

Suji Uhm, MD

Licensed Physician #MD2020-0208

Issue Date

03/18/2020

Expiration Date

07/01/2020

Signature of Holder

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board  
Triennial Renewal Certificate**

This is to certify that

**Suji Uhm, MD**

License Number: MD2020-0208

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 03/18/2020    Date Expires: 07/01/2020\*

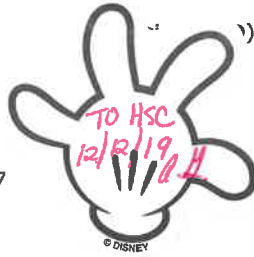
*\*A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

**This License Must Be Conspicuously Posted In Each Practice Location**



The New Mexico Physician and Practitioner Credentials Application ©

F.P. 12/19



Application

Date of Application: 12/4/2019
PayPal Confirmation: AE0A2ACFEE7
Name: Suji Uhm

Application Fee: \$400.00
TOTAL: \$400.00

Maiden or Other Names Used

Will you be applying by endorsement? [ ] Yes [x] No
Applying using: [ ] NMMB [x] HSC [ ] FCVS
What are your NM practice plans? I plan to practice and work with the providers at a women's reproductive health in Albuquerque in April 2020.

R# 2246450

Exam HSC

Gender: Female Citizenship: United States Place of Birth:
Social Security Number: [redacted] 0125 Date of Birth: [redacted] 1985
State Tax ID#: [ ] Pending Fed: Tax ID#: [ ] Pending
Medicare#: [ ] Pending Medicaid #: [ ] Pending
Unique Physician Identification Number (UPIN): [ ] Pending
National Provider Identifier Number (NPI): [redacted] [ ] Pending

CLIA Number (if applicable): Approval Level: Expiration Date:

Home Address

Street Address: [redacted]
City, State/Province and Zipcode: Sacramento, CA, 95814
Country: United States
Telephone Number: [redacted] 8718 Pager Number:
Cell Phone Number: Spouse's Name (Optional):

Credentials Correspondence Address

Department:
Street Address: 4860 Y Street Suite 2500
City, State/Province and Zipcode: Sacramento, CA, 95817
Country: United States Email: suhm@ucdavis.edu
Telephone Number: 916-734-6554 Facsimile Number: 916-734-6666

Military Service

Branch: Type of Discharge:
Dates: From: To: [ ] Current Rank:

Immigration

Status: Certification Number:

ECFMG (Educational Commission for Foreign Medical Graduates)

Number (if applicable): Date Issued: (Please attach a copy of your ECFMG certificate)

Languages

Foreign Languages (spoken fluently by practitioner): English, Spanish

Certifications

ACLS CERTIFICATION ATLS CERTIFICATION PALS CERTIFICATION
Certified? [x] Yes [ ] No Certified? [ ] Yes [x] No Certified? [ ] Yes [x] No



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Physician (MD) Application



Expires: 12/20/2019

Expires:

Expires:



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Physician (MD) Application



**HOSPITAL AND HEALTHCARE AFFILIATIONS**

- Are you a PCP?
- Do you deliver babies?
- Are you an MD, DO, or DPM?

**If you answered yes to any question above, you must:**

- (a) Have admitting privileges at a hospital (list below) OR
- (b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

- Do you have courtesy or consulting privileges at this facility.
- If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

No affiliation information provided

Facility Name:  Is this your primary admitting facility  
 Department:  
 Street Address:  
 City: State/Province: Zip Code:  
 Country:  
 Phone Number: Facsimile:  
 Appointment Dates From: To:  Present  
 Type of Appointment: Privileges Assigned:

**WORK HISTORY**

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Organization: UC Davis Health System From: 07/2018 To:  Present  
 Department: OB/GYN  
 Department of Obstetrics and Gynecology  
 Street Address: 4860 Y Street Suite 2500  
 City: Sacramento State/Province: CA Zip Code: 95817  
 Country: United States Phone Number: 916-734-6930  
 Contact: Fax Number: 916-734-6666  
 Type of Practice: Fellow

FGT

**Please provide written explanation for any gaps in work history of six (6) months or more.**



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Physician (MD) Application



Organization: Boston Medical Center From: 06/2014 To: 06/2018  Present  
 Department: Obstetrics & Gynecology  
 Street Address: One Medical Place  
 City: Boston State/Province: MA Zip Code: 02118  
 Country: United States Phone Number:  
 Contact: Fax Number:  
 Type of Practice: Resident Physician

*PCIT*

**Please provide written explanation for any gaps in work history of six (6) months or more.**

Work history gap explanations follow:

**PRACTICE LOCATIONS**

Group Name: Family Planning Division Effective Date: 7/2018  
 Department:  
 Street Address: 4860 Y St, Ste 2500  
 City: Sacramento State/Province: CA Zip Code: 95814  
 Country: United States  
 Phone Number: 916-734-6900 Facsimile Number: 916-734-6666  
 Email Address: Answering Service Number:  
 Foreign Languages (spoken fluently at practice):  
 Office Manager or Contact Person: Phone:

*PCIT*

**Billing Address**

Contact Person: Tax ID #:  
 Department:  
 Street Address:  
 City: State/Province: Zip Code:  
 Country: United States  
 Phone Number: Facsimile Number:  
 Practice Associates (if applicable): Call Coverage (if applicable):

What are the office hours for your Practice or Group Practice? (Provide days/hours):

What provisions have been made for after hours?:



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Physician (MD) Application



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### CONTINUING EDUCATION

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.
2. If you are applying for privileges at a hospital or clinic, please complete the enclosed privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.

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### PROFESSIONAL REFERENCES

Please list five (5) professional peers with the same type of license, or a higher level of licensure, who are familiar with your professional performance in the past three (3) years.

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Name and Title: Jade Shorter MD	Specialty: OB/GYN	
Department: University of Pennsylvania		
Street Address: 3400 Spruce Street		
City: Philadelphia	State/Province: PA	Zip Code: 19104
Country: United States	Email: jade.shorter@penmedicine.upenn.edu	
Phone Number: 267-331-1023	Facsimile Number:	

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Name and Title: Melissa Chen MD	Specialty: OB/GYN	
Department:		
Street Address: 4860 Y Street Suite 2500		
City: Sacramento	State/Province: CA	Zip Code: 95817
Country: United States	Email: mejchen@ucdavis.edu	
Phone Number: 916-734-6900	Facsimile Number: 916-734-6666	

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Name and Title: Melissa Matulich MD	Specialty: OB/GYN	
Department:		
Street Address: 4860 Y Street Suite 2500		
City: Sacramento	State/Province: CA	Zip Code: 95817
Country: United States	Email: mcmatulich@ucdavis.edu	
Phone Number: 916-734-6900	Facsimile Number: 916-734-6666	

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Name and Title: Melody Hou MD	Specialty: OB/GYN	
Department:		
Street Address: 4860 Y St Suite 2500		
City: Sacramento	State/Province: CA	Zip Code: 95817
Country: United States	Email: myhou@ucdavis.edu	



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Physician (MD) Application



Phone Number: 916-734-6900

Facsimile Number: 916-734-6666

Name and Title: Tejumola Adegoke MD

Specialty: OB/GYN

Department: Boston Medical Center

Street Address: 85 East Concord 6th floor

City: Boston

State/Province: MA

Zip Code: 02118

Country: United States

Email: teadegok@bu.edu

Phone Number: 617-414-5175

Facsimile Number:

**LICENSURE REGISTRATION INFORMATION**

List all licenses held in all jurisdictions. Attach a separate page if necessary.

