmental examination and met other requirements such as completing a research project or tutoring other students.
- The student chose the option of receiving Credit or No Credit rather than a standard rating (H, NH,S, M, U).
* - An asterisk accompanying a rating of S, NH, or H indicates that this rating resulted from a single attempt to remediate an initial rating of U in this grade-granting unit.
- Optional enrichment course - no grade

Clinical Grades effective July 1, 1992 for Classes of 1994 and later:

Corresponding:

AEP - Above Expected Performance
EP - Expected Performance
BEP - Below Expected Performance
F - Failing
I - Incomplete. A temporary designation indicating that a final rating is not yet available although the grade-granting unit has ended.
* - An asterisk accompanying a rating of O, AEP, or EP indicates that this rating resulted from a single attempt to remediate an initial rating of F in this grade-granting unit.
- Optional enrichment course - no grade

It is the policy of the University of Massachusetts Medical School not to provide information regarding medical leaves of absence.

University of Massachusetts

The Board of Trustees, in accordance with the recommendation of the President of the University, the Chancellor of the University of Massachusetts at Worcester, and Faculty of the Medical School hereby confers upon

Mari Mansfield Bentley

The Degree of

Doctor of Medicine

Nancy L. Selman
Registrar 1-11-01

With all the Rights, Privileges and Dignities appertaining to that Degree

SEAL VERIFIED

Given at Worcester
June 7, 1998

Aram Loyan
CHANCELLOR, WORCESTER CAMPUS

William M. Bulger
PRESIDENT OF THE UNIVERSITY

Robert S. Kasam
CHAIR, BOARD OF TRUSTEES

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Postgraduate Training

Postgraduate Training

Accreditation ID: **1204321288**

Institution: **Memorial Hospital of Rhode Island/Brown University Program**

Location: Pawtucket, RI
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Graduate Medical Education

Federation of STATE MEDICAL BOARDS

Institution: Memorial Hospital of Rhode Island
Affiliated University: Warren Alpert Medical School at Brown University
Address Line 1: Memorial Hospital of Rhode Island
Address Line 2: 111 Brewster Street

Country: US **City:** Pawtucket **State/Prov.:** RI **Zip Code:** 02860

If name of institution was different when this individual attended, please note this name:

Verification For: Bentley, Mari Josephine Mansfield **Date of Birth:** [redacted]

Individual's Name on Record (If different from above): ,

Program Participation:

Important:

Report Incomplete Training Levels (year) separate from those that were successfully completed.

If the training level (years) 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 or Specialty is rotating or transitional, please provide a schedule of rotations.

Program Type	Training Level	From	To	Successfully Completed?	Accredited by	Specialty/Subspecialty
I	1-1	06/24/1998	06/30/1999	Yes	ACGME	Family Medicine
R	2-2	07/01/1999	06/30/2000	Yes	ACGME	Family Medicine
R	3-3	07/01/2000	06/30/2001	Yes	ACGME	Family Medicine

Unusual Circumstances

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 extension from his/her training? No
   If "Yes" provide start and end dates: **From:** **To:**
2. Was this individual ever placed on probation? ..... No
3. Was this individual ever disciplined or placed under investigation? ..... No
4. Were any negative reports for behavioral reason ever filed by instructors? ..... No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? No

Please explain any "Yes" response from above:

Attestation

Affix Institutional Seal Here.

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

Watermark

For FCVS internal use only.

Completion attests the information above is an accurate account of this individual's records and is true and correct. Signature line must contain original signature or electronic typed signature of program director

Print Name: MelissaNothnagle **MD/DO:** Yes

Signature: *Melissa Nothnagle*

Title: Residency Director **Date:** 04/27/2016

Tel: [redacted] **Fax:** (401) 729-2923 **Email:** [redacted]

ELECTRONIC SEAL VERIFIED 17294

107188 213113632

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Graduate Medical Education

Medical Professional Name:	Bentley, Mari Josephine Mansfield
Accreditation ID:	1204321288
Institution:	Memorial Hospital of Rhode Island/Brown University Program
Specialty:	Family Medicine

Unusual Circumstances

Training Period: 6/24/1998 - 6/30/1999 **Internship**

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**

Unusual Circumstances

Training Period: 7/1/1999 - 6/30/2000 **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**

Unusual Circumstances

Training Period: 7/1/2000 - 6/30/2001 **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**

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

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: Bentley, Mari Josephine Mansfield

