~~#~~ 151846

State Medical Board of Ohio

State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215
(614) 466-3934 med.ohio.gov

Ohio Physician Licensure Application

1. ***Indicate License Type*** (●) M.D. ( ) D.O. ( ) M.D. Telemedicine ( ) D.O. Telemedicine

2. ***Name: Indicate your full legal name. Please list any maiden names or other names used.***

Last	First	Middle	Suffix
DiNapoli	Marianne	Nicole	

Maiden Name:

All other names used:

3. ***Contact Information:*** *Please complete all sections*

Indicate which address you wish to use for mailings from the Medical Board. ( ) Practice Address (●) Home Address

Practice Address

Street 1: 622 W 168th St. Phone Number: 212 305 2376

Street 2: PH-16 Fax Number: 212 305 4672

City: New York State: NY Zip Code: 10032 email: mnd7001@nyp.org

Home Address

Street 1: 4501 Broadway Phone Number: 5185882175

Street 2: Apartment 7B Fax Number:

City: New York State: NY Zip Code: 10040 email: marianne.dinapoli@gmail.com

4. ***Identification***

Date of birth: 11/6/85 Birth City: Albany State: NY Country: USA

SSN: REDACTED

Gender: ( ) Male (●) Female

Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. §666 and §3123.50, O.R.C.). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. §11101 and 45 C.F.R. pt. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760., 4762., or 4778. O.R.C. or as otherwise required by state or federal law.

Dinapoli PE# 136470

5. Preliminary Education.

High School or equivalent: Bethlehem Central High School

City: Delmar State: NY Country: USA

Date From: 9/1999 Date To: 6/2003

OK
JM
3/8/17

Undergraduate College 1: College of the Holy Cross

City: Worcester State: MA Country: USA

Date From: 8/2003 Date To: 5/2007 Degree: BA

Undergraduate College 2:

City: State: Country:

Date From: Date To: Degree:

6. TOEFL- IBT. This section is only required to be completed by International Medical School Graduates.

The TOEFL, TWE, ECFMG's ENGLISH EXAM (PRIOR TO 7/1/98), ETC., ARE NOT EQUIVALENT AND CANNOT BE SUBSTITUTED FOR THE TOEFL-IBT.

Graduates of medical schools located outside the United States and Canada must achieve a score of at least 26 in Speaking and 26 in Listening with a total score of 90 on the TOEFL-IBT, regardless of citizenship or country of birth. Prior to July 2006 the Test of Spoken English was required with a minimum score of 40 (between 7/95 and 7/06) or 230 (prior to 7/95). The following are the only exceptions permitted under Ohio law:

○ YES ○ NO Have you completed two years of undergraduate college work in the United States?

○ YES ○ NO During the five years immediately preceding the date of your application have you:

Held a current medical license (i.e., unrestricted, training certificate, educational permit) in the United States **AND** Have you been actively practicing medicine (graduate medical education is included) in the United States?

○ YES ○ NO Have you completed a Fifth Pathway program?

○ YES ○ NO Have you passed the Clinical Skills Assessment exam given by the ECFMG on or after July 1, 1998?

If you answered 'NO' to all of the above, you are required to take the TOEFL-IBT. Please refer to the instructions for information on contacting the Educational Testing Service. The Board cannot waive this requirement.

7. Ohio Training Program.

○ YES ◉ NO Are you or will you be in an accredited training program in Ohio? If yes, please identify the program below.

Program Name:

8. Military.

○ YES ◉ NO Are you currently in the United States Military or Reserves or a Military Veteran?

○ YES ◉ NO Are you the spouse of an individual currently serving in the United States Military or Reserves?

9. Medical School: *List all medical schools you have attended, including those from which you did not graduate in chronological order. Attach and additional sheet if necessary.*

1. School Name: Columbia Univ. College of Physicians + Surgeons | Date From: 8/2009
Address: 622 W 168th St. | Date To: 5/2013
City: New York | State: NY | Zip Code: 10032 | Graduation Date: 5/22/13
Country: USA | Degree: MD

2. School Name: | Date From:
Address: | Date To:
City: | State: | Zip Code: | Graduation Date:
Country: | Degree:

10. Postgraduate Training: *List all postgraduate programs you have attended, including those you did not complete. Copy and attach additional pages if necessary.*