State Professional License/Certification Number: A154345

Pending

State: California

Issue Date: 2/27/2018

Expiration Date: 7/31/2021

State Professional License/Certification Number: 110107605A

Pending

State: Massachusetts

Issue Date:

Expiration Date: 6/25/2018

**LICENSING EXAM**

Please check all that apply:

State Board Exam (Prior to 1973)

Which State?

Date(s) passed?

FLEX

Part/Step 1 Date  
Passed

LMCC

Part/Step 1 Date  
Passed

National Board  
(MBME)

Part/Step 1 Date  
Passed

Part/Step 2 Date  
Passed

Part/Step 3 Date  
Passed

USMLE

Part/Step 1 Date  
Passed 4/23/2011

Part/Step 2 Date  
Passed 4/16/2012

Part/Step 3 Date  
Passed 3/3/2015

**DRUG CERTIFICATION INFORMATION**

Federal Drug Enforcement Administration (DEA) Registration:

N/A

DEA Number: FU7453880

Expiration Date: 5/31/2021

Pending



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Physician (MD) Application



State Controlled Substance Registration (CSR):

N/A

**EDUCATION**

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Residency

Institution: Boston University Medical Center

Dates Attended:

Department: Obstetrics and Gynecology Residency Program

From: 6/2014

Street Address: 85 E Concord Street 6th Floor

To: 6/2018

City: Boston

State/Province: MA

Zip Code: 02118

Country: United States

Graduation Date: 2018

Degree Earned: RES - Residency

or Specialty: Obstetrics/Gynecology

If teaching appointment: Department/Position

Degree Level: Graduate

Institution: Case Western Reserve University

Dates Attended:

Department: School of Medicine

From: 7/2009

Street Address: 2109 Adelbert Rd.

To: 5/2014

City: Cleveland

State/Province: OH

Zip Code: 44106

Country: United States

Graduation Date: 2014

Degree Earned: MD - Doctor of Medicine

or Specialty: Not Specified

If teaching appointment: Department/Position

Degree Level: Masters

Institution: Case Western Reserve University

Dates Attended:

Department: GME

From: 7/2010

Street Address: 1100 Euclid Ave

To: 5/2014

City: Cleveland

State/Province: OH

Zip Code: 44106

Country: United States

Graduation Date: 2014

Degree Earned: MPH - Master of Public Health

or Specialty: Graduate Studies

If teaching appointment: Department/Position

Degree Level: Undergraduate

Institution: University of Maryland College Park

Dates Attended:





The New Mexico Physician and Practitioner  
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Physician (MD) Application



Department: Office of the Registrar From: 8/2003  
 Street Address: 1108 Mitchell Building To: 5/2007  
 City: College Park State/Province: MD Zip Code: 20742  
 Country: United States Graduation Date: 2007  
 Degree Earned: BS - Bachelor of Science or Specialty: Biomolecular Medicine  
 If teaching appointment: Department/Position

Degree Level: Fellowship Dates Attended:  
 Institution: UC Davis Health System From: 7/2018  
 Department: OB/GYN To: Present  
 Department of Obstetrics and Gynecology  
 Street Address: 4860 Y Street Suite 2500  
 City: Sacramento State/Province: CA Zip Code: 95817  
 Country: United States Graduation Date:  
 Degree Earned: FEL - Fellowship or Specialty: Obstetrics/Gynecology  
 If teaching appointment: Department/Position

**SPECIALTY BOARD CERTIFICATIONS**

If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted by examination in your specialty, please give a brief explanation on an attached sheet. Explain any gaps or delays in achieving Board certification by the recognized Board in your specialty area.

Board or  Specialty Specialty: Obstetrics and Gynecology  
 Certification Number: Accepted for Examination?  Yes  No  
 If not accepted, have you made application?  Yes  No  N/A If no, provide an explanation: Active candidate/board eligible

**MEDICAL MALPRACTICE INSURANCE**

**Do you have current medical malpractice insurance?**  Yes  No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.

Carrier: University of California, Davis, Health System Limits: [Redacted]  
 Department: Department of Risk Management  
 Street Address: 2315 Stockton Boulevard  Pending  
 City, State/Province and Zipcode: Sacramento, CA, 95817  
 Country: United States



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Physician (MD) Application



Dates Insured:

From: 07/01/2018

To: 06/30/2020

Policy Number:





The New Mexico Physician and Practitioner  
Credentials Application ©

Physician (MD) Application



**PROFESSIONAL PRACTICE QUESTIONS**

Please answer the following Yes or No questions. Note that "N/A" is not an acceptable response except for question #16. If you answer YES to any question, you must give details including name, address, and telephone number of significant parties on a separate sheet of paper. You must respond to each question.

1	Has your professional liability coverage ever been terminated by action of the insurance company (except as a result of the company ceasing to offer insurance coverage to physicians or other practitioners)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Have you ever been denied professional liability insurance coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3	Has your professional liability carrier ever excluded any specific procedures from your coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Have you ever been named as a defendant in any criminal proceedings?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Have you ever been subject to investigation by a governmental entity or Board that either could have resulted, or did result, in licensure sanctions or other adverse actions, irrespective of the outcome?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10a	Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional competence or conduct?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10b	Have you ever agreed not to exercise your clinical privileges while under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10c	Have you ever been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11	Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12a	Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12b	Are any currently held licenses pending investigation or being challenged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14	Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, or voluntarily or involuntarily limited, suspended, revoked, or restricted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15	Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please list on a separate sheet of paper for each case: Name, age, sex of patient/claimant, Date(s) and type of treatment and/or surgery that led to the allegations against you, Nature of allegations in claims/suits. Specify whether a suit was ever filed, Names of other practitioners and hospital, if any, involved in claims or suit, Disposition or current status of claim or suit (be specific), Name of insurance carrier defending you.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	Have you ever been reported to the National Practitioner Data Bank?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17a	Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		



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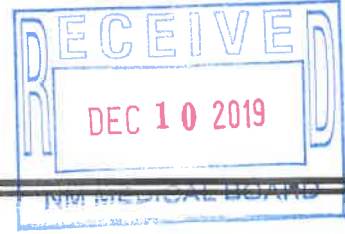
Physician (MD) Application



