



**Bureau of Professional and Occupational Affairs
State Board of Medicine**

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: 7177831400
Fax: 7177877769
Website: <http://www.dos.pa.gov/med>
E-Mail: st-medicine@pa.gov

Courier Address:
2601 North Third Street
Harrisburg PA 17110

January 25, 2019

SHANA MILES



BARKSDALE AFB, LOUISIANA, 71110

Pennsylvania State Board of Medicine - Additional documentation Request

Dear SHANA MILES ,

The Board is in receipt of documentation, which you have submitted (Application No:AA0001077667) in reference to your license to practice in Pennsylvania. However, the following item(s) must be submitted to approve/accept your Pennsylvania license:

Checklist Name	Discrepancy Reason
<i>Criminal History Check</i>	Please upload a statement verifying wherever you lived, worked or trained within the past 10 years.
<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>	
<i>Criminal History Check- Louisiana</i>	Please submit your Louisiana CHRC.

<u>Criminal History Check- Texas</u>	Please submit your Texas CHRC.
<u>Databank Report</u>	Report is over 6 months old. Please upload an current self query.
Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.	
<u>Education Verification</u>	Please have Uniformed Services University submit your medical education form.
Complete Section 1 of the Verification of Medical Education and forward to your medical school for completion of Section 2. The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.	
<u>Graduate Training</u>	Document is moved from ChecklistApplication to Checklist Graduate Training.
Complete Section 1 of the Verification of ACGME Approved Graduate Medical Training form and send to the U.S./Canadian hospital(s) where you completed your PGY 1 and PGY 2 postgraduate training. Section 2 should be completed by the training hospital(s). For applicants still in PGY 2, the program director <u>may not sign and date the form more than thirty (30) days prior to the completion of the approved training.</u> Forms postmarked or signed prior to the thirty days will not be accepted. The hospital(s) must return the completed form directly to the Board. The form will be available for download and printing when the application is submitted.	
<u>Letter of Good Standing (LOGS)</u>	
Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent <u>directly</u> to the Board.	
<u>Letter of Good Standing (LOGS)- Louisiana</u>	Please have Louisiana submit your LOGS.
<u>Letter of Good Standing (LOGS)- Nebraska</u>	Please have Nebraska submit your LOGS.
<u>Letter of Good Standing (LOGS)- Texas</u>	Please have Texas submit your LOGS.
<u>OPIOID CE</u>	

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&smthLwnd=0 &act=191](#). The Board's Regulations are available on the Board's website.

Resume/Curriculum Vitae

The Curriculum Vitae submitted does not indicate the state/territory in which the employment occurred. Please resubmit your Curriculum Vitae listing the state/territory in which the employment occurred.

You will need to upload, where prompted, a current Curriculum Vitae listing **all** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Please submit a copy of this letter and any additional documentation to the Board office. Upon receipt of the above requested information, consideration to your request will be made.

Sincerely,

State Board of Medicine



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January 28, 2019

SHANA MILES



BARKSDALE AFB, LOUISIANA, 71110

Pennsylvania State Board of Medicine - Additional documentation Request

Dear SHANA MILES ,

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<http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck>.

[cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191](http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191). The Board's Regulations are available on the Board's website.

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Please submit a copy of this letter and any additional documentation to the Board office. Upon receipt of the above requested information, consideration to your request will be made.

Sincerely,

State Board of Medicine



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2601 North Third Street

Harrisburg PA 17110

January 29, 2019

SHANA MILES



BARKSDALE AFB, LOUISIANA, 71110

Pennsylvania State Board of Medicine - Additional documentation Request

Dear SHANA MILES ,

The Board is in receipt of documentation, which you have submitted (Application No:AA0001077667) in reference to your license to practice in Pennsylvania. However, the following item(s) must be submitted to approve/accept your Pennsylvania license:

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<u>Criminal History Check- Louisiana</u>	Please submit your Louisiana CHRC.

<u>Criminal History Check- Texas</u>	Please submit your Texas CHRC.
<u>Education Verification</u>	Please have Uniformed Services University submit your medical education form.
Complete Section 1 of the Verification of Medical Education and forward to your medical school for completion of Section 2. The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.	
<u>Letter of Good Standing (LOGS)</u>	
Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent <u>directly</u> to the Board.	
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<u>Letter of Good Standing (LOGS)- Texas</u>	Please have Texas submit your LOGS.
<u>Resume/Curriculum Vitae</u>	<p>The Curriculum Vitae submitted does not indicate the state/territory in which the employment occurred. Please resubmit your Curriculum Vitae listing the state/territory in which the employment occurred.</p> <p>Where is Barksdale AFB and Offutt AFB located? Under your education, please listed state/territory you did your schooling and the name of the Universities.</p>
You will need to upload, where prompted, a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.	

Please submit a copy of this letter and any additional documentation to the Board office. Upon receipt of the above requested information, consideration to your request will be made.

Sincerely,

State Board of Medicine



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Harrisburg PA 17110

January 30, 2019

SHANA MILES



BARKSDALE AFB, LOUISIANA, 71110

Pennsylvania State Board of Medicine - Additional documentation Request

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<i>Criminal History Check- Maryland</i>	Please submit your Maryland CHRC.

<u>Criminal History Check- Nebraska</u>	Please submit your Louisiana CHRC.
<u>Criminal History Check- Texas</u>	Please submit your Texas CHRC.
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<u>Letter of Good Standing (LOGS)- Texas</u>	Please have Texas submit your LOGS.

Please submit a copy of this letter and any additional documentation to the Board office. Upon receipt of the above requested information, consideration to your request will be made.

Sincerely,

State Board of Medicine



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2601 North Third Street
Harrisburg PA 17110

February 5, 2019

SHANA MILES



BARKSDALE AFB, LOUISIANA, 71110

Pennsylvania State Board of Medicine - Additional documentation Request

Dear SHANA MILES ,

The Board is in receipt of documentation, which you have submitted (Application No:AA0001077667) in reference to your license to practice in Pennsylvania. However, the following item(s) must be submitted to approve/accept your Pennsylvania license:

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<i>Criminal History Check-Louisiana</i>	Because your address is in Louisiana, you will need to submit a CHRC for this state.
<i>Education Verification</i>	Please have Uniformed Services University submit your medical education form.

Complete Section 1 of the Verification of Medical Education and forward to your medical school for completion of Section 2. **The school must return the completed verification directly to the Board. The form will be available for download and printing when the application is submitted.**

Letter of Good Standing (LOGS)

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***Letter of Good Standing (LOGS)-
Louisiana***

Please have Louisiana submit your LOGS.

***Letter of Good Standing (LOGS)-
Nebraska***

Please have Nebraska submit your LOGS.

Letter of Good Standing (LOGS)-Texas

Please have Texas submit your LOGS.

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February 13, 2019

SHANA MILES



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Letter of Good Standing (LOGS)-Texas

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February 25, 2019

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March 4, 2019

SHANA MILES

[REDACTED]
BARKSDALE AFB, LOUISIANA, 71110

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<u>Letter of Good Standing (LOGS)</u>	LOGS received for LA, TX AND VA LOGS not received for NE.
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**2601 North Third Street
Harrisburg PA 17110**

March 7, 2019

SHANA MILES

[REDACTED]
BARKSDALE AFB, LOUISIANA, 71110

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Sincerely,

State Board of Medicine

2/25/2020

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



EmailTo [REDACTED]

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.