1. Hospital Name: New York - Presbyterian Hospital - Columbia | Date From: 7/1/13
Address: 622 W. 168th St. PH16 | Date To: 6/16/17
City: New York | State: NY | Zip Code: 10032
Country: USA
Department/Specialty: OB/GYN
Successfully Completed? ○ Yes ○ No
↳ N/A - current PGY4
PGY ○ 1 ○ 2 ○ 3 ● 4 ○ 5 ○ other
PGT ○ Internship ● Residency ○ Fellowship ○ Research ○ other

2. Hospital Name: | Date From:
Address: | Date To:
City: | State: | Zip Code:
Country:
Department/Specialty:
Successfully Completed? ○ Yes ○ No
PGY ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ other
PGT ○ Internship ○ Residency ○ Fellowship ○ Research ○ other

3. Hospital Name: | Date From:
Address: | Date To:
City: | State: | Zip Code:
Country:
Department/Specialty:
Successfully Completed? ○ Yes ○ No
PGY ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ other
PGT ○ Internship ○ Residency ○ Fellowship ○ Research ○ other

MEDICAL BOARD
MAR 03 2017

4. Hospital Name | Date From
Address | Date To
City | State | Zip Code
Country | Successfully Completed? ○ Yes ○ No
Department/Specialty:

PGY ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ other

PGT ○ Internship ○ Residency ○ Fellowship ○ Research ○ other

5. Hospital Name | Date From
Address | Date To
City | State | Zip Code
Country | Successfully Completed? ○ Yes ○ No
Department/Specialty:

PGY ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ other

PGT ○ Internship ○ Residency ○ Fellowship ○ Research ○ other

11. Examination History: *List each licensure examination you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, copy and attach an additional sheet.*

Examination	Date Taken (mm,yyyy)	Pass / Fail	No. of Attempts
USMLE Step 1	02 | 2012	● Pass ○ Fail	1
USMLE Step 2 CK	10 | 2012	● Pass ○ Fail	1
USMLE Step 2 CS	09 | 2012	● Pass ○ Fail	1
USMLE Step 3	12 | 2013	● Pass ○ Fail	1
COMLEX Level 1		○ Pass ○ Fail	
COMLEX Level 2 CE		○ Pass ○ Fail	
COMLEX Level 2 PE		○ Pass ○ Fail	
COMLEX Level 3		○ Pass ○ Fail	
NBME Part I		○ Pass ○ Fail	
NBME Part II		○ Pass ○ Fail	
NBME Part III		○ Pass ○ Fail	
NBOME Part I		○ Pass ○ Fail	
NBOME Part II		○ Pass ○ Fail	
NBOME Part III		○ Pass ○ Fail	
LMCC Part I		○ Pass ○ Fail	
LMCC Part II		○ Pass ○ Fail	
FLEX Componet 1		○ Pass ○ Fail	
FLEX Componet 2		○ Pass ○ Fail	
FLEX Pre-1985		○ Pass ○ Fail	

State Board Exam	Date Taken	State taken for	No. of Attempts	Pass / Fail
				○ Pass ○ Fail

12. *ECFMG and Fifth Pathway*

Certificate Number | Issue Date

School Name | Date From
Address | Date To
City | State | Zip Code | Graduation Date
Country | Degree

13. *State or Professional Licensure:* *List all state and Canadian provinces where you currently hold or have ever held any type of medical/osteopathic license. You must complete the attached "Licensure Verification" form (Form #1) and forward it to all states in which you have held any healthcare license or certification. The verifying entity must forward all documentation directly to the Board. Some state boards charge a fee for this information. Contact the state board where you hold or held a license to determine their requirements. (Attach additional pages if necessary).*

	State / Province	License Type	License Number	License Status		Issue Date
1				○ Active	○ Inactive	
2				○ Active	○ Inactive	
3				○ Active	○ Inactive	
4				○ Active	○ Inactive	
5				○ Active	○ Inactive	
6				○ Active	○ Inactive	
7				○ Active	○ Inactive	
8				○ Active	○ Inactive	
9				○ Active	○ Inactive	
10				○ Active	○ Inactive	
11				○ Active	○ Inactive	
12				○ Active	○ Inactive	
13				○ Active	○ Inactive	
14				○ Active	○ Inactive	
15				○ Active	○ Inactive	

14. *Specialty Board Certification:* *Are you ABMS and / or AOA certified?* ○ Yes ◉ No

*If **Yes** complete information below*

Name of Board | Certificate Number | Issue Date
Name of Board | Certificate Number | Issue Date
Name of Board | Certificate Number | Issue Date