- 17b Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO) [REDACTED]
- 18 Do you have or have you been diagnosed with an illness or condition which impairs your judgement or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status. [REDACTED]
- 19a Have you ever, for any reason, resigned from a medical school or postgraduate training (PGT) program?  Yes  No
- 19b Have you ever, for any reason, withdrawn from a medical school or postgraduate training (PGT) program?  Yes  No
- 19c Have you ever, for any reason, been suspended, dismissed, or expelled from a medical school or postgraduate training (PGT) program?  Yes  No
- 19d Have you ever, for any reason, been placed on probation or remediation, including academic probation or remediation, by a medical school or postgraduate training (PGT) program?  Yes  No
- 19e Have you ever, for any reason, taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or postgraduate training (PGT) program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issues, etc)?  Yes  No
- 20 I attest that I will limit my practice to areas in which I am competent to practice.  Yes
- 21 Are you currently in arrears for payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?  Yes  No

Uhm

New Mexico Medical Board  
2055 S. Pacheco St. Bldg. 400  
Santa Fe, NM 87505 (505) 476-7220



**APPLICANT'S OATH**

I, Suji Uhm, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



[Handwritten Signature]  
Applicant Signature

12/7/2019  
Date

\*Passport-quality color photograph taken within six months prior to filing the application size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name (printed) Suji Uhm Date 12/7/2019

## Griego, Antoinette, NMMB

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**From:** Suji Uhm <suhm@ucdavis.edu>  
**Sent:** Thursday, January 23, 2020 3:03 PM  
**To:** Medical Board, NM, NMMB  
**Subject:** [EXT] Leave of absence discrepancy

To Whom It May Concern;

This is regards to my application status:

As of today, your application is lacking the following supporting items:

1. Your medical school reported a leave of absence or break in your medical education. Would you please submit detailed explanation as to why you answered "no" to question #19.E of the application which states, "Have you ever for any reason, taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or postgraduate training (PGT) program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issues, etc.)?"

If there is a leave of absence or break in my medical education, it would refer to completion of my Master of Public Health (MPH) degree during my time as a medical student at Case Western Reserve University. As I was enrolled as a dual degree student (combined MD/MPH), I did not consider this a break in my medical education as defined above. The time described here was one academic year between third and fourth years of medical school. Please let me know what other information would be helpful in resolving this discrepancy.

Best regards,  
Suji

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*Suji Uhm, MD, MPH  
Family Planning Fellow  
Department of Obstetrics & Gynecology  
University of California, Davis  
Email: suhm@ucdavis.edu  
Phone: 916-734-6554*

**Suji Uhm, MD, MPH**  
University of California, Davis  
Department of Obstetrics & Gynecology  
4860 Y Street, Suite 2500, Sacramento, CA 95817  
Phone: 916.734.6554 | Fax: 916.734.6666  
Email: suhm@ucdavis.edu

## **Education and Training**

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### *Fellowship*

7/2018 – present    Family Planning Fellowship  
Department of Obstetrics and Gynecology  
University of California, Davis, Sacramento, CA  
Program Director: Mitchell D. Creinin, MD  
Associate Program Director: Melody Y. Hou, MD, MPH

### *Residency*

6/2014 - 6/2018    Obstetrics & Gynecology Residency  
Department of Obstetrics and Gynecology  
Boston Medical Center, Boston, MA  
Program Director: Michelle J. Sia, DO  
Associate Program Director: Elisabeth Woodhams, MD, MSc

5/2017 - 6/2018    Administrative Chief Resident, Academic Year 2017 – 2018 (Peer-elected)

11/2016 - 6/2018    Peer Supporter in Boston Medical Center Peer Connection Program  
(Resident support to other Obstetrics and Gynecology residents during difficult patient outcomes, Peer-elected)

### *Medical School*

7/2009 - 5/2014    Doctor of Medicine  
Case Western Reserve University, Cleveland, OH

### *Graduate School*

7/2010 – 5/2014    Master of Public Health – Population Health Track  
Case Western Reserve University, Cleveland, OH

8/2012 - 12/2012    Teaching Assistant for Introduction to Biostatistics  
Case Western Reserve University, Cleveland, OH

### *Undergraduate School*

8/2003 - 5/2007    Bachelor of Sciences in Cell Molecular Biology and Genetics  
Minor in Spanish Language  
University of Maryland, College Park, College Park, MD

6/2004 - 5/2007    Howard Hughes Medical Institute (HHMI) Undergraduate Research Fellow

### **Certification**

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2018                    American Board of Obstetrics and Gynecology, active candidate

### **Medical Licensure**

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2018 – present        California  
2014 – 2018           Massachusetts

### **Honors and Awards**

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2018                    Department of Obstetrics and Gynecology Humanism in Medicine Award  
Boston Medical Center, Boston, MA

2018                    Department of Obstetrics and Gynecology Resident Research Award  
Boston Medical Center, Boston, MA

2014 – 2018            Medical Educator's Teaching Award  
Boston Medical Center, Boston, MA

2017                    Ryan Program Resident Award for Excellence in Family Planning  
Boston Medical Center, Boston, MA

2014                    Senior Prize in Obstetrics, Gift of Edwin C. Garvin, MD  
Case Western Reserve University, Cleveland, OH

2013                    Cleveland Society of Obstetricians and Gynecologists Medical Student Award  
Cleveland, OH

2006 - 2007            Barry M. Goldwater Scholarship  
University of Maryland, College Park, College Park, MD

2003 - 2007            Maud & Walter McCormack and Grace McCormack Scholarship  
University of Maryland, College Park, College Park, MD

2003 - 2007            University of Maryland, President's Scholarship  
University of Maryland, College Park, College Park, MD

### **Publications**

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*Peer-reviewed articles*



1. Rajagopal A, Rao AU, Amigo J, Tian M, Upadhyay SK, Hall C, **Uhm S**, Mathew MK, Fleming MD, Paw BH, Krause M, and Hamza I. Haem homeostasis is regulated by the conserved and concerted functions of HRG-1 proteins. 2008 Jun 19;453(7198):1127-31. PMID: 18418376.
2. Fathi AH, **Uhm S**, Hardacre JM. Organ-sparing pancreatectomy for synchronous pancreatic intraductal papillary mucinous neoplasms. Am Surg. 2014 Dec;80(12):E339-41. PMID: 25513902.
3. **Uhm S** and Perriera L. Hormonal contraception as treatment for heavy menstrual bleeding: a systematic review. Clin Obstet Gynecol. 2014 Dec;57(4):694-717. PMID: 25314086.
4. **Uhm S**, Pope R, Schmidt A, Bazella C, Perriera L. Home or office etonogestrel implant insertion after pregnancy: A randomized trial. Contraception 2016 Nov;94(5):567-571. PMID: 27373542.
5. Matulich MC, Chen MH, Schimmoeller NR, Hsia JK, **Uhm S**, Wilson MD, Creinin MD. Referral center experience with non-palpable contraceptive implant removals. Obstet Gynecol 2019 Sept; 134(4):801-806. PMID: 31503148.