Memorial Hospital of Rhode Island

Pawtucket, Rhode Island

A Brown University Affiliated Hospital

This Certifies That

~ Mari Bentley, M.D. ~

Has Faithfully Served In This Hospital As

First Year Family Medicine Resident

From June 24, 1998 *to* June 23, 1999

IN TESTIMONY WHEREOF WE HAVE AFFIXED THE HOSPITAL SEAL AND OUR SIGNATURES

Joyce Cappola MD
PRESIDENT OF THE MEDICAL STAFF

DIRECTOR OF TRAINING PROGRAM

CHAIRMAN OF THE BOARD OF TRUSTEES

PRESIDENT

Memorial Hospital of Rhode Island

Pawtucket, Rhode Island

A Brown University Affiliated Hospital

This Certifies That

~ Mari Bentley, M.D. ~

Has Faithfully Served In This Hospital As

Second Year Family Medicine Resident

From July 1, 1999 *to* June 30, 2000

IN TESTIMONY WHEREOF WE HAVE AFFIXED THE
HOSPITAL SEAL AND OUR SIGNATURES

[redacted]

DIRECTOR OF TRAINING PROGRAM

CHAIRMAN OF THE BOARD OF TRUSTEES

PRESIDENT

Memorial Hospital of Rhode Island

Pawtucket, Rhode Island

A Brown University Affiliated Hospital

This Certifies That

~ Mari M. Bentley, M.D. ~

Has Faithfully Served In This Hospital As

Third Year Family Medicine Resident

From July 1, 2000 *to* June 30, 2001

IN TESTIMONY WHEREOF WE HAVE AFFIXED THE HOSPITAL SEAL AND OUR SIGNATURES

[redacted]

PRESIDENT OF THE MEDICAL STAFF

DIRECTOR OF TRAINING PROGRAM

CHAIRMAN OF THE BOARD OF TRUSTEES

PRESIDENT

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Licensure / Examinations

Federation of STATE MEDICAL BOARDS

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 the
Federation 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: 12/11/2017

Federation Credentials Verification Service
ATTN: FCVS

FCVSID: 352880

Examinee: Bentley, Mari Josephine Mansfield
Examinee ID: 40554446

Alt Name(s): Bentley, Mari Mansfield
Bentley, Mari J
Date of Birth: [redacted]

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

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/14/1995	Pass	220	(176)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
3/3/1998	Pass	228	(170)	

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
2/10/2000	Pass	246	(177)	

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 the
Federation 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

Examinee ID: 40554446

Examinee: Bentley, Mari Josephine Mansfield

Date of Birth: [redacted]

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.

Curriculum Vitae

Mari Bentley, MD, MPH

[redacted]

Brookline, MA 02446

[redacted]

ACADEMIC TRAINING

06/1998	Doctor of Medicine; University of Massachusetts, Worcester, MA
05/1993	Master of Public Health in Health Services; Boston University, Boston, MA
06/1988	Bachelor of Arts Cum Laude, Social Studies; Harvard University, Cambridge, MA

POSTDOCTORAL TRAINING

06/1998 to 06/2001	Resident, Memorial Hospital of Rhode Island/Brown University Department of Family Medicine; Pawtucket, Rhode Island

ACADEMIC APPOINTMENTS

11/2007 to present	Clinical Assistant Professor of Family Medicine, Boston University School of Medicine, Boston, MA
12//2001 to 11/2007	Clinical Instructor in Family Medicine, Boston University School of Medicine, Boston, MA

CLINICAL PRACTICE

Hartford GYN Center, Hartford, CT

03/2017 to present Family Planning provider

Four Women Health Services, Attleboro, MA

07/2009 to present Family Planning provider

Boston Medical Center, Boston, MA

07/2013 to present	Family Planning Attending
07/2002-07/2011	Family Planning Attending
01/2002-11/2010	Labor and Delivery/Newborn Nursery Attending
01/2002-07/2006	Inpatient Ward Attending (HealthNet Rounder Service)

East Boston Neighborhood Health Center, East Boston, MA

07/2003 to present	Primary Care Physician serving a multilingual immigrant population
07/2003 to present	Collaborating physician for Nurse Practitioners and Physician Assistants

Whittier Street Health Center, Boston, MA

07/2001-07/2003 Primary Care Physician serving an urban underserved population

HOSPITAL APPOINTMENTS

03/2017 to present	Active Community Affiliate, Hartford Hospital, Hartford, CT
09/2001 to present	Active Privileges, Boston Medical Center, Boston, MA