15. Chronology of Activities: *List ALL activities (medical, non-medical, and postgraduate training) in chronological order beginning with medical school graduation to the PRESENT date, using* ***MONTH*** *and* ***YEAR****. For any non-working time, you MUST state on the form exactly what your activities were, such as "vacation" or "seeking employment," as well as your permanent address. If you worked for a physician-staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses.* ***DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM****. Be sure to indicate the percentage of working time spent in clinical /administrative duties.*

Dates: From/To | Activity *(medical, non-medical and post graduate training)*

FROM: Month: 05 Year: 2013 **TO:** Month: 07 Year: 2013 ○ In Progress

Activity/Employer Name *(Non-Working*)*: *vacation

Activity Address: 4501 Broadway #713

City: New York State: NY Zip Code: 10040

Position / Department:

Percent Clinical: Percent Administrative:

○ Employment ○ Staff Privileges ○ Administrative ○ Other, Please describe below

Dates: From/To | Activity *(medical, non-medical and post graduate training)*

FROM: Month: 07 Year: 2013 **TO:** Month: Year: ● In Progress

Activity/Employer Name *(Non-Working*)*: Residency | NY Presbyterian Hosp.

Activity Address: 622 W. 168th PH16

City: New York State: NY Zip Code: 10032

Position / Department: OB/GYN

Percent Clinical: 100 Percent Administrative: 0

● Employment ○ Staff Privileges ○ Administrative ○ Other, Please describe below

Dates: From/To | Activity *(medical, non-medical and post graduate training)*

FROM: Month: Year: **TO:** Month: Year: ○ In Progress

Activity/Employer Name *(Non-Working*)*:

Activity Address:

City: State: Zip Code:

Position / Department:

Percent Clinical: Percent Administrative:

○ Employment ○ Staff Privileges ○ Administrative ○ Other, Please describe below

Dates: From/To | Activity *(medical, non-medical and post graduate training)*

FROM: *Month* | *Year*

TO: *Month* | *Year* | ○ In Progress

Activity/Employer Name *(Non-Working*)*

Activity Address

City | State | Zip Code

Position / Department

Percent Clinical | Percent Administrative

○ Employment ○ Staff Privileges ○ Administrative ○ Other, Please describe below

Dates: From/To | Activity *(medical, non-medical and post graduate training)*

FROM: *Month* | *Year*

TO: *Month* | *Year* | ○ In Progress

Activity /Employer Name *(Non-Working*)*

Activity Address

City | State | Zip Code

Position / Department

Percent Clinical | Percent Administrative

○ Employment ○ Staff Privileges ○ Administrative ○ Other, Please describe below

16. Malpractice: *List of all claims or suits for medical malpractice made against you. A claim is any formal or informal demand for payment to any person or organization. If you do not have any such claims or suits, this section will be blank. Please provide a detailed written description of the background and medical issues involved in each case. Attach additional sheets if necessary.*

Name of patient involved: | State action took place

Name of Court | Case Number (if applicable:

Current status of claim: ○ Open (pending) ○ Closed (settled or judgment) ○ Dismissed (no money paid out)

Amount of judgment or settlement: | Amount paid on your behalf

Month and Year of incident | Month and Year of lawsuit

Insurance carrier at the time

What is / was your status: ○ Primary Defendant ○ Co-defendant ○ Other

Name of patient involved: | State action took place

Name of Court | Case Number (if applicable:

Current status of claim: ○ Open (pending) ○ Closed (settled or judgment) ○ Dismissed (no money paid out)

Amount of judgment or settlement: | Amount paid on your behalf

Month and Year of incident | Month and Year of lawsuit

Insurance carrier at the time

What is / was your status: ○ Primary Defendant ○ Co-defendant ○ Other

Ohio Addendum to Application
ADDITIONAL INFORMATION QUESTIONS

If you answer "YES" to any of the following questions, you are required to furnish complete details, including date, place, reason and disposition of the matter. All affirmative answers must be thoroughly explained on a separate sheet of paper. You must submit copies of all relevant documentation, such as court pleadings, court or agency orders, and institutional correspondence and orders. Please note that some questions require very specific and detailed information. Make sure all responses are complete.