*Non peer-reviewed articles*

1. **Uhm S**, Creinin MD. 2018 Update on Contraception. OBG Management 2018;30:32-9.
2. Culwell K and **Uhm S**: F1000Prime Recommendation of [Archer DF et al., Lancet Glob Health 2019 7(8):e1054-e1064]. In F1000Prime, 15 Oct 2019.
3. Culwell K and **Uhm S**: F1000Prime Recommendation of [Thompson I et al., Contraception 2019 100(3):219-221]. In F1000Prime, 20 Nov 2019.

*Oral Abstract Presentations*

1. **Uhm S**, Pope R, Schmidt A, Bazella C, Perriera L. Home or office etonogestrel implant insertion after pregnancy: A randomized trial, 2015 ACOG Annual Clinical and Scientific Meeting, San Francisco, CA, May 5, 2015.
2. **Uhm S**, Gujral H, Wright KN, Wright V. Subcutaneous emphysema in laparoscopic surgery. The 45<sup>th</sup> AAGL Global Congress of Minimally Invasive Gynecology, Orlando, FL, Nov 17, 2016.

*Poster Abstract Presentations*

1. **Uhm S**, Shah A, White, KO. Women's preferences for prenatal contraceptive counseling. North American Forum on Family Planning, New Orleans, LA, Oct 19-21, 2018.
2. Matulich MC, Chen MJ, Schimmoeller NR, Hsia JK, **Uhm S**, Creinin MD. Non-palpable contraceptive implant removals: experience from a referral center. American College of Obstetricians and Gynecologists 2019 Annual Clinical meeting, May 3-6, 2019, poster presentation (Obstet Gynecol 2019;133(suppl):171S).

## Research Grant Awards

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Source Grant Number	Grant Title	Role in Project and Percentage of Effort	Years Inclusive	Direct dollars
Society of Family Planning Research Fund SFPRF19-01	Cervical preparation with mifepristone prior to osmotic dilators: A randomized, double-blind, placebo-controlled pilot study	Principal Investigator 50%	2019 – present	\$14,993

## Presentations and Lectureships

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2015	Boston Medical Center, Boston, MA Department of Obstetrics and Gynecology Grand Rounds: Immediate postpartum LARCs
2019	UCSF Fresno, Fresno, CA Department of Obstetrics and Gynecology Grand Rounds: First and Second Trimester Abortions: The how and why of D&Cs and D&Es and Complications of Surgical Abortion

## Professional Development

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2016	Peer Support Training Session, Peer Connection Program Boston Medical Center, Boston, MA
2019	Questionnaire Design for Social Surveys. Course by University of Michigan on Coursera. Course Certificate earned on September 26, 2019.
2019	Qualitative Research Methods. Course by University of Amsterdam on Coursera. Course Certificate earned on October 16, 2019.

## Professional Society Memberships

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2014 – present	The American College of Obstetricians and Gynecologists
2018 – present	Society of Family Planning
2018 – present	National Abortion Federation

## Teaching Activities

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2018 – 2019	Facilitator, UC Davis Medical School, Individualized papaya workshop for fourth-year medical student family planning Acting Interns
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2018 – 2019 Facilitator, UC Davis Medical School, Learning breast and pelvic exams with standardized patients  
2019 Facilitator, UC Davis Medical School, Contraception Team Based Learning  
2019 Facilitator, UCSF Fresno Medical School, Papaya workshop for residents and medical students

### **Community/Volunteer Activities**

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2018 Volunteer speaker, UC Davis MSFC and LSRJ: Reproductive Justice Panel  
2019 Volunteer speaker, UC Davis Medical School event with MSFC: “Abortion Law: Where we currently stand”  
2019 Preceptor, Paul Hom Student-Run Free Clinic, UC Davis Medical School



# AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

**Name and Mailing Address**

SUJI UHM  
LIMITED TO OFFICIAL GOVERNMENT DUTIES  
ON  
UC DAVIS HEALTH  
4860 Y ST STE 2500  
SACRAMENTO, CA 95817-2309

**Primary Office Address**

SAME AS MAILING ADDRESS

**Birth date** [REDACTED] 1985

**Phone** UNKNOWN

**Physician's major professional activity**

OFFICE BASED PRACTICE

**Self-designated practice specialty**

OBSTETRICS & GYNECOLOGY (primary)  
UNSPECIFIED (secondary)

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

**AMA membership status** NON MEMBER

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

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1992123103	04/03/2014	NOT RPTD	NOT RPTD	NOT RPTD	11/15/2019

**Current and/or historical medical school**

CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE



Degree Awarded: YES  
Degree Year: 2014

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

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

*Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.*

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

*If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.*

**Sponsoring Institution:** BOSTON MEDICAL CENTER  
**Sponsoring State:** MASSACHUSETTS  
**Program name:** BOSTON UNIVERSITY MEDICAL CENTER PROGRAM  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Training Type:** SPECIALTY  
**Dates:** 6/2014 - 6/2018 (Verified)

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0**

### Specialty Board Certification

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

*The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-*



approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.  
 Certificate:  
 Certificate type:

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
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For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2019 American Board of Medical Specialties. All right reserved.

**Current and/or historical medical licensure**

License No.	MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
A00154345	MD	CA	02/27/2018	07/31/2021		ACTIVE	UNLTD	11/05/2019
260015	MD	MA	05/28/2014	07/01/2018		INACTIVE	LTD	07/03/2018

**Action Notifications**

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

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

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

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

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX880	22N 33N 4 5	05/31/2021	11/18/2019	Limited To Official Government Duties On



DEA number	Schedule	Expiration Date	Last Reported Date	Address
				Uc Davis Health 4860 Y St Ste 2500 Sacramento, CA 95817-2309

*Only the last three characters of active DEA numbers are displayed*

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

### ECFMG Certification

Applicant Number:

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

### Profile Information

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

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

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

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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:12/5/2019

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**PRACTITIONER INFORMATION**

Name: Uhm, Suji  
 DOB: █████ 1985  
 Medical School: Case Western Reserve University School of Medicine  
 Cleveland, Ohio, UNITED STATES  
 Year of Grad: 2014  
 Degree Type: MD

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**BOARD ACTIONS**

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

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1992123103	Individual			07/18/2018

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Reported
CALIFORNIA	A-154345	02/27/2018	07/31/2021	12/04/2019
MASSACHUSETTS	260015	05/28/2014	07/01/2018	06/25/2018

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**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
FU7453880	22N 33N 4 5	SACRAMENTO, CA 95817	05/31/2021	10/15/2019



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**PRACTITIONER PROFILE**

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Prepared for:	New Mexico Medical Board	As of Date:12/5/2019
Practitioner Name:	Uhm, Suji	

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**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**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.

## MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: A 154345

**NAME:** UHM, SUJI  
**LICENSE TYPE:** PHYSICIAN AND SURGEON A  
**PRIMARY STATUS:** LICENSE RENEWED & CURRENT  
**SCHOOL NAME:** CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE  
**GRADUATION YEAR:** 2014  
**ADDRESS OF RECORD**  
4860 Y ST STE 2500  
SACRAMENTO CA 95817-2307  
SACRAMENTO COUNTY

**ISSUANCE DATE**  
FEBRUARY 27, 2018  
**EXPIRATION DATE**  
JULY 31, 2021  
**CURRENT DATE / TIME**  
DECEMBER 16, 2019  
12:00:07 PM

### PUBLIC RECORD ACTIONS

- › ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

**PUBLIC DOCUMENTS**

› DOCUMENTS (NO RECORDS)

**SURVEY INFORMATION**

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

<b>ARE YOU RETIRED?</b>	NO
<b>ACTIVITIES IN MEDICINE</b>	OTHER - 1-9 HOURS RESEARCH - 1-9 HOURS PATIENT CARE - 30-39 HOURS TELEMEDICINE - 1-9 HOURS TEACHING - 1-9 HOURS ADMINISTRATION - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 95817 COUNTY - SACRAMENTO
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE PRACTICE LOCATION</b>	ZIP - 95817 COUNTY - SACRAMENTO
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	FELLOW
<b>AREAS OF PRACTICE</b>	OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	NONE
<b>POSTGRADUATE TRAINING YEARS</b>	4 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE



PO Box 92200  
 Albuquerque, NM 87199-2200  
 7471 Pan American Freeway NE 87109  
 Phone: (505) 343-0070  
 Toll free: (866) 908-0070  
 Fax: (505) 346-0288  
[www.nmhsc.com](http://www.nmhsc.com)  
[www.lacredentials.com](http://www.lacredentials.com)



**Verification of Licensure (Telephone Verification)**

Practitioner Name: Suji Uhm MD DocCode: 58354  
 Name of Licensing Board: Massachusetts Board of Registration in Medicine  
 Verification Provided By: Robbie Pacini, Office Support Specialist  
Name and title of licensing board representative  
 Telephone Number: 781-876-8230

The following information was obtained regarding the practitioner referenced above:

License Type: Medicine- Limited License State: Massachusetts  
e.g. Medicine, Nursing, Social Work e.g. New Mexico, Louisiana  
 License Number: 260015  
 Issue Date: 5/28/2014 Expiration Date: 7/1/2018  Unable to confirm dates  
MM/DD/YYYY MM/DD/YYYY

License Status:

- Current and in good standing
- Inactive
- Expired
- Null and void
- Pending
- Temporary
- Other \_\_\_\_\_
- Derogatory information/sanctions reported (Describe below)

**Verification Obtained By:**

Analyst Name: Martin D Caller Analyst Signature: Martin D Caller Date Verified: 1/3/20

This telephone verification was obtained by member of our credentialing staff through direct contact with the licensing board representative listed above. This verification is an accurate reflection of the responses provided in answer to the questions and constitutes primary source verification of the practitioner's license status.



PO Box 92200  
Albuquerque, NM 87199-2200  
7471 Pan American Freeway NE 87109  
Phone: (505) 346-0222  
Toll free: (866) 908-0070  
www.nmhsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Suji Uhm MD  
From: Family Planning Division  
4860 Y St Ste 2500  
Sacramento, CA 95814

SSN: \*\*\*-\*\*-0125 Year of birth: 1985  
Fax: 9167346666  
58354

HSC  
12/26/2019  
CVS

- Evaluation based on:  Observation of Applicant  Review of Credentialing/Personnel File
- Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) active fellow
- Specialty or Department: OB/GYN Family Planning
- Status: (Temporary, Permanent, Provisional) PERMANENT
- Dates of Membership/Employment as Reported by Practitioner: From: 7/1/2018 To: 6/30/2020  
\*In the event the To date is blank, it is assumed this date to be current.  
If these dates are not correct, please provide the correct dates: From: \_\_\_\_\_ To: \_\_\_\_\_
- Termination:  Voluntary  Involuntary If involuntary, provide details on a separate sheet.
- Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No  Yes \_\_\_\_\_ Please provide details on a separate attached sheet.
- Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No  Yes \_\_\_\_\_ Please provide details on a separate attached sheet.
- Has your Executive Committee for any reason ever disciplined this practitioner? No  Yes \_\_\_\_\_ Please provide details on a separate attached sheet.
- Has this practitioner been a member in good standing on your staff? No \_\_\_\_\_ Yes  Please provide details on a separate attached sheet.

Would Recommend  Would Not Recommend Current Staff:  Yes  No

Comments: \_\_\_\_\_

Signature: [Signature] Date: 12/23/19  
 Print Name: Hon. Melay Title: Assoc Professor

Please return this information to the attention of:

Hospital Services Corporation  
Credentials Verification Services  
P.O. Box 92200 Albuquerque, NM 87199-2200  
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287



PO Box 92200  
Albuquerque, NM 87199-2200  
747.1 Pan American Freeway NE 87109  
Phone: (505) 346-0222  
Toll-free: (866) 908-0070  
www.nmhsc.com

MEDICAL EDUCATION VERIFICATION

Case Western Reserve University  
School of Medicine  
2109 Adelbert Rd.  
Cleveland, OH 44106

Re: Suji Uhm MD  
Other names:  
Doctor of Medicine  
Not Specified  
SSN: \*\*\*-\*\*-0125

Grad Year: 2014

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

Please include the dean's letter (if available) and a COPY OF OFFICIAL TRANSCRIPT (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations).

APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY

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

Enrollment and Participation: Our records indicate that Suji Uhm MD attended our medical school on the following dates (indicate the month, day and year in the section below):

Attendance Dates:

From	To	From	To
07/10/09	06/30/10	7/1/13	5/18/14
8/16/10	10/30/11	1/1	1/1
7/1/11	10/30/12	1/1	1/1

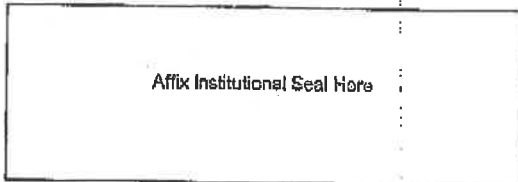
The applicant attended 180 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check one:  Was awarded a degree in Doctor of Medicine on 5/18/2014  
 Was NOT awarded degree. Please explain reason(s):

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

- 1. Did the applicant take any leaves of absence or breaks from his/her medical education? Yes  No
- 2. Was the applicant ever placed on probation? Yes  No
- 3. Was the applicant ever disciplined or under investigation? Yes  No
- 4. Were any negative reports ever filed by instructors regarding the applicant? Yes  No

Comments:



Signature: Su Yan Scott  
Print name: Su Yan Scott  
Title: Registrar  
Date: 1/7/2020

International medical schools must attach a copy of the medical school diploma and a transcript or provide an explanation.