2/25/2020

CHIP Provider Enrollment Claim Denial Alert

Pennsylvania Department of Human Services
Harrisburg, Pennsylvania

Medicine- Medical Physician and Surgeon-
Accredited School Graduate



AA0001077667

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	MILES			First Name	SHANA		
Middle Name				Suffix			
Full Name	SHANA MILES						
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age	32	Gender	FEMALE
ADDRESS DETAILS							
Street Address	[REDACTED]						
City/State/Zip	BARKSDALE AFB LA 71110						
County	BOSSIER				Country	United States	
CONTACT DETAILS							
Phone number	[REDACTED]			Mobile Phone number			
Primary Email Address	[REDACTED]			Secondary Email Address			
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
Uniformed Services University		4301 Jones Bridge Rd		MD, PhD	07/01/2005	05/12/2012	05/12/2012

CHECKLIST ITEMS

Checklist name	Status	Submitted Date	Expiration Date
Application	Pending Review	01/11/2019	01/11/2020
Application Fee	Completed	01/11/2019	01/11/2020
Child Abuse CE	Not Received	01/04/2019	
Criminal History Check	Not Received	01/04/2019	
Criminal History Check-Louisiana	Pending Review	01/11/2019	
Databank Report	Pending Review	01/11/2019	
Education Verification	Not Received	01/04/2019	
Exam Results	Not Received	01/04/2019	
Graduate Training	Not Received	01/04/2019	
Letter of Good Standing (LOGS)	Not Received	01/04/2019	
Letter of Good Standing (LOGS)-Louisiana	Not Received	01/11/2019	
Letter of Good Standing (LOGS)-Nebraska	Not Received	01/11/2019	
Letter of Good Standing (LOGS)-Texas	Not Received	01/11/2019	
Letter of Good Standing (LOGS)-Virginia	Not Received	01/11/2019	
OPIOID CE	Not Received	01/04/2019	
Resume/Curriculum Vitae	Pending Review	01/11/2019	

LEGAL QUESTIONS

Questions		Answer	Document Uploaded	File Name
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?	Y	No	
2	Please provide the profession and state or jurisdiction.	Medicine-Louisiana; Medicine-Nebraska; Medicine-Texas; Medicine-Virginia	No	
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?	N	No	
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
5	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?	N	No	
7	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
8	Have you ever had your DEA registration denied, revoked or restricted?	N	No	
9	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
10	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N	No	
11	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
12	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		No	
13	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date , and the date you were served . Submit a statement which includes complete details of the complaints that have been filed against you.	N	No	
14	Docket Number:		No	
15	Filing Date:		No	
16	Date you were served:		No	

STANDARD QUESTIONS

Questions	Answer
1 Will any of your supporting documents be submitted under another name or names?	N
2 Please list the other name(s)	
3 You must submit a copy of a legal document verifying the name(s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.	
4 Are you applying using FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE)?	Y
5 Applicants may use the FCVS credentials verification service through the Federation of State Medical Boards to verify their medical education, post graduate training and examination scores. The Board will accept FCVS if primary source verification is provided. However, you will need to meet all Pennsylvania licensure requirements. Additional documents are required by the Board that are NOT included in the FCVS report but are detailed within the application instructions. It is the applicant's responsibility to ensure that these additional documents are provided to the Board as outlined in the application instructions.	
6 Have you previously held a Pennsylvania Graduate Medical Training License?	N
7 Please enter the License Number:	

TRAINING DETAILS

Post Graduate Training Level	Training Hospital Name	From	To
1	Walter Reed National Military Medical Center	07/01/2012	06/30/2013
1	Walter Reed National Military Medical Center	07/01/2013	06/30/2016

EXAMINATION DETAILS

Exam Name	Exam State	Exam Date
STATE BOARD	Texas	
USMLE (STEP 3)		10/01/2012

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
Medicine	Louisiana
Medicine	Nebraska
Medicine	Texas
Medicine	Virginia

PA VETERANS REGISTRY

Questions	Answer
1 Have you served in the U.S. Armed Forces?	Y
2 Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.	Y

CONFIRMATION



All fees are non-refundable. Please check to continue with your transaction. (01/11/2019 13:39:29)

PA 0001077667 JB
(07/2013)

PENNSYLVANIA STATE BOARD OF MEDICINE

**VERIFICATION OF MEDICAL EDUCATION
(For Graduates of American/Canadian Medical Schools)**

SECTION 1 – TO BE COMPLETED BY APPLICANT


NAME:	Last MILES	First SHANA	Middle
NAME OF MEDICAL SCHOOL:	UNIFORMED SERVICES UNIVERSITY		
LOCATION:	4301 JONES BRIDGE RD, BETHESDA MD 20814		

Submit the verification of medical education form to your medical school and request the school return the completed form directly to the Board in an official school envelope.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	Uniformed Services University		
NAME OF MEDICAL STUDENT:	Last Miles	First Shana	Middle M.
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month 07	Day 05	Year 2005
DATE OF GRADUATION:	Month 05	Day 19	Year 2012

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN/REGISTRAR:			
DATE:	Month 02	Day 27	Year 2019

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

(Seal of School)

**DO NOT RETURN THIS FORM
TO THE APPLICANT**

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
REG DEPARTMENT OF DEFENSE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4712

OFFICIAL BUSINESS

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

CAF DISTRICT
MIDLAND
20 FEB 19
PM 2 L



17105-264949



Defense Health Agency, J7 Continuing Education Program Office Interprofessional Continuing Education Certificate

Program

**DoD Opioid Prescriber
Safety Training Program**
Web-based Enduring Education Activity

**Pain Management and Opioid Prescribing Safety
(Module 1)**

Provider Information

Defense Health Agency, J7,
Continuing Education Program Office
7700 Arlington Blvd
Suite 5101
Box #22 (Silver Spring Office)
Falls Church, VA 22041

Participant Information

MAJ SHANA MILES
[REDACTED]
BARKSDALE AFB, LA 71110

Lolita T. O'Donnell, PhD, MSN, RN
Director, Continuing Education Program
J7, Education & Training
Defense Health Agency (DHA)



This activity was planned by and for the healthcare team, and learners will receive **1.0** Interprofessional Continuing Education (IPCE) credits for learning and change.

In support of improving patient care, this activity has been planned and implemented by DHA, J7 Continuing Education Program Office (CEPO). DHA, J7 CEPO is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC), the American Academy of Physician Assistants (AAPA), and the Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE) to provide continuing education for the health care team.

Accreditation Statement:

Defense Health Agency, J7, CEPO is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement:

Defense Health Agency, J7, Continuing Education Program Office certifies that **MAJ SHANA MILES** has participated in the activity titled: *Pain Management and Opioid Prescribing Safety (Module 1)* and is awarded **1.0 AMA PRA Category 1 Credits™**.

Physicians should claim only the credit commensurate with the extent of their participation in this activity.



Defense Health Agency, J7 Continuing Education Program Office Interprofessional Continuing Education Certificate

Program

**DoD Opioid Prescriber
Safety Training Program**
Web-based Enduring Education Activity

**Opioid Prescribing Safety - Do No Harm
(Module 2)**

Provider Information

Defense Health Agency, J7,
Continuing Education Program Office
7700 Arlington Blvd
Suite 5101
Box #22 (Silver Spring Office)
Falls Church, VA 22041

Participant Information

MAJ SHANA MILES
[REDACTED]
BARKSDALE AFB, LA 71110

Lolita T. O'Donnell, PhD, MSN, RN
Director, Continuing Education Program
J7, Education & Training
Defense Health Agency (DHA)



IPCE CREDIT™

This activity was planned by and for the healthcare team, and learners will receive 1.0 interprofessional Continuing Education (IPCE) credits for learning and change.