○ Yes	● No	1. Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution?
○ Yes	● No	2. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended or terminated, been put on probation, or been requested to withdraw from or resign privileges at any hospital, nursing home, clinic, health maintenance organization, or other similar institution in which you have trained, been a staff member, or held privileges, for reasons other than failure to maintain records on a timely basis, or failure to attend staff or section meetings?
○ Yes	● No	3. Have you ever resigned from, withdrawn from, or terminated, or have you ever been requested to resign from, withdraw from, or otherwise been terminated from, a position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public?
○ Yes	● No	4. Have you ever resigned from, withdrawn from, or have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from, a medical school, clinical clerkship, externship, preceptorship, residency, or graduate medical education program?
○ Yes	● No	5. Have you ever transferred from one graduate medical education program to another?
○ Yes	● No	6. Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification?
○ Yes	● No	7. Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license, certificate or registration granted to you; placed you on probation; or imposed a fine, censure or reprimand against you?
○ Yes	● No	8. Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body; or have you ever withdrawn any application for licensure, relicensure, or examination, in any state (including Ohio), territory, province, or country?
○ Yes	● No	9. Have you ever, for any reason, been denied licensure or relicensure, application for licensure or relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country?
○ Yes	● No	10. Have you ever been requested to appear before any board, bureau, department, agency, or other body, including those in Ohio, concerning allegations against you?

○ Yes	● No	11. Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?
○ Yes	● No	12. Have you ever been notified of any investigation concerning you by any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?
○ Yes	● No	13. Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?
○ Yes	● No	14. Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?
○ Yes	● No	15. Have you ever pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders. Photocopies will not be accepted.
○ Yes	● No	16. Have you ever been arrested, forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders. Photocopies will not be accepted.
○ Yes	● No	17. Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? In addition, ask your malpractice insurance carrier(s) to provide a complete claims history report for the last 10 years to the State Medical Board of Ohio. If your current carrier has provided coverage for less than 10 years, ask your previous carrier to submit a claims history report to the Board.
○ Yes	● No	18. Have you ever been denied professional liability insurance or coverage, or had such insurance or coverage canceled, limited, or restricted in any way?
○ Yes	● No	19. Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?
○ Yes	● No	20. Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced, or terminated by the Department of Defense, the Veteran's Administration, or any of their respective components?
○ Yes	● No	21. Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

22. a) **INTENTIONALLY LEFT BLANK**

22. b) **INTENTIONALLY LEFT BLANK**

*For purposes of questions **23** and **24** the following phrases or words have the following meaning:*

***"Ability to practice as a Physician"** is to be construed to include all of the following:*

1. *The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and*
2. *The ability to communicate those judgments and medical information to patients and other health care providers; and*
3. *The physical capability to perform medical tasks such as physical examination and surgical procedures.*

***"Medical condition"** includes physiological, mental, or psychological conditions or disorders, such as but not limited to visual, speech, and hearing impairments, cerebral palsy, epilepsy, multiple sclerosis, developmental disabilities, bipolar disorder, schizophrenia, tuberculosis, substance use disorder, rheumatoid arthritis, COPD, Parkinson's disease, mild cognitive impairment, Alzheimer's disease, spinal cord injury, brain injury, amputation and paralysis.*

***PLEASE NOTE:** Simply wearing corrective lenses does not constitute a visual impairment for purpose of this question. Any materials submitted regarding your medical condition are confidential under the Board's investigative authority under Section 4731.22(F)(5), Ohio Revised Code.*

○ Yes ● No 23. In the past five years, have you been diagnosed as having, or been hospitalized for a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? You may answer "NO" to this question if you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Section 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.

○ Yes ○ No a) Are the limitations or impairment caused by your medical condition reduced or ameliorated because you receive ongoing treatment or received treatment in the past (with or without medication) or participate in a monitoring program?

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

○ Yes ○ No b) Are the limitation or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

"Chemical substances" is to be construed to include alcohol, drugs, or medications including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescribers direction, as well as those used illegally.

○ Yes ● No 24. Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?

○ Yes ○ No a) Are the limitations or impairment caused by your use of chemical substances reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

○ Yes ○ No b) Are the limitation or impairments caused by your use of chemical substances reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

For purposes of question 25 the following phrases or words have the following meaning:

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed healthcare practitioner.

○ Yes ● No 25. Are you currently engaged in the illegal use of controlled substances?

○ Yes ○ No a) If "YES," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not using illegal controlled substances.

This form must be completed if you have responded yes to Additional Information Question #I5 and/or #16.
Make additional copies of this form as needed.