Honors

12/2017	"Top Doctor" – Boston Magazine
12/2016	"Top Doctor" – Boston Magazine
06/2002	Preceptor of the Year – Family Medicine Residency, Boston University
06/1988	Cum Laude, Harvard University, Cambridge, MA

Licenses

01/2001	Massachusetts 209027
04/2016	New York 284491-1
09/2016	Virginia 0101261335
10/2016	Connecticut 55837
11/2016	Maryland D0082632
04/2001	Rhode Island MD10568 (Inactive)

Certification

07/2001, 07/2008 American Board of Family Medicine

Departmental and University Committees

2008-2009	Medical Directors Committee, Department of Family Medicine, Boston University, Boston, MA
2007-2008	Labor and Delivery Collaborative Group, Boston Medical Center, Boston, MA This committee was charged wih developing an innovative collaborative model for multi-disciplinary intrapartum and postpartum care.

Teaching Experience and Responsibilities

Hartford GYN Center, Hartford, CT

07/2013 to present One-on-one clinical teaching of OB/GYN residents (Family Planning procedures and services)

Boston University School of Medicine/Boston Medical Center, Boston, MA

07/2013 to present	One-on-one clinical teaching of medical students, Family Medicine residents, and OB/GYN residents in the GYN Procedure Unit
2001-2011	One-on-one clinical teaching of the Family Planning Fellow in the GYN Procedure Unit
	One-on-one clinical teaching of medical students, Family Medicine residents, and OB/GYN residents on the Labor and Delivery ward and in the GYN Procedure Unit

East Boston Neighborhood Health Center

07/2003 to present Precepting first and third year medical students in my primary care practice

South Boston Community Health Center; Boston, MA

07/2001-07/2009 Precepting Family Medicine residents in their primary care continuity clinics

Major Administrative Responsibilities

East Boston Neighborhood Health Center, East Boston, MA

07/2013 to present	Clinical Compliance Director
07/2011-07/2013	Chief Medical Officer
07/2009-07/2011	Deputy Chief Medical Officer
07/2007-07/2009	Medical Director, Department of Family Medicine

Professional Societies

2001 to present	American Academy of Family Physicians
2015 to present	Affiliate Fellow, Society of Family Planning

Lectures and Presentations

2009	*What we Learn from Our Patients*, Albert Schweizer Rounds in conjunction with Family Medicine Grand Rounds, Boston Medical Center, Boston, MA
2007	*Management of Chronic Pain*, Family Medicine Grand Rounds, Boston Medical Center, Boston, MA
2006	*Sizing the Gravid Uterus*, Society for Teachers of Family Medicine, National Conference, Chicago, Illinois
2005	*Sizing the Gravid Uterus*, Society for Teachers of Family Medicine, Northeast Regional Conference, Danvers, MA

Professional Activism

2007 to present	Member, Board of Directors, Four Women Health Services, Attleboro, MA
2006 to present	Member, Medical Advisory Committee, NARAL Pro-Choice Massachusetts
1990-1992	Volunteer Medical Assistant, Preterm Health Services, Brookline, MA

Language Skills

Fluent Spanish and French
Conversational Egyptian Colloquial Arabic, German

12/18/17

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

N(1) I

MG

5500000129972844
Process Date: 12/10/2017
Page: 1 of 1

BENTLEY, MARI - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: BENTLEY, MARI
Date of Birth: [redacted] **Gender:** FEMALE
Delivery Address: [redacted] BROOKLINE, MA 02446-5711
Social Security Number: [redacted] **DEA:** BB7255563, FB6430134, FB6488553
NPI: 1043299027
License: PHYSICIAN (MD), 209027, MA, GENERAL PRACTICE/FAMILY PRACTICE
PHYSICIAN (MD), 0101261335, VA, GENERAL PRACTICE/FAMILY PRACTICE
PHYSICIAN (MD), 10906214, CT, GENERAL PRACTICE/FAMILY PRACTICE
PHYSICIAN (MD), D0082632, MD, GENERAL PRACTICE/FAMILY PRACTICE
PHYSICIAN (MD), 284491, NY, GENERAL PRACTICE/FAMILY PRACTICE
PHYSICIAN (MD), MD10568, RI, GENERAL PRACTICE/FAMILY PRACTICE
Professional School(s): UNIVERSITY OF MASSACHUSETTS (1998)

B. PAYMENT INFORMATION

Credit Card Information: [redacted]
NPDB Charge: $4.00* **NPDB Bill Reference Number:** N55290771
* Each charge will appear separately on your credit card statement.
Transaction Date: 12/10/2017 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/10/2017

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceeding cover page.