In support of improving patient care, this activity has been planned and implemented by DHA, J7 Continuing Education Program Office (CEPO). DHA, J7 CEPO is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC), the American Academy of Physician Assistants (AAPA), and the Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE) to provide continuing education for the health care team.

Accreditation Statement:

Defense Health Agency, J7, CEPO is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement:

Defense Health Agency, J7, Continuing Education Program Office certifies that MAJ SHANA MILES has participated in the activity titled: *Opioid Prescribing Safety - Do No Harm (Module 2)*, and is awarded 1.0 AMA PRA Category 1 Credits™.

Physicians should claim only the credit commensurate with the extent of their participation in this activity.

SHANA MELODY MILES

████████████████████
BARKSDALE AFB, LA 71110





U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

SHANA MELODY MILES

Date: 01-11-2019

[REDACTED]

BARKSDALE AFB, LA 71110

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

SHANA MELODY MILES

Search Completed Result

01-11-2019 E2019011000000118521

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth:

[REDACTED]

Social Security number:

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

William G. McKinsey
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

| |

Hennessy Hemler, Kristel

From: Read, Nancy
Sent: Friday, January 25, 2019 1:56 PM
To: Bryson, Jessica
Subject: FW: Miles PGY combo
Attachments: Miles PGY combo.pdf

Combined PGY levels – OK

Nancy Read | State Board of Medicine | Administrative Officer
PA Department of State | Bureau of Professional and Occupational Affairs
PO Box 2649 | Harrisburg PA 17105
Phone [REDACTED] | Fax: 717.787.7769
www.dos.pa.gov/med | st-medicine@pa.gov

This email contains confidential, privileged, nonpublic information intended to be conveyed only to the designated recipient(s). Any unauthorized use, dissemination, distribution or reproduction of this information, including attachments, is prohibited. If you are not an intended recipient, please destroy the attachment(s) and reply to sender.

From: Bryson, Jessica
Sent: Friday, January 25, 2019 12:45 PM
To: Read, Nancy [REDACTED]
Subject: Miles PGY combo

AA0001077667

Jessica Bryson | State Board of Medicine
PA Department of State | Bureau of Professional and Occupational Affairs
PO Box 2649 | Harrisburg PA 17105
Phone [REDACTED] | Fax: 717.787.7769
www.dos.pa.gov/med | st-medicine@pa.gov



Application

INT181322

SHANA MILES

10/10/2018
Account # 1010
1010 & 1010
1010/1010

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING (Graduates of American/Canadian Medical Schools)

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last MILES	First SHANA	Middle MELODY
1.	If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.		
2.	Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.		
3.	If training was completed at more than one hospital, duplicate this form and submit to each hospital.		

SECTION 2 – TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.

HOSPITAL WHERE TRAINING WAS COMPLETED: *Walter Reed National Military Medical Center*

NAME OF SPONSORING INSTITUTION: *National Capital Consortium*

LOCATED IN: CITY *Bethesda* STATE *Maryland* ACGME ACCREDITED

PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	Yes	No
<i>1</i>	<i>07/01/2012</i>	<i>06/30/2013</i>	<i>Obstetrics and Gynecology</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	Yes	No
<i>2-4</i>	<i>07/01/2013</i>	<i>06/30/2016</i>	<i>Obstetrics and Gynecology</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.

If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.

J. Curtis **Jeri Curtis, M.D.** **Associate Dean, GME** **Executive Director & DIO** **National Capital Consortium** **JAN 09 2019**

Signature of Program Director _____ Date _____

(Seal) _____

Notary Signature _____

Notary Commission Expiration Date: _____

Regular Mailing Address
STATE BOARD OF MEDICINE
P.G. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

National Capital Consortium
 Quality Assurance Documents
 10 USC 1102
 Improper Release Subject
 to Fines up to \$20,000

NATIONAL CAPITAL CONSORTIUM



Uniformed Services University of the Health Sciences
Walter Reed National Military Medical Center
Malcolm Grow Medical Clinic
Fort Belvoir Community Hospital

This is to certify that

Shana M. Miles, M. D.

has successfully completed

Obstetrics and Gynecology Internship

From **1 July 2012** *To* **30 June 2013**

National Capital Consortium
Quality Assurance Documents
10 USC 1102
Improper Release Subject
to Fines up to \$20,000

John F. McFarland
Dean
USUHS-SOM

O. J. Stevens
Commander
WRNMMC

R. J. ...
Program Director

Spencer ...
Commander
MGMC

A. W. ...
Commander
FBCH



NATIONAL CAPITAL CONSORTIUM

Uniformed Services University of the Health Sciences
Walter Reed National Military Medical Center
Malcolm Grow Medical Clinic
Fort Belvoir Community Hospital

National Capital Consortium
Quality Assurance Document
10 USC 1102
Improper Release Subject
to Fines up to \$20,000

This is to certify that

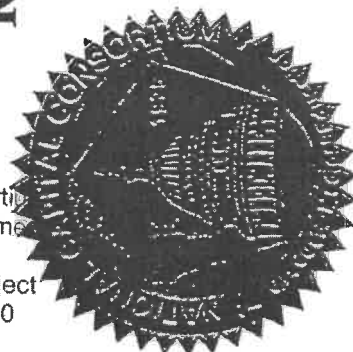
Shana M. Miles, M.D.

has successfully completed

Residency Training in Obstetrics and Gynecology

From 1 July 2013

To 30 June 2016



Cath. Kalkreuth
Dean
USUHS-SOM

D.A. Jones
Director
WRNMMC

S. J. ...
Program Director

[Signature]
Commander
MGMSCS

[Signature]
Director
FBCH

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
DEPARTMENT OF DEFENSE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4712

OFFICIAL BUSINESS

Align top of FedEx Express® shipping label here.

ORIGIN ID: OBTA
LARRY FIELDS
US 44104

SHIP DATE: 10JAN19
ACTWGT: 1.00 LB MAN
CAD: 0216241/CAFE3211

TO
MEL
BETHESDA, MD 208144712
UNITED STATES US

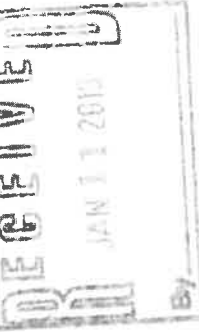
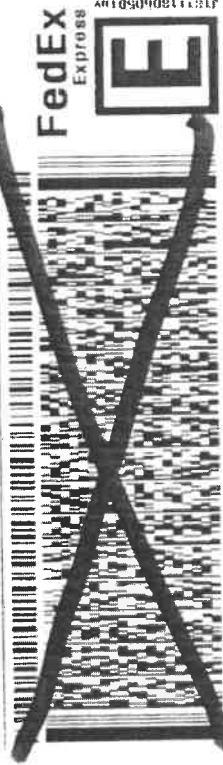
BILL SENDER