Name of applicant

Date of incident

Location of Incident (City / State)

Were you arrested:

○ Yes ○ No

If the incident was alcohol-related, did you submit to a breath, blood, urine or other test to determine the amount of alcohol in your body?

If Yes, type if test and result

What offense(s) were you charged with?

Were the charges amended?:

○ Yes ○ No

If Yes, what were the final charges

Disposition:

○ Pending ○ Charges Dismissed ○ Charges Dropped ○ Conviction

○ Plea

○ Other

You must provide a detailed written explanation of the event including a description of the event, what led up to the event and what was learned. This must be described in your own words. Do not reference attached documentation. If additional space is needed, attach a separate sheet. Submit copies of the police report/arrest record, a copy of the charges or ticket, a copy of the final court disposition and any other relevant documentation.

To Mail you application:

You cannot save data typed into this form. Please print 2 copies of your completed form. Keep one copy for your records and mail the other copy to:

State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, Ohio 43215

State Medical Board of Ohio

State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215
(614) 466-3934 med.ohio.gov

Affidavit and Authorization for Release of Information: You must attach a recent (less than 6 months old) passport quality, color photograph of yourself to this form. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to this Board.

Affidavit and Authorization For Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Application for Physician Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or 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 any of its 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, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the board

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my licensure or permit to practice medicine.

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

DiNapoli
Applicant's Printed Last Name

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

2/27/17
Date of Signature

Notary Public Signature

August 18, 2020
Date Commission Expires

Subscribed and Sworn to before me on this 27 day of February ,20 17

Nurys Torres
Notary Public, State of New York
No. 01TO6191591
Qualified in Manhattan County
Commission Expires August 18, 2020

MEDICAL BOARD

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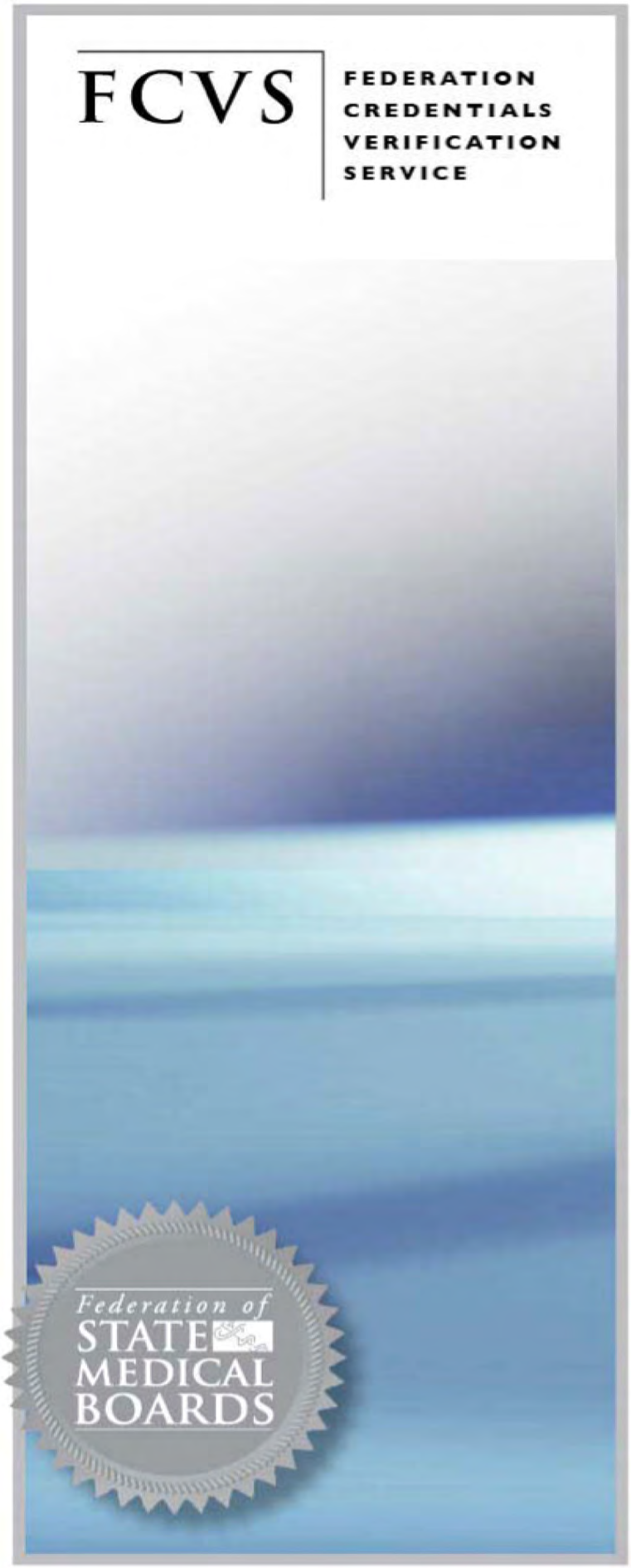