SCHOOL OF MEDICINE  
CASE WESTERN RESERVE  
UNIVERSITY

Office of the Registrar  
Sears Tower, T-408

10900 Euclid Avenue  
Cleveland, Ohio 44106-4968

phone 216.368.6137  
fax 216.368.4621  
som-registrar@case.edu  
casemed.case.edu/registrar

January 7, 2020

Hospital Services Corporation  
Credentials Verification Services  
P.O. Box 92200  
Albuquerque, NM 87199-2200

Re: Suji Uhm, M.D., Class of 2014

To Whom It May Concern,

Please accept this letter as verification that Dr. Suji Uhm was enrolled as a full-time student at Case Western Reserve University School of Medicine beginning July 10, 2009. She graduated in good academic standing with a Doctor of Medicine degree on May 18, 2014

Suji Uhm was granted an approved extension for Graduate Studies from Fall 2012 – Spring 2013.

Please contact the Office of the Registrar in the School of Medicine if you require any additional information.

Sincerely,

A handwritten signature in blue ink that reads "Siu Yan Scott".

Siu Yan Scott  
Registrar  
School of Medicine

KAA

Student ID: 3216801  
SSN: XXX-XX-0125  
Student Name: Sujji Uhm

Official Transcript

**Degrees/Credentials Earned**

Degree/Credential: Master of Public Health  
Date Awarded: 08/15/2014

Term GPA:	4.000	Term Totals	12.00	Earned	12.00	Avg	12.00	Points	48.000
Cum GPA:	4.000	Cum Totals	21.00	Earned	21.00	Avg	21.00	Points	84.000

**Academic Program History**

Program: Graduate Studies Nondegree  
Discontinued

Program: Public Health (MPH)  
Completed Program  
Public Health (MPH-B) Masters

Course	Description	Attempt	Earned	Grade	Points
MPHP 429	Intro to Environmental Health	3.00	3.00	A	12.000
MPHP 439	Public Health Mgmt and Policy	3.00	3.00	A	12.000
MPHP 499	Independent Study	3.00	3.00	A	12.000
MPHP 507	Building a Public Health Proj	0.00	0.00	P	0.000
MPHP 652	Public Health Capstone	4.00	4.00	P	0.000
EPBI 450	Clinic Trials & Intervent Sty	3.00	3.00	A	12.000

**Transfer Credits**

Transfer Credit from Case Western Reserve University  
Applied Toward Graduate Studies Nondegree

Course	Description	Attempt	Earned	Grade	Points
MPHP 405	Statistical Mthds in Pub Hlth	3.00	3.00	A	12.000

Term GPA:	4.000	Term Totals	16.00	Earned	16.00	Avg	12.00	Points	48.000
Cum GPA:	4.000	Cum Totals	37.00	Earned	37.00	Avg	37.00	Points	132.000

Course GPA:	4.00	Transfer	3.00	Earned	3.00	Points	12.000
Totals:							

Transfer Credit from Case Western Reserve University  
Applied Toward Graduate Studies Nondegree

Course	Description	Attempt	Earned	Grade	Points
MPHP 411	Intro to Health Behavior	3.00	3.00	A	12.000

Course	Description	Attempt	Earned	Grade	Points
MPHP 652	Public Health Capstone	2.00	2.00	P	0.000
MPHP 650	Public Health Practicum	3.00	3.00	P	0.000

Term GPA:	0.000	Term Totals	5.00	Earned	5.00	Avg	0.00	Points	0.000
Cum GPA:	4.000	Cum Totals	42.00	Earned	42.00	Avg	42.00	Points	132.000

Course GPA:	4.00	Transfer	3.00	Earned	3.00	Points	12.000
Totals:							

Transfer Credit from Case Western Reserve University  
Applied Toward Graduate Studies Nondegree

Course	Description	Attempt	Earned	Grade	Points
MPHP 406	Hist & Phil of Public Health	3.00	3.00	A	12.000
MPHP 506	The Future of Public Health	0.00	0.00	P	0.000

Career Totals	Cum GPA:	4.000	Cum Totals	42.00	Earned	42.00	Avg	33.00	Points	132.000
---------------	----------	-------	------------	-------	--------	-------	-----	-------	--------	---------

Total Credits Earned: 42.00

End of Graduate Record

**Beginning of Graduate Record**

Course	Description	Attempt	Earned	Grade	Points
EPBI 414	Intr to Statistical Computing	3.00	3.00	A	12.000
EPBI 515	Large Health Care Data Bases	3.00	3.00	A	12.000
MPHP 468	Cont Improvement of Healthcare	3.00	3.00	A	12.000
MPHP 483	Intro to Epi for Public Health	3.00	3.00	A	12.000

**Recipient:**

This official transcript is printed on light blue security paper, does not require a raised seal, and is issued in a sealed envelope, unless the address field at the bottom indicates Issued Directly to Student. The Registrar's signature must appear below. See reverse side for transcript key and authenticity confirmation information.

Hospital Services Corporation  
Credentials Verification Services  
P.O. Box 92200  
Albuquerque NM 87199-2200



*Amy Hammett*  
Amy Hammett  
University Registrar



TO VERIFY: TRUE WATERMARK MUST BE VISIBLE FROM BOTH SIDES OF TRANSCRIPT WHEN HELD TOWARD LIGHT SOURCE



# CASE WESTERN RESERVE UNIVERSITY

A BLACK AND WHITE TRANSCRIPT IS NOT OFFICIAL  
TRANSCRIPT KEY PRINTED ON BACK

OFFICE OF THE UNIVERSITY REGISTRAR • CLEVELAND, OHIO 44106-7042 • registrar@case.edu

Student ID: 3216801  
SSN: XXX-XX-0125  
Student Name: Suji Uhm

Official Transcript

Page 1 of 2  
01/09/2020

### Degrees/Credentials Earned

Degree/Credential: Doctor of Medicine  
Date Awarded: 05/18/2014

### Academic Program History

Program: Doctor of Medicine  
Completed Program

### Beginning of Medicine Record

Course	Description	Attempt	Earned	Grade	Points
MEDS 1000	Becoming a Doctor	5.00	5.00	AE	0.000
Crse Topic:	Epidemiology & Biostatistics				
Crse Topic:	Population Medicine				
Crse Topic:	Ethics				
Crse Topic:	Systems of Care				
Crse Topic:	Patient Safety				
Crse Topic:	Health Quality				
Crse Topic:	Medical Informatics				
Crse Topic:	Structure:Anat, Histopath, Rad				
Crse Topic:	Foundations of Clinical Med				
Crse Topic:	Professional Learning Plans				
MEDS 1001	The Human Blueprint	11.00	11.00	AE	0.000
Crse Topic:	Endocrinology				
Crse Topic:	Reproductive Biology				
Crse Topic:	Development				
Crse Topic:	Genetics				
Crse Topic:	Molecular Biology				
Crse Topic:	Cancer Biology				
Crse Topic:	Structure:Anat, Histopath, Rad				
Crse Topic:	Foundations of Clinical Med				
Crse Topic:	Professional Learning Plans				
Term GPA:	0.000	Term Totals	16.00	16.00	0.000
Cum GPA:	0.000	Cum Totals	16.00	16.00	0.000