SS1C2/D74C/104C

PENNSYLVANIA STATE BRD OF MEDICINE
2601 NORTH THIRD STREET

HARRISBURG PA 17110

(301) 319-0721 REF: LORI ROSIA
DEPT: GRADUATE MED ED



FRI - 11 JAN 10:30A
PRIORITY OVERNIGHT

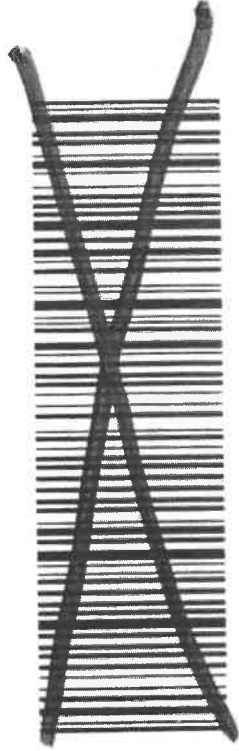
TRK# 4680 6415 9161

ASR

17110

PA-US MDT

EN MDTA



PSN# 150140V-434 R172 EXP 0918 *

Express

205
10:30
11:11
B
9161

ce



Letter of Good Standing (LOGS)

INT192311

SHANA MILES

Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

PENNSYLVANIA STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649

January 29, 2019

For: PENNSYLVANIA STATE BOARD OF MEDICINE

In response to a recent request, we verify the following information:

Physician: SHANA MILES, MD
License: R8618
Date Issued: 08/10/2018
Licensed by:
Date of Birth: 1986
Medical School: UNIFORMED SERVICES UNIV OF THE HLTH SCI, BETHESDA, MD
Graduation Year: 2012
Permit Expires: 08/31/2020

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

Not applicable.

If you have any further questions, please contact the Hearings division

Sincerely,

Customer Information Center

BOARD SEAL

TEXAS MEDICAL BOARD
TEXAS PHYSICIAN ASSISTANT BOARD
TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS
P.O. BOX 2029
AUSTIN, TX 78768-2029

AUSTIN
TX 787
29 JUN 15
PM 3 E

2015 JUN 1 10:29



USA POSTAGE PINEY BLOWE
ZIP 78703 \$ 000.50⁰
05 SW
6801344704 JUN 21 2015

17J05-264949

17J05-264949

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
www.lsbme.la.gov



License Verification

Telephone: (504) 568-6820
Fax: (504) 568-6803
Website: www.lsbme.la.gov

February 4, 2019



Letter of Good Standing (LOGS)

INT196047

SHANA MILES

Dear Sir/Madam:

This is to certify that the records of the Louisiana State Board of Medical Examiners indicate the following information regarding:

Name: SHANA MILES MD

Business Address:



BARKSDALE AFB, LA 71110

Professional School Information: UNIFORMED SERVICES UNIVERSITY of Health Sciences

Credential Definition: PHYSICIAN

License Number: 310457

Date Issued: August 15, 2018

Expiration Date: 9/30/2019

Status of License: ACTIVE

Discipline Status: NONE

To expedite the verification/endorsement process, the above is the standard format for all professions regulated by this Board.

Dave Vicknair, Licensing Analyst

Telephone: [REDACTED]

Fax: (504) 549-0503

In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions and board procedures. You may submit such complaints to one or more of the following organizations:

1. Louisiana State Board of Medical Examiners; 630 Camp Street, New Orleans, LA 70130; (504) 568-6820; lsbme@lsbme.la.gov.
2. Committee on House & Governmental Affairs; La. House of Representatives; PO Box 94062, Baton Rouge, LA 70804; (504) 342-2403; www.legis.la.gov.
3. Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183, Baton Rouge, LA 70804; (225) 342-9845; ssa@legis.la.gov.

DAVE VICKNAIR

Louisiana State Board of Medical Examiners
630 Camp St.
New Orleans, LA 70130



U.S. POSTAGE >> AIR MAIL PERMITS
ZIP 70130 \$ 000.50⁰
02 4W
0000346821 FEB 04 2010

Pennsylvania State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

1711032045 0020





Letter of Good Standing (LOGS)

INT197954

SHANA MILES

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

CERTIFICATION OF LICENSE

Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg PA 17105-2649

Name:	Shana Melody Miles, MD		
Address:	[REDACTED] Omaha NE 68154		
Date of Birth:	[REDACTED]		
Place of Birth:	Miami FL		
PROFESSION NAME:	Physician		
Number:	29308	Status:	Active
Issuance Date:	06/10/2016	Expiration Date:	10/01/2020
Credential Obtained by:	Exam		
Exam Type:	Exam Score:		
USMLE Step 1	210		
USMLE Step 2 - CS			
USMLE Step 2	203		
USMLE Step 3	214		
School/Graduation Date:	UNIFORMED SERVICES U THE HEALTH SCIENCE	05/19/2012	
Disciplinary Action:			

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

Handwritten signature of Becky Wisell in cursive.

Becky Wisell, Administrator
Licensure Unit

February 4, 2019

(SEAL)

You may verify licenses under the following Internet Web Site Address:
<http://www.nebraska.gov/LISSearch/search.cgi>

NEBRASKA

Gold Life. Great Mission.

Department of Health and Human Services
Division of Public Health
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

McGraw-Hill

US POSTAGE \$000 38



022 ADDRESS 17108





DEPARTMENT OF THE AIR FORCE
2D MEDICAL GROUP (AFGSC)
BARKSDALE AIR FORCE BASE LOUISIANA

30 January 2019

MEMORANDUM FOR PENNSYLVANIA STATE MEDICAL BOARD

FROM: 2 MDG/SGH

SUBJECT: Locations of residence

1. I have resided in Maryland (2005-2016), Nebraska (2018-2018), and Louisiana (2018-Present) over the past 10 years. I have never resided in Texas.
2. I have now submitted my FBI Identity History Summary Check twice (once with initial application and uploaded again today). Louisiana says they sent the CHRC to the PA State Board as well. I do not plan to get CHRC from TX (never resided), NE (sent FBI Identity History Summary Check), or MD (Identity History Summary Check). The website and application says "For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check"

If you have any questions, please contact me at [REDACTED]

Very Respectfully,

MILES.SHANA. Digitally signed by
MILES.SHANA.M.1367819681
M. [REDACTED] Date: 2019.01.30 08:29:46
-06'00'

SHANA M. MILES, Maj, USAF, MC
Chief, Medical Staff



DEPARTMENT OF THE AIR FORCE
2D MEDICAL GROUP (AFGSC)
BARKSDALE AIR FORCE BASE LOUISIANA

30 January 2019

MEMORANDUM FOR PENNSYLVANIA STATE MEDICAL BOARD

FROM: 2 MDG/SGH

SUBJECT: Locations of residence

1. I have resided in Maryland (2005-2016), Nebraska (2018-2018), and Louisiana (2018-Present) over the past 10 years. I have never resided in Texas.
2. I have now submitted my FBI Identity History Summary Check twice (once with initial application and uploaded again today). Louisiana says they sent the CHRC to the PA State Board as well. I do not plan to get CHRC from TX (never resided), NE (sent FBI Identity History Summary Check), or MD (Identity History Summary Check). The website and application says "For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check"

If you have any questions, please contact me at [REDACTED]

Very Respectfully,

MILES.SHANA. Digitally signed by
MILES.SHANA.M.1367819681
Date: 2019.01.30 08:29:46
+00'