--------- No Reports Found Based on the Subject Information Submitted ---------

RECEIVED
DEC 18 2017
By

NATIONAL PRACTITIONER DATA BANK
NPDB
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

5500000129972844
Process Date: 12/10/2017
Page: 1 of 1

To: BENTLEY, MARI
[redacted]
BROOKLINE, MA 02446-5711

From: National Practitioner Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO $11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (https://www.npdb.hrsa.gov) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	Pennsylvania State Board of Medicine	As of Date:2/26/2018

PRACTITIONER INFORMATION

Name:	Bentley, Mari Josephine Mansfield
Alternate Name(s):	Bentley, Mari Mansfield
DOB:	[redacted]
Medical School:	University Massachusetts Med School Worcester, Massachusetts, UNITED STATES
Year of Grad:	1998
Degree Type:	MD
NPI:	1043299027

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CONNECTICUT	055837	10/19/2016	9/30/2018	1/23/2018
MARYLAND	D82632	11/29/2016	9/30/2018	2/23/2018
MASSACHUSETTS	209027	1/24/2001	9/2/2019	2/26/2018
NEW YORK	284491	5/19/2016	4/30/2018	2/21/2018
RHODE ISLAND	MD10568	4/27/2001	6/30/2002	9/1/2015
VIRGINIA	0101261335	10/13/2016	9/30/2018	2/15/2018

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	Pennsylvania State Board of Medicine	As of Date:2/26/2018
Practitioner Name:	Bentley, Mari Josephine Mansfield	

ABMS® CERTIFICATION HISTORY

Certifying Board:	American Board of Family Medicine
Certificate:	Family Medicine
Certification Type:	General
Certification Status:	Certified
Participating in MOC:	Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	07/21/2008	12/31/2018		Recertification	2/22/2018
Expired	Time Limited	07/13/2001	12/31/2008		Initial	2/22/2018

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

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PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:12/29/2017

PRACTITIONER INFORMATION

Name:	Bentley, Mari Josephine Mansfield
Alternate Name(s):	Bentley, Mari Mansfield
DOB:	[redacted]
Medical School:	University Massachusetts Med School Worcester, Massachusetts, UNITED STATES
Year of Grad:	1998
Degree Type:	MD
NPI:	1043299027

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CONNECTICUT	055837	10/19/2016	9/30/2018	12/26/2017
MARYLAND	D82632	11/29/2016	9/30/2018	12/26/2017
MASSACHUSETTS	209027	1/24/2001	9/2/2019	12/26/2017
NEW YORK	284491	5/19/2016	4/30/2018	12/27/2017
RHODE ISLAND	MD10568	4/27/2001	6/30/2002	9/1/2015
VIRGINIA	0101261335	10/13/2016	9/30/2018	12/15/2017

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PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine — As of Date:12/29/2017

Practitioner Name: Bentley, Mari Josephine Mansfield

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
Certificate: Family Medicine
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	07/21/2008	12/31/2018		Recertification	12/28/2017
Expired	Time Limited	07/13/2001	12/31/2008		Initial	12/28/2017

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

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MD-R

MG

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

January 26, 2018

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

TO WHOM IT MAY CONCERN:

VERIFICATION OF LICENSURE

This is to certify that the records of the Connecticut Department of Public Health indicate that:

MARI BENTLEY, MD

Was issued Connecticut:	Physician/Surgeon License
Date of Issuance:	10/19/2016
License Number:	55837
Expiration Date:	09/30/2018
Status of License:	ACTIVE, CURRENT
Past or Pending Disciplinary History:	No

Disciplinary History

Past or pending public disciplinary action:

There has been no public disciplinary action	X
Public action taken, see attached	

Past or pending confidential action taken:

There has been no confidential disciplinary action	X
Complaint under investigation, see attached	
Confidential action taken, see attached	
Other, see attached	

Sincerely,

Stephen B. Carragher

Stephen B. Carragher
Public Health Services Manager
Practitioner Licensing and Investigations Section

Printed by: Angela Holmes

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RECEIVED
FEB 02 2018
By

Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12 APP
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

450383

STATE OF MARYLAND

DHMH Board of Physicians

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

December 12, 2017

Pennsylvania State Board of Medicine
P.O. Box 2649

Harrisburg PA 17105

This is to verify the records of the Maryland Board of Physicians. The following information is available under the Maryland Public Information Act, State Government Article, Section 4-333, regarding the following practitioner:

Mari Bentley

For the Practice of:	Physician-M.D.
License Number:	D82632
Date Issued:	**11/29/2016**
Current Status:	**Active**
Expiration Date:	**09/30/2018**
*Disciplinary Actions:	**No disciplinary actions.**

**Disciplinary information can be found on our website. Go to https://www.mbp.state.md.us and select Search Practitioner Profiles.*

For malpractice claim information, please contact the Maryland Health Care Alternative Dispute Resolution Office 410.767.8200.