### Spr 2010

Course	Description	Attempt	Earned	Grade	Points
MEDS 1002	Food to Fuel	11.00	11.00	AE	0.000
Crse Topic:	Gastroenterology				
Crse Topic:	Nutrition				
Crse Topic:	Metabolism				
Crse Topic:	Biochemistry				
Crse Topic:	Structure:Anat, Histopath, Rad				
Crse Topic:	Foundations of Clinical Med				
Crse Topic:	Professional Learning Plans				
MEDS 1003	Homeostasis	14.00	14.00	AE	0.000
Crse Topic:	Cardiovascular				
Crse Topic:	Pulmonary				
Crse Topic:	Renal				
Crse Topic:	Cell Regulation				
Crse Topic:	Pharmacology				
Crse Topic:	Cell Physiology				
Crse Topic:	Structure:Anat, Histopath, Rad				
Crse Topic:	Foundations of Clinical Med				

### Recipient:

Hospital Services Corporation  
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P.O. Box 92200  
Albuquerque NM 87199-2200

Course	Description	Attempt	Earned	Grade	Points
Crse Topic:	Professional Learning Plans	1.00	1.00	AE	0.000
MEDS 1005	Portfolio I	1.00	1.00	AE	0.000
MEDS 9021	Medical Spanish II - Advanced				

Term GPA:	0.000	Term Totals	27.00	27.00	0.000
Cum GPA:	0.000	Cum Totals	43.00	43.00	0.000

### Fall 2010

Course	Description	Attempt	Earned	Grade	Points
MEDS 2001	Host Defense & Host Response	13.00	13.00	AE	0.000
Crse Topic:	Host Defense				
Crse Topic:	Hematology				
Crse Topic:	Dermatology				
Crse Topic:	Rheumatology				
Crse Topic:	Structure:Anat, Histopath, Rad				
Crse Topic:	Foundations in Clinical Med				
Crse Topic:	Professional Learning Plans				
Crse Topic:	Microbiology				

Term GPA:	0.000	Term Totals	13.00	13.00	0.000
Cum GPA:	0.000	Cum Totals	56.00	56.00	0.000

### Spr 2011

Course	Description	Attempt	Earned	Grade	Points
MEDS 2002	Cognition, Sensation & Movement	14.00	14.00	AE	0.000
Crse Topic:	Neuroscience				
Crse Topic:	The Mind				
Crse Topic:	Musculoskeletal				
Crse Topic:	Cellular Neurophysiology				
Crse Topic:	Structure:Anat, Histopath, Rad				
Crse Topic:	Foundations in Clinical Med				
Crse Topic:	Professional Learning Plans				
MEDS 2005	Portfolio II	1.00	1.00	AE	0.000
CORE 3300B	Basic Core III at MetroHealth	0.00	0.00	AE	0.000
CORE 3301B	Neuroscience	3.00	3.00	COM	0.000
CORE 3302B	Psychiatry	3.00	3.00	H	0.000

Term GPA:	0.000	Term Totals	21.00	21.00	0.000
Cum GPA:	0.000	Cum Totals	77.00	77.00	0.000

### Fall 2011

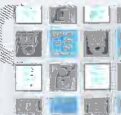
Course	Description	Attempt	Earned	Grade	Points
CORE 3100A	Basic Core I at UHVA	0.00	0.00	AE	0.000
CORE 3102A	Internal Medicine	8.00	8.00	COM	0.000
CORE 3103A	Surgery	8.00	8.00	COM	0.000
CORE 3205K	Family Medicine	3.00	3.00	H	0.000
CORE 3203K	Pediatrics	5.00	5.00	H	0.000
CORE 3202K	Obstetrics & Gynecology	4.00	4.00	H	0.000
CORE 3200K	Basic Core II at Kaiser Perm	0.00	0.00	AE	0.000

Term GPA:	0.000	Term Totals	28.00	28.00	0.000
Cum GPA:	0.000	Cum Totals	105.00	105.00	0.000

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*Amy Hammett*  
Amy Hammett  
University Registrar



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# CASE WESTERN RESERVE UNIVERSITY

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OFFICE OF THE UNIVERSITY REGISTRAR • CLEVELAND, OHIO 44106-7042 • registrar@case.edu

Student ID: 3216801  
SSN: XXX-XX-0125  
Student Name: Suji Uhm

Official Transcript

Page 2 of 2  
01/09/2020

**Career Totals**  
Cum GPA: 0.000 Cum Totals 153.00 153.00 0.00 0.000  
Total Credits Earned: 153.00

**Spr 2012**

Course	Description	Attmpt	Earned	Grade	Points
MEDS 4004M	Readings in Medicine	1.50	1.50	AE	0.000
RBIO 4001A	Gyn Surgical Subspecialties	3.00	3.00	H	0.000
<b>End of Medicine Record</b>					
Term GPA:	0.000	Term Totals	4.50	4.50	0.00
Cum GPA:	0.000	Cum Totals	109.50	109.50	0.000

**Fall 2012**

Course	Description	Attmpt	Earned	Grade	Points
MEDS 3000M	Independent Study in Medicine	6.00	6.00	AE	0.000
MEDS 4006M	Develop IQ Facilitation Skills	1.50	1.50	H	0.000
Term GPA:	0.000	Term Totals	7.50	7.50	0.00
Cum GPA:	0.000	Cum Totals	117.00	117.00	0.000

**Spr 2013**

Course	Description	Attmpt	Earned	Grade	Points
MEDS 3000M	Independent Study in Medicine	6.00	6.00	AE	0.000
RBIO 4005A	Gynecologic Oncology A.I.	3.00	3.00	H	0.000
Term GPA:	0.000	Term Totals	9.00	9.00	0.00
Cum GPA:	0.000	Cum Totals	126.00	126.00	0.000

**Fall 2013**

Course	Description	Attmpt	Earned	Grade	Points
FAMD 4004M	Women's Health	3.00	3.00	COM	0.000
RESC 5000M	Research & Scholarship	12.00	12.00	AE	0.000
RADI 4007A	Abdominal Imaging	3.00	3.00	H	0.000
RBIO 4003A	Repro Endocrin & Infertility	1.50	1.50	COM	0.000
CARD 4001M	Cardiac (EKG)	1.50	1.50	AE	0.000
ANES 4002C	Anesthesiology & Perioperative	1.50	1.50	COM	0.000
Term GPA:	0.000	Term Totals	22.50	22.50	0.00
Cum GPA:	0.000	Cum Totals	148.50	148.50	0.000