SHANA M. MILES, Maj, USAF, MC
Chief, Medical Staff



DEPARTMENT OF THE AIR FORCE
2D MEDICAL GROUP (AFGSC)
BARKSDALE AIR FORCE BASE LOUISIANA

30 January 2019

MEMORANDUM FOR PENNSYLVANIA STATE MEDICAL BOARD

FROM: 2 MDG/SGH

SUBJECT: Locations of residence

1. I have resided in Maryland (2005-2016), Nebraska (2018-2018), and Louisiana (2018-Present) over the past 10 years. I have never resided in Texas.
2. I have now submitted my FBI Identity History Summary Check twice (once with initial application and uploaded again today). Louisiana says they sent the CHRC to the PA State Board as well. I do not plan to get CHRC from TX (never resided), NE (sent FBI Identity History Summary Check), or MD (Identity History Summary Check). The website and application says "For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check"

If you have any questions, please contact me at [REDACTED]

Very Respectfully,

MILES.SHANA. Digitally signed by
MILES.SHANA.M:1367819681
M. [REDACTED] Date: 2019.01.30 08:29:46
-06'00'

SHANA M. MILES, Maj, USAF, MC
Chief, Medical Staff



DEPARTMENT OF THE AIR FORCE
2D MEDICAL GROUP (AFGSC)
BARKSDALE AIR FORCE BASE LOUISIANA

28 January 2019

MEMORANDUM FOR PENNSYLVANIA STATE MEDICAL BOARD

FROM: 2 MDG/SGH

SUBJECT: Locations of residence

1. I have resided in Maryland (2005-2016), Nebraska (2018-2018), and Louisiana (2018-Present) over the past 10 years. I have never resided in Texas.

If you have any questions, please contact me at [REDACTED]

Very Respectfully,

MILES.SHANA. Digitally signed by
MILES.SHANA.M.1367819681
M [REDACTED] Date: 2019.01.29 10:39:39
-06'00'

SHANA M. MILES, Maj, USAF, MC
Chief, Medical Staff



L2k Checklist

INT171501

SHANA MILES

3



PENNSYLVANIA STATE BOARD OF MEDICINE

**VERIFICATION OF MEDICAL EDUCATION
(For Graduates of American/Canadian Medical Schools)**

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last MILES	First SHANA	Middle
NAME OF MEDICAL SCHOOL:	UNIFORMED SERVICES UNIVERSITY		
LOCATION:	4301 JONES BRIDGE RD, BETHESDA MD 20814		

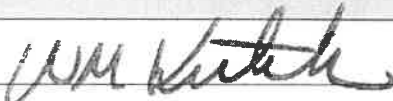
Submit the verification of medical education form to your medical school and request the school return the completed form directly to the Board in an official school envelope.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	Uniformed Services University of the Health Sciences		
NAME OF MEDICAL STUDENT:	Last Miles	First Shana	Middle H
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month July	Day 05	Year 2005
DATE OF GRADUATION:	Month May	Day 19	Year 2012

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN/REGISTRAR:



DATE: Month 12 Day 07 Year 2018

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

(Seal of School)

**DO NOT RETURN THIS FORM
TO THE APPLICANT**

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

Sealed Envelope
Unofficial if Seal is
Broken

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
DEPARTMENT OF DEFENSE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4712

REG

OFFICIAL BUSINESS

POST OFFICE
NO. 100
BETHESDA, MD 20814

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

17105-264949



PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:1/25/2019

PRACTITIONER INFORMATION

Name: Miles, Shana Melody
DOB: [REDACTED]
Medical School: Uniformed Services Univ of the Health Sciences
Bethesda, Maryland, UNITED STATES
Year of Grad: 2012
Degree Type: MD
NPI: 1811259419

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
LOUISIANA	310457	08/15/2018	09/30/2019	01/03/2019
NEBRASKA	29308	06/10/2016	10/01/2020	01/07/2019
TEXAS	R8618	08/10/2018	08/31/2020	01/02/2019
VIRGINIA	0101254578	07/19/2013	09/30/2020	01/15/2019

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 1/25/2019
 Practitioner Name: Miles, Shana Melody

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
 Certificate: Obstetrics and Gynecology
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2018	12/31/2019		Recertification	12/27/2018
Active	Time Limited	11/13/2017	12/31/2018		Initial	12/27/2018

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

ATN and SID# FOR OFFICIAL USE ONLY

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
 P.O. BOX 66614 (MAIL SLIP A-6)
 BATON ROUGE, LA 70896

SHANA MILES
 AGENCY, BUSINESS OR INDIVIDUAL NAME

 MAILING ADDRESS

 BARKSDALE AFB, LA 71110
 CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.

MILES, SHANA NAME OF APPLICANT	_____	FL PLACE OF BIRTH (STATE)	W RACE / SEX
160 WEIGHT	5'7 HEIGHT	BLACK HAIR COLOR	BROWN EYE COLOR
_____	_____	_____	_____
SOCIAL SECURITY NUMBER			

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
 AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database. This does not preclude the possible existence of a record in a local agency (Sheriff's Office, Police Department, a State other than Louisiana, or the FBI Identification Division Files.)

CRIMINAL HISTORY DETERMINATION

NO RECORD OUR FILES
 LA, STATE POLICE

RAPSHEET ATTACHED

RESPONSE BELOW

TRUE COPY

FEB 01 2019

 SIGNATURE 2/1/19

 DATE

02/01/2019 10:20:48

REQUESTED BY: LIANDERSON

STATE OF LOUISIANA
FOR USE BY AUTHORIZED CRIMINAL JUSTICE AGENCIES ONLY
(FINGERPRINTS ARE NECESSARY FOR A POSITIVE ID)

COMPLETE INVESTIGATIVE REPORT

CONFIDENTIAL RECORDS

CRIMINAL RECORD OF: MILES, SHANA M [REDACTED] FBI:
STATE ID: 001058682A BIRTH DATE: [REDACTED] PLACE: FL DOC:
RACE: W HEIGHT: 5' 7" HAIR: BRO DNA ON FILE:NO
SEX: F WEIGHT: 155 EYES: BRO
SSN: [REDACTED] OLS/OLN: FL M420793868210 III: NO
STATUS: LBME, RTR

A L I A S E S SSN OLS/OLN ID THEFT
MILES, SHANA M [REDACTED] FLM420793868210 NO

S U M M A R Y

DATE AGENCY TEXT
06/29/2018 LA BOARD OF MEDICAL EXAMINERS APPLICATION, AFIS-ATN: LBOIC1804092
01/29/2019 LSP CRIMINAL IDENTIFICATION AND INFORMATION APPLICATION, AFIS-ATN: LBOID1900369

A P P L I C A N T

DATE: 06/29/2018 LID:
AGENCY: LA BOARD OF MEDICAL EXAMINERS AFIS ATN: LBOIC1804092
NAME: MILES, SHANA M APTN:
DESCRIPTION: LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

A P P L I C A N T

DATE: 01/29/2019 LID:
AGENCY: LSP CRIMINAL IDENTIFICATION AND INFORMATION AFIS ATN: LBOID1900369
NAME: MILES, SHANA M APTN:
DESCRIPTION: RIGHT TO REVIEW

THE RESPONSE TO YOUR REQUEST FOR CRIMINAL HISTORY RECORD CHECK IS
BASED ON A REVIEW OF THE STATE OF LOUISIANA'S CRIMINAL HISTORY RECORDS
DATABASE ONLY. THIS DOES NOT PRECLUDE THE EXISTENCE OF A RECORD IN A
LOCAL AGENCY, ANOTHER STATE, OR THE FBI CJIS DIVISION.