Respectfully,

Maryland Board of Physicians
Verification Unit

DEC 12 2017

RECEIVED DIRECT

France, Bobbie

From: ST, MEDICINE
Sent: Monday, December 11, 2017 7:34 AM
To: France, Bobbie
Subject: FW: Maryland Online License State Board Verification

From: dhmh.mbpverifications@maryland.gov [mailto:dhmh.mbpverifications@maryland.gov]
Sent: Sunday, December 10, 2017 7:31 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: Maryland Online License State Board Verification

Date: 12/10/2017
This is confirmation that a request for verification was emailed to: Pennsylvania State Board of Medicine.
Please click on the link below to download the verification request submitted 12/10/2017.
Invoice#: 19982
Practitioner Name: Mari Bentley
License#: D82632

Requester Individual: Mari Bentley
Requester Email: [redacted]

For problems or concerns, please contact the requesting party.

* Disciplinary Actions can be found on our website. Go to www.mbp.state.md.us and select Search Practitioner Profiles

---

Please click the link below to activate the encrypted verification pdf document.

Please click to download and view the verification (.pdf Format)

12/18/17

MDI

MG

Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard
Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

12/13/2017

To Whom It May Concern:

This certifies that Mari J Bentley, M.D., a 1998 graduate of University of Massachusetts Medical School, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 209027 was issued to Dr. Bentley on 01/24/2001. The license status is: Active. The expiration date is 9/2/2019.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

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RECEIVED DEC 18 2017 By

Staff Member, Board of Registration in Medicine

Tammi McManus

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MG

PA

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, BENTLEY MARI MANSFIELD
was issued license/certificate number 284491 for the practice of
MEDICINE on 05/19/2016.

Our records also indicate the following information:
Date of birth: [redacted]
School attended: UNIVERSITY OF MASS
Date of graduation: 06/07/98
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
02/00									0000P
03/98						0000P			
06/95			0000P						

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 04/30/18
Address: APT 1 127 FULLER ST
BROOKLINE MA 02446-0000
Disciplinary information: No charges have been preferred against this licensee
Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

Cathy Hanczaryk 12/26/17
Office Assistant Three

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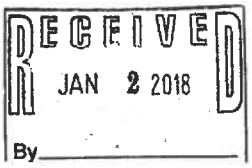

RHODE ISLAND
BOARD OF MEDICAL LICENSURE AND DISCIPLINE

FULL LICENSE VERIFICATION

****

PHYSICIAN:	MARI J. BENTLEY, MD
DATE OF BIRTH:	[redacted]
LICENSE NUMBER:	MD10568
DATE ISSUED:	04/27/2001
LICENSE STATUS:	Inactive
EXPIRATION DATE:	06/30/2002
MEDICAL SCHOOL:	University of Massachusetts Medical School
GRADUATION YEAR:	1998
EXAM:	USMLE - USMLE III

This license information was last updated on: 12/11/2017

****

This is to certify that the above-named physician is licensed to practice medicine in the State of Rhode Island. There have been no disciplinary actions taken against this physician's license.

Lauren Lasso

Lauren Lasso
Medical License Coordinator
Board of Medical Licensure & Discipline

December 11, 2017

DEC 12 2017

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COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

VERIFICATION

Re: **Mari Bentley**

From: Virginia Board of Medicine

Subj: Licensure Verification

Date: January 01, 2018

This is to certify that the above named individual was issued a license to practice by the Virginia Board of Medicine:

Licensed in/as a:	**Medicine & Surgery**
License:	**0101261335**
Issued On:	**10/13/2016**
Expires:	**09/30/2018 ***
Current Status:	**Current Active**

This license has not been the subject of an administrative proceeding. If you have any questions, please call 804-367-4451.

The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.

Verifications may also be obtained from the License lookup section on our website (www.dhp.virginia.gov).

** The expiration date of 1956 indicates that there is no recorded date of expiration for this license, and that it expired sometime prior to 1980.*

Sincerely,

Colanthia M. Opher
Operations Manager
Virginia Board of Medicine

NOTE: The Board of Medicine no longer provides a raised seal on this document.