Medical Professional Information Profile

This report provides credentialing information for:

Name:	**Dinapoli, Marianne Nicole**
Social Security Number:	REDACTED
Date of Birth:	**November 06, 1985**
FID#:	**217958891**
Recipient:	**OH - State Medical Board of Ohio**
Delivery Date:	**03/20/2017**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release

Federation of STATE MEDICAL BOARDS

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, 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 Federation Credentials Verification Service or any of its 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 Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary:
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

Notary Public, State of New York
No. 01TO6191591
Qualified in Manhattan County
Commission Expires August 19, 20

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

DiNapoli
Applicant's Printed Last Name

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

2/27/17
Date of Signature (must correspond to date of notarization)

State of New York, County of New York

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 27th day of February, 2017.

Notary Public Signature: Nunzio Torres

My Notary Commission Expires: 08/18/2020

Please complete and mail this original document to the Federation of State Medical Boards at:

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

FCVS ID Number
FCVS

FID Number
217958891

217 958 891

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Identity

Federation of STATE MEDICAL BOARDS

Biographic Information

Medical professional Name(s): **Dinapoli, Marianne Nicole**

Date of Birth: November 06, 1985

Place of Birth: Albany, NY, UNITED STATES

Contact Information

Home Address: 4501 Broadway
Apartment 7B
New York, NY 10040
UNITED STATES

Mobile Phone: (518) 588-2175

Email: marianne.dinapoli@gmail.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: DiNapoli (Last) Marianne (First) Nicole (Middle)

FCVS ID Number: FCVS # 217958891

Notary – Please complete the section below:

State of New York County of New York

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 27th, of (Month) February, (Year) 2017.

Notary Public Signature: Nurys Torres

Commission Expiration Date* (Month) 08 / (Day) 08 / (Year) 2020

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.**

Notary Stamp Here

Nurys Torres
Notary Public, State of New York
No. 01TO6191591
Qualified in Manhattan County
Commission Expires August 18, 2020

Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd
Euless, TX 76039-3856

FCVS ID Number
FCVS

BC

FID Number
217958891

217 958 891

New York State Department of Health

Albany, N.Y. 12237

Certificate of Birth Registration

This certifies that a certificate of birth has been filed under the name of:

Marianne Nicole DiNapoli

Sex: Female

Born on: November 6, 1985

At: Albany , *New York*

Name of father: Michael Francis DiNapoli

Maiden name of mother: Jean Marie Calcagnino

Date filed: November 12, 1985 *Local Registration No:* 4465

Date issued: November 12, 1985

Denise C. Kelley

Registrar of Vital Statistics

Address: Room 107, City Hall, Albany, N. Y.

This notice is void if it contains any erasures or corrections.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Chronology of Activities

Federation of STATE MEDICAL BOARDS

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/20/2009	05/22/2013	Medical Education	Columbia University College of Physicians & Surgeons New York New York UNITED STATES
07/01/2013	06/16/2017	Postgraduate Training	New York Presbyterian Hospital (Columbia Campus) Program New York New York UNITED STATES

End of Chronology of Activities report for: Dinapoli, Marianne Nicole

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Education

Federation of STATE MEDICAL BOARDS

Medical Education

Medical School: **Columbia University College of Physicians & Surgeons**

Location: New York, NY

UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS | FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Medical Education

Federation of STATE MEDICAL BOARDS

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

Federation Credentials Verification Service
400 Fuller Wiser Rd
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: Columbia University College of Physicians & Surgeons

Address Line 1:
630 West 168th Street

Address Line 2:

City: New York **State/Province:** NY **Zip Code (Postal Code):** 10032

Country: US

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

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: N/A

Enrollment and Participation: Our records indicate that DiNapoli Marianne Nicole
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 160 weeks of medical education on the following dates: **From:** 08 24 09 (Month Day Year) **To:** 05 22 13 (Month Day Year)

This individual
Was awarded the degree of Doctor of Medicine on 05 22 13 (Month Day Year