** END OF RAPSHEET **

TRUE COPY

Shane Miles 2/1/19
SIGNATURE DATE



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

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

Recipient: PENNSYLVANIA STATE BOARD OF
MEDICINE

Date: 12/05/2018

Examinee: Miles, Shana Melody
Alt Name(s):

Examinee ID: 5-196-707-3
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. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/06/2007	Pass	210	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/27/2011	Pass	230	(189)	

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/02/2011	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/01/2012	Pass	214	(190)	

End of Exam History

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



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

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

Examinee: Miles, Shana Melody

Examinee ID: 5-196-707-3

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

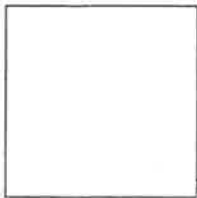
This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Mancini, Tracy

From: ST, MEDICINE
Sent: Friday, November 30, 2018 4:46 PM
To: Mancini, Tracy
Subject: FW: [External] License Verification Statement - Miles, Shana
Attachments: v620145AA.pdf

From: support@veridoc.org <support@veridoc.org>
Sent: Friday, November 30, 2018 4:43 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: [External] License Verification Statement - Miles, Shana

***ATTENTION:** This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to CWOPA_SPAM@pa.gov.*



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: Miles, Shana

Transaction ID: 620145

Confirmation Number: 25421168881161351211

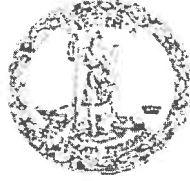
Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

[Virginia Board of Medicine](#)

DEC 03 2018

RECEIVED DIRECT

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: **Shana Melody Miles**
From: Virginia Board of Medicine
Subj: Licensure Verification
Date: November 30, 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:	0101254578
Issued On:	07/19/2013
Expires:	09/30/2020 *
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,

Handwritten signature of Colanthis M. Opher.

Colanthis M. Opher
Deputy Executive Director for Administration
Virginia Board of Medicine

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

DEC 03 2018

RECEIVED DIRECT

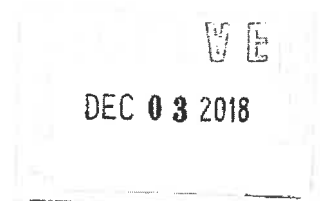


Welcome to VeriDoc

Validation

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

Thank you for using the VeriDoc system.



RECEIVED DIRECT

Curriculum Vitae

Shana Miles, Maj, USAF, MC

Born

[REDACTED] Miami, FL

Home address

[REDACTED] Barksdale AFB, LA 71110; [REDACTED]

Work Address

2^d Medical Group, 243 Curtiss Rd, Barksdale AFB, LA 71110

Education

07/2012-06/2016 **Obstetrics and Gynecology Resident**, National Capitol Consortium
06/2005-05/2012 **MD**, Uniformed Services University, Bethesda, MD
06/2005-05/2010 **Ph.D. Emerging Infectious Diseases**, Uniformed Services University, Bethesda, MD; Advisor: D. Scott Merrell, Ph.D.
08/2003-05/2005 **B.S. Microbiology and Immunology**, Cum laude, University of Miami, FL

Military

06/2018-Present **Chief of Medical Staff**, Barksdale AFB, LA. Provides oversight for patient safety, quality, and medical care via operations of a fully accredited ambulatory clinic with aerospace medicine, dental, medical, and a 1-year dental residency program. Serves as the senior clinical advisor to the medical group commander, as well as the executive staff. Plans and administers medical services, staffing, training, peer review, and mentoring for 79 providers.
12/2018-Present **Obstetrics and Gynecology Hospitalist**, Tyler, TX. Enables 24/7 on-site OB/GYN coverage at regional tertiary hospital as part of OB Hospitalist Group.
07/2016-06/2018 **Obstetrician and Gynecologist**, Offutt AFB, NE. Developed and implemented OB curriculum for Family Medicine Residents. Scheduled 24/7 inpatient OB/GYN call coverage in addition to full duties as a staff OB/GYN physician.
2012 **Microbiologist**, CDC, Addis Ababa, Ethiopia. Responsible for training Peace Corps Volunteers based in Ethiopia on malaria prevention, detection, and control. Engaged local USG and NGOs on bednet distribution and compliance in country. Conducted hospital site assessments for MEDCAPs.
2010 **Staff Microbiologist**, USAMRU-K, Kericho, Kenya. Successful design and implementation of a Multiplex PCR assay to detect different types of diarrheagenic *E. coli* in patient samples. Also, served in the district and children's hospitals in a clinical capacity with PEPFAR. Received citation for outstanding service from the Microbiology Hub Kericho commander.

Awards

Physician Educator of the Year, Air Force Global Strike Command, 2018
Physician Educator of the Year, 2d Medical Group, Barksdale AFB 2018
Field Grade Officer of the Quarter, MDOS Squadron, Offutt AFB 2017
Field Grade Officer of the Quarter, Medical Group, Offutt AFB 2017
PGY-3 Leadership Award, 2015
Resident Research Day-Outstanding Original Research, 2015
Resident Research Day-Outstanding Research in Basic Science, 2014
Robert A. Phillips Clinical Research Poster Award-Resident winner, 2013
Robert A. Phillips Laboratory Research Oral Presentation Award- Resident finalist, 2013
Robert A. Phillips Clinical Research Oral Presentation Award-Resident finalist, 2013
ACOG AFD, Outstanding OB/GYN Medical Student, 2012
GEIS Tropical Medicine Grant, 2012
JP Sanford Tropical Medicine Student Fellowship, 2010

Professional Affiliations

American Congress of Obstetricians and Gynecologists Junior Fellow, 2010-Present
Junior Fellows Air Force Section Chair 2015-2017; Patient Education and Review Panel 2018-Present

Certifications

ABOG Board Certified Obstetrician and Gynecologist (2017-Present)
Virginia MD (Exp 09/2020); Nebraska MD (Exp 10/2020); Texas MD (8/2020); Louisiana MD (8/2019)
Helping Babies Breathe Instructor; BLS instructor (05/2020); ACLS (04/2020); NRP (1/2020)

Abstracts

Miles S, Shvartsman K, and Dunlow S. 2017. Efficacy of Intrauterine Lidocaine and Naproxen for Pain Control with Intrauterine Device Insertion. Poster presentation at ACOG Annual Clinical Meeting. San Diego, CA.

Miles S. 2015. Investigation and characterization of the microbiome of the female reproductive tract. Oral presentation at ACOG Annual Clinical Meeting. San Francisco, CA.

Miles S, Armstrong A, and J Gubern. 2013. Making Cesarean Section Safer in Developing Countries: Clinically Effective and Cost effective Antibiotic Prophylaxis. Oral presentation at Armed Forces District ACOG. Baltimore, MD.

Gaynor-Krupnick D, Speroni KG, Massengill J, **Miles S**, and D Gruber. 2012. Retrospective Evaluation of Post-operative Urinary Retention in Midurethral Sling Patients Receiving Intravenous Glycopyrrolate. Oral presentation at Armed Forces District, ACOG. Las Vegas, NV.

Miles, S & D. Scott Merrell. 2009. Detailed Characterization of the *H. pylori* Fur Mutant Defect in Animal Colonization. Abstr. Uniformed Services Univ. of the Health Sciences Research Week. Bethesda, MD.

Miles, S & D. Scott Merrell. 2009. Detailed Characterization of the *H. pylori* Fur Mutant Defect in Animal Colonization. Abstr. 109th Gen. Meet. Am. Soc. Microbiol. American Society for Microbiology, Philadelphia, PA.

Miles, S, Semino-Mora, C, Piazuolo, M, Correa, P, Washington, K, Peek, R, Dubois, A, and D. Scott Merrell. 2009. Characterization of the *H. pylori* Fur Mutant Defect in Animal Colonization. Abstr. Air Force/Army ACP Meeting. San Antonio, TX.

Publications

Singh Dagur R, Woods A, Mathews S, Joshi P, Quadros R, Harms DW, Cheng Y, **Miles SM**, Pirruccello SJ, Gurusurthy CB, Gorantla S, Poluektova LY, Human-like NSG mouse glycoproteins sialylation pattern changes the phenotype of human lymphocytes and sensitivity to HIV-1 infection. 2019. BMC Immunology. In press.

Miles SM, Hardy BL, Merrell DS. Fertil Steril. 2017. Investigation of the microbiota of the reproductive tract in women undergoing a total hysterectomy and bilateral salpingo-oophorectomy. Mar;107(3):813-820

Plowden TC, Hill MJ, **Miles SM**, Hoyt B, Yauger B, Segars JH, Csokmay JM, Chason RJ. 2017. Does the presence of blood in the catheter or the degree of difficulty of embryo transfer affect pregnancy? Reproductive Sciences. May;24(5):726-730.

Miles S & J. Malone. 2013. Perspectives from Ethiopia Regarding US Military Humanitarian Assistance: How to Build a Better Medical Civil Action Project (MEDCAP). *Mil Med*. 178(12):1349-52.

Massengill J, Gruber D, **Miles, S**, Speroni KG, Gaynor-Krupnick D. 2013. Retrospective Evaluation of Post-operative Urinary Retention in Midurethral Sling Patients Receiving Intravenous Glycopyrrolate. *J Clin Anesth*. 25(7):572-7.

Miles S, Carpenter B, Gancz H, DS Merrell. 2010. *H. pylori* apo-Fur Regulation Appears Unconserved Across Species. *J Microbiology*. 48(3):378-86.

Miles S, Piazuolo MB, Semino-Mora C, Washington MK, Dubois A, Peek RM, Correa P, and DS Merrell. 2010. Detailed *in vivo* Analysis of the Role of *Helicobacter pylori* Fur in Colonization and Disease. *Infection and Immunity*. 78(7):3073-82.

Hughes CR, **Miles S**, Walbroehl JM. 2008. Support for the minimal essential MHC hypothesis: a parrot with a single, highly polymorphic MHC class II B gene. *Immunogenetics*. 60(5):219-31.



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

https://www.npdb.hrsa.gov

DCN: 5500000109617383
Process Date: 07/08/2016
Page: 1 of 1
MILES, SHANA
For authorized use by:
AFMOA SGHQ

MILES, SHANA - ONE-TIME QUERY RESPONSE

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

Practitioner Name: MILES, SHANA
Date of Birth: [REDACTED] **Gender:** FEMALE
Organization Name: OD1CFDP1
Work Address: 2501 CAPEHART RD, OFFUTT AFB, NE 68113-2160
Social Security Number: [REDACTED] **DEA:** FM4190245
License: PHYSICIAN (MD), 29308, NE
PHYSICIAN (MD), 0101254578, VA
Professional School(s): UNIFORMED SERVICES UNIVERSITY OF HEALTH (2012)

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: AFMOA SGHQ (DBID ending in ...32)
Authorized Agent: DECYPHER TECHNOLOGIES
Authorized Submitter: SILVIA FRANKLIN, CREDENTIALS SUPERVISOR, (210) 446-3564
Customer Use: MTF Query Request

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/08/2016

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

----- No Reports Found -----

To: MILES, SHANA


BARKSDALE AFB, LA 71110-2016

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.



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

https://www.npdb.hrsa.gov

5500000142996992

Process Date: 01/28/2019

Page: 1 of 1

MILES, SHANA - SELF-QUERY RESPONSE

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

Practitioner Name: MILES, SHANA
Date of Birth: [REDACTED] **Gender:** FEMALE
Delivery Address: 202 ORVILLE WRIGHT AVE, BARKSDALE AFB, LA 71110-2016
Social Security Number: [REDACTED] **DEA:** FM4190245, FM7602445

License: PHYSICIAN (MD), 29308, NE, OBSTETRICS & GYNECOLOGY
PHYSICIAN (MD), 0101254578, VA, OBSTETRICS & GYNECOLOGY
PHYSICIAN (MD), 310457, LA
PHYSICIAN (MD), R8618, TX, OBSTETRICS & GYNECOLOGY

Professional School(s): UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (2012)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$4.00 **NPDB Bill Reference Number:** N61134567
Transaction Date: 01/28/2019 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/28/2019

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 preceding cover page.

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SHANA M MILES

[REDACTED]
BARKSDALE AFB, LA 71110

SSN: [REDACTED]
TCN: 2373140978

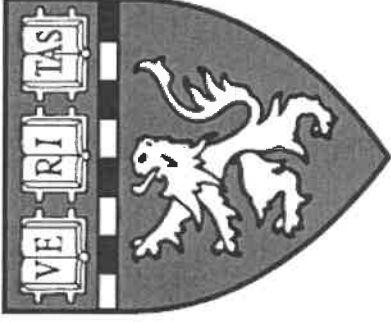
Your Federal Bureau of Investigation (FBI) fingerprint based record check has been processed in accordance with Public Law 92-544 and the Child Protective Services Law (Title 23, Pa C.S. Chapter 63). **The following is the result of your federal criminal history background check as of 01/15/2019.**

- NO RECORD EXISTS**
- RECORD EXISTS**, but conviction(s) **does not prohibit hire** in a childcare position according to the Child Protective Services Law.
- RECORD EXISTS**, but no conviction(s) is shown. This **does not prohibit hire** in a childcare position according to the Child Protective Services Law.
- DISQUALIFICATION** – Record exists and contains a conviction(s) that is grounds for denying employment in a childcare position according to the Child Protective Services Law.

If you are questioning the accuracy of this response, please submit court documents to support your position. You may request a copy of your record from 5 years following receipt of verification by making a written request to the address listed above. Applicants are encouraged to provide this verification to the prospective employer immediately upon receipt.

Sincerely,

Christine Reber, Division Director
Bureau of Policy, Programs and Operations



HARVARD MEDICAL SCHOOL

Certifies that

Shana Miles

has participated in the enduring material activity titled

Understanding Addiction

on

December 03, 2018

and is awarded 8.00 AMA PRA Category 1 Credits™

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 8.00 credits of Risk Management Study. This includes 8.00 credits of Opioid Education and Pain Management Training. Please check your individual state licensing board requirements before claiming these credits.

Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

A handwritten signature in black ink, appearing to read 'Ajay K. Singh'.

*Ajay K. Singh, MBBBS, FRCP, MBA
Senior Associate Dean for Postgraduate Education
Harvard Medical School*

Person Info

Name Shana Miles

License No. Pending

Applicant No. 3687887

Address Info

Street Address [REDACTED]

Email [REDACTED]

Phone [REDACTED]

Fax [REDACTED]

City BELLEVUE

State NE

Zipcode 68123

Country United States

County Sarpy

Survey Response Summary

Are your medical/licensure records listed under another name or names?	N
If you selected "Yes", please insert in the text box the other name or names. If yes, Submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.)	
Indicate the Licensing Examination(s) passed. If you have taken an examination, you must contact the appropriate agency and request scores be sent directly to the Board.	USMLE
If you selected State Board above, please insert in the text box the name of the state.	
Please provide the dates for Part1/Step1:	2007
Please provide the dates for Part2/Step2:	2011
Please provide the dates for Part3/Step3:	2012
Have you completed ACGME accredited post graduate training in the United States or Canada?	Y
PGY 1 Training Hospital Name:	Walter Reed National Military Medical Center
PGY 1 Training Dates Completed From:	07/01/2012
PGY 1 Training Dates Completed To:	06/30/2013
PGY 2 Training Hospital Name:	Walter Reed National Military Medical Center
PGY 2 Training Dates Completed From:	07/01/2013
PGY 2 Training Dates Completed To:	06/30/2014
Are you are a graduate of an unaccredited medical school (International Medical School)?	N
Did you complete PGY 3 training?	Y
PGY 3 Training Hospital Name:	Walter Reed National Military Medical Center
PGY 3 Training Dates Completed From:	07/01/2014
PGY 3 Training Dates Completed To:	06/30/2015
Do you hold a current and valid ECFMG Certification?	N
Have you previously held a Pennsylvania Graduate Training License?	N
If you selected "Yes", insert your graduate training license number in the text box:	

Question Response Summary	
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.	Medicine - Nebraska
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?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
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?	N
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.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Have you ever had your DEA registration denied, revoked or restricted?	N
Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N
Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date,</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you.	N

Date Submitted: Saturday, September 2, 2017

Education Information

Profession: Medicine From Date: 05-19-2012	Education: Uniformed Services University
---	--

Employment Information

Continuing Education Information

Medicine- Medical Physician and Surgeon-
Accredited School Graduate



AA0000349677

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

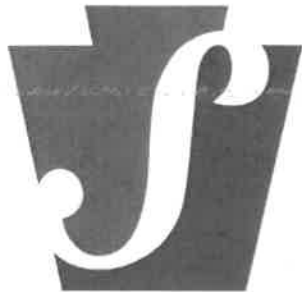
PERSONAL INFORMATION					
Last Name	MILES	First Name	SHANA		
Middle Name		Suffix			
Full Name	SHANA MILES				
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age	31
		Gender	FEMALE		
ADDRESS DETAILS					
Street Address	[REDACTED]				
City/State/Zip	BELLEVUE Nebraska 68123				
County		Country	United States		
CONTACT DETAILS					
Phone number	[REDACTED]	Mobile Phone number			
Primary Email Address	[REDACTED]	Secondary Email Address			
CHECKLIST ITEMS					
Checklist name	Status	Submitted Date	Expiration Date		
Application	Completed				
Application Fee	Completed				
Board Review	Not Applicable				
Certified Court Documents	Not Applicable				
Child Abuse CE	Unchecked				
Curriculum Vitae	Unchecked				
Databank Report	Unchecked				
Exam Results	Unchecked				
Fed Clearance Report	Unchecked				
Graduate Training	Completed				
L2k Checklist	Pending Review				
Letter of Good Standing (LOGS)	Unchecked				
OPIOID CE	Unchecked				
Questions	Unchecked				
Record of Graduation	Unchecked				
CONFIRMATION					
<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. (09/11/2017 00:00:00)				

EmailTo [REDACTED]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject:2019 Anti-Terrorism Advisory Council (ATAC) Conference

Date Sent:08/27/2019



Anti-Terrorism Advisory Council 2019 Bioterrorism Conference Invitation

The United States Attorney's Office for the Western District of Pennsylvania, the Pennsylvania Office of Homeland Security, and Pennsylvania Department of Health, in consultation with the Federal Bureau of Investigation – Pittsburgh Field Division, cordially invite you to attend the 2019 Annual Anti-Terrorism Advisory Council (ATAC) Bioterrorism Conference.

BIOTHREATS: WEAPONS OF MASS DESTRUCTION, PATHOGENS, AND PANDEMICS

Distinguished speakers drawn from national, state, and local law enforcement, medical, and emergency response communities will discuss biotreats, protective measures, and response protocols within the health care environment and beyond.

FREE EVENT | LIGHT BREAKFAST AND LUNCH PROVIDED

LOCATION

OCTOBER 2, 2019

Westin Hotel & Convention Center

7:00 am – 7:45 am Registration

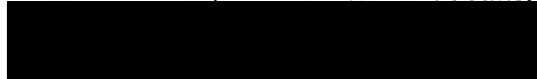
1000 Penn Avenue, Pgh., PA 15222 7:45 am – 3:30 pm Conference

REGISTRATION

See Attached Registration Form | Email Form to Homeland Security

CONTACT

Kristin Daniels, PA Homeland Security



EmailTo [REDACTED]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject:PA Veterans Registry

Date Sent:01/11/2019

PA Veterans Registry

What is the Veterans Registry?

The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for.

How do I register?

Go online to <https://register.dmva.pa.gov/>. Complete the online form by providing the required demographic and contact information and responding to the questions. At the bottom of the form, you will be asked to "Select an Agency." Please select "Department of State" from the drop-down menu for tracking purposes.

Person Info

Name Shana Miles

License No. Pending

Applicant No. 3687887

Address Info

Street Address

Phone

Fax

City BELLEVUE

State NE

Zipcode 68123

Country United States

County Sarpy

Email

Survey Response Summary	
Are your medical/licensure records listed under another name or names?	N
If you selected "Yes", please insert in the text box the other name or names. If yes, Submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.)	
Indicate the Licensing Examination(s) passed. If you have taken an examination, you must contact the appropriate agency and request scores be sent directly to the Board.	USMLE
If you selected State Board above, please insert in the text box the name of the state.	
Please provide the dates for Part1/Step1:	2007
Please provide the dates for Part2/Step2:	2011
Please provide the dates for Part3/Step3:	2012
Have you completed ACGME accredited post graduate training in the United States or Canada?	Y
PGY 1 Training Hospital Name:	Walter Reed National Military Medical Center
PGY 1 Training Dates Completed From:	07/01/2012
PGY 1 Training Dates Completed To:	06/30/2013
PGY 2 Training Hospital Name:	Walter Reed National Military Medical Center
PGY 2 Training Dates Completed From:	07/01/2013
PGY 2 Training Dates Completed To:	06/30/2014
Are you are a graduate of an unaccredited medical school (International Medical School)?	N
Did you complete PGY 3 training?	Y
PGY 3 Training Hospital Name:	Walter Reed National Military Medical Center
PGY 3 Training Dates Completed From:	07/01/2014
PGY 3 Training Dates Completed To:	06/30/2015
Do you hold a current and valid ECFMG Certification?	N
Have you previously held a Pennsylvania Graduate Training License?	N
If you selected "Yes", insert your graduate training license number in the text box:	

Question Response Summary	
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.	Medicine - Nebraska
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?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
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?	N
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.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Have you ever had your DEA registration denied, revoked or restricted?	N
Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N
Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date,</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you.	N

Date Submitted: Saturday, September 2, 2017

Education Information

Profession: Medicine From Date: 05-19-2012	Education: Uniformed Services University
---	--

Employment Information

Continuing Education Information