JAN 0 2 2018

Welcome to VeriDoc

Home

Contact Us | FAQs | State Boards

Validation

This confirms that the attached licensure verification statement(s) for Mari Bentley, were sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

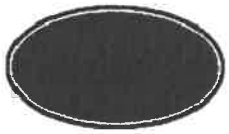
Disclaimer | Privacy Policy

JAN 0 2 2016

France, Bobbie

From: ST, MEDICINE
Sent: Tuesday, January 2, 2018 7:48 AM
To: France, Bobbie
Subject: FW: License Verification Statement - Bentley, Mari
Attachments: v511893AA.pdf

From: support@veridoc.org [mailto:support@veridoc.org]
Sent: Monday, January 1, 2018 1:35 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: License Verification Statement - Bentley, Mari



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

Validate Verifications

Physician: Bentley, Mari

Transaction ID: [redacted]

Confirmation Number: 20152351893213520514

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

✓ Virginia Board of Medicine

JAN 02 2018

Welcome to VeriDoc

Validation

This confirms that the attached licensure verification statement(s) for MARI BENTLEY, were sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

450383

France, Bobbie

From: ST, MEDICINE
Sent: Tuesday, December 12, 2017 7:27 AM
To: France, Bobbie
Subject: FW: License Verification Statement - BENTLEY, MARI (MD)
Attachments: v507140AA.pdf

From: support@veridoc.org [mailto:support@veridoc.org]
Sent: Monday, December 11, 2017 7:21 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: License Verification Statement - BENTLEY, MARI (MD)

Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

Validate Verifications

Physician: BENTLEY, MARI

Transaction ID: 507140

Confirmation Number: 13983992272272031324

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

✓ Rhode Island Board of Medical Licensure and Discipline

DEC 12 2017

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MASSACHUSETTS MEDICAL SOCIETY

certifies that

Mari Bentley

has participated in the enduring material titled

Managing Pain without Overusing Opioids

on August 05, 2015

This activity was designated for *3 AMA PRA Category 1 Credits*™.

The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

860 WINTER STREET, WALTHAM, MA 02451-1411
TEL (781) 434 7306 TOLL-FREE (800) 322 2303 ext. 7306 FAX (781) 893 8009 EMAIL continuingeducation@mms.org

MASSACHUSETTS MEDICAL SOCIETY

certifies that

Mari Bentley, M.D.

has participated in the enduring material titled

Module: 4: The Opioid Abuse Epidemic and Commonly Abused Non-Opioid Prescription Drugs

on March 15, 2017

and is awarded *1 AMA PRA Category 1 Credit*™.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

860 WINTER STREET, WALTHAM, MA 02451-1411
TEL (781) 434-7306 TOLL-FREE (800) 322-2303 ext. 7306 FAX (781) 893-8009 EMAIL continuingeducation@mms.org

Joint Providership/Approver - CME Certificate

American Public Health Association

Learning and Professional Development Programs Unit
Certifies that

Mari Bentley

has completed the following web-based enduring educational activity titled:

Pathways to Safer Opioid Use

Online Activity

March 15, 2017

which is approved for 1 HRS *AMA PRA Category 1 Credits(s)™*.

Georges C. Benjamin, MD, FACP
Executive Director

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Public Health Association (APHA) and The Office of Disease Prevention and Health Promotion. The APHA is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

APHA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Each physician should claim only those hours of credit that he/she actually spent in the activity

MASSACHUSETTS MEDICAL SOCIETY

certifies that

Mari Bentley, M.D.

has participated in the enduring material titled

Module 2: Tapering Opioids, Opioid Therapy Agreements-Contracts and Drug Testing

on March 15, 2017

and is awarded *1 AMA PRA Category 1 Credit*™.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

860 WINTER STREET, WALTHAM, MA 02451-1411
TEL (781) 434-7306 TOLL-FREE (800) 322-2303 ext. 7306 FAX (781) 893-8009 EMAIL continuingeducation@mms.org

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med

December 29, 2017

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

MARI BENTLEY 9849
[redacted]
BROOKLINE MA 02446

EVALUATOR: MARY ext 1707

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states: *Connecticut, New York, Virginia*

- **Child Abuse Continuing Education/Training**: Per Act 31 of 2014, three (3) hours of Department of Human Services approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Mandated Child Abuse Reporter Training Under Act 31" link.

- **Opioid Continuing Education**: Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.

  *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at:
  http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 49108212

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STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
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January 17, 2018

Telephone: 717-783-1400/787-2381
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