**Spr 2014**

Course	Description	Attmpt	Earned	Grade	Points
FAMD 4000B	Family Medicine A.I.	3.00	3.00	COM	0.000
EMMD 4100E	Emergency/Undifferentiated Cr	1.50	1.50	H	0.000
Term GPA:	0.000	Term Totals	4.50	4.50	0.00
Cum GPA:	0.000	Cum Totals	153.00	153.00	0.000

Recipient:

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*Amy Hammett*  
Amy Hammett  
University Registrar



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# CASE WESTERN RESERVE UNIVERSITY

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Student ID: 3216801  
SSN: XXX-XX-0125  
Student Name: Suji Uhm

Official Transcript

Page 1 of 1  
01/09/2020

Beginning of Nondegree Record

Fall 2009

Course	Description	Attmpt	Earned	Grade	Points
MPHP 405	Statistical Mthds in Pub Hlth	3.00	3.00	A	12.000
Term GPA:	4.000	Term Totals	3.00	3.00	12.000
Cum GPA:	4.000	Cum Totals	3.00	3.00	12.000

Spr 2010

Course	Description	Attmpt	Earned	Grade	Points
MPHP 411	Intro to Health Behavior	3.00	3.00	A	12.000
Term GPA:	4.000	Term Totals	3.00	3.00	12.000
Cum GPA:	4.000	Cum Totals	6.00	6.00	24.000

Fall 2010

Course	Description	Attmpt	Earned	Grade	Points
MPHP 406	Hist & Phil of Public Health	3.00	3.00	A	12.000
MPHP 506	The Future of Public Health	0.00	0.00	P	0.000
Term GPA:	4.000	Term Totals	3.00	3.00	12.000
Cum GPA:	4.000	Cum Totals	9.00	9.00	36.000

Career Totals	Attmpt	Earned	Avg	Points
Cum GPA: 4.000	Cum Totals 9.00	9.00	9.00	36.000

Total Credits Earned: 9.00

End of Nondegree Record  
End of Transcript

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Amy Hammitt  
University Registrar



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PO Box 92200  
Albuquerque, NM 87199-2200  
7471 Pan American Freeway NE 87109  
Phone: (505) 346-0222  
Toll free: (866) 908-0070  
www.nmhsc.com

POSTGRADUATE TRAINING VERIFICATION

Boston University Medical Center  
Obstetrics and Gynecology Residency Program  
85 E Concord Street 6th Floor  
  
Boston, MA 02118  
6174147300

Re: Suji Uhm MD  
Other names:  
Residency  
Obstetrics/Gynecology  
SSN: \*\*\*-\*\*-0125  
Grad Year: 2018

This section is to be completed by the office of the Administrator of the institution or program where the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United State or Canada.

This is to certify that: Suji Uhm MD undertook and satisfactorily completed a full term approved program of  
48 (number) months at Boston University Medical Center 85 E Concord Street 6th Floor Boston, MA 02118  
in the field of OB/GYN from 6/1/2014 (mo/day/yr) to 6/1/2018 (Date/Anticipated Date)

- 1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada? Yes  No
- 2. Was applicant ever placed on probation, restricted, or limited? Yes  No  if yes, please attach written explanation.
- 3. Was there any reason not to continue applicant in the training program? Yes  No  If yes, please attach written explanation.
- 4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes  No  If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all of the following:

- \* The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
- \* The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and
- \* The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

- 5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes  No  If yes, please attach written explanation.
- 6. Were applicant's final evaluations in every category (rated satisfactory)? Yes  No  If no, please attach written explanation.

Shirley Cole-Wornum Shirley Cole-Wornum 12/16/19  
Print name of person completing this form Signature Date

Shirley Cole-Wornum 12/16/19  
Signature of Notary Date  
My commission expires: 04/10/2020

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Please complete this form and forward it to:

Hospital Services Corporation  
Credentials Verification Services  
P.O. Box 92200 Albuquerque, NM 87199-2200  
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006

**SHIRLEY E. COLE-WORNUM**  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
April 10, 2020



PO Box 92200
Albuquerque, NM 87199-2200
7471 Pan American Freeway NE 87109
Phone: (505) 346-0222
Toll free: (866) 908-0070
www.nmhsc.com

POSTGRADUATE TRAINING VERIFICATION

UC Davis Health System
OB/GYN Department of Obstetrics and Gynecology
4860 Y Street Suite 2500
Sacramento, CA 95817
9167346666

Re: Suji Uhm MD
Other names:
Fellowship
Obstetrics/Gynecology
SSN: \*\*\*-\*\*-0125
Grad Year: 2020

This section is to be completed by the office of the Administrator of the institution or program where the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United State or Canada.

This is to certify that: Suji Uhm MD undertook and satisfactorily completed a full term approved program of 24 (number) months at UC Davis Health System 4860 Y Street Suite 2500 Sacramento, CA 95817 in the field of OB/GYN - FAMILY PLANNING from 7/1/2018 (mo/day/yr) to 6/20/2020 (Date/Anticipated Date)

- 1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada? Yes \_\_\_ No [X]
2. Was applicant ever placed on probation, restricted, or limited? Yes \_\_\_ No [X] if yes, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? Yes \_\_\_ No [X] If yes, please attach written explanation.
4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes \_\_\_ No [X] If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all of the following:

- \* The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
\* The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and
\* The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

- 5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes \_\_\_ No [X] If yes, please attach written explanation.
6. Were applicant's final evaluations in every category rated satisfactory? Yes \_\_\_ No \_\_\_ If no, please attach written explanation.

FINAL EVAL COMPLETE & APPLICANT ON TARGET MEET OR EXCEED PERFORM GUIDELIN

REBECCA SARTEURN
Print name of person completing this form

Signature

12/20/2019
Date



Signature of Notary
Date
My commission expires:

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## 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

**Recipient:** NEW MEXICO MEDICAL BOARD

**Date:** 12/07/2019

**Examinee:** Uhm, Suji  
**Alt Name(s):**

**Examinee ID:** 5-253-470-8  
**Date of Birth:** [REDACTED] 1985

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
04/23/2011	Pass	252	(188)	

### USMLE STEP 2

#### *Clinical Knowledge (CK)*

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/16/2012	Pass	255	(189)	

#### *Clinical Skills (CS)*

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/25/2012	Pass			

### USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/03/2015	Pass	222	(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.



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Federation of State Medical Boards of the United States, Inc. (FSMB)  
400 Fuller Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Uhm, Suji

Examinee ID: 5-253-470-8

Date of Birth: [REDACTED] 1985

### 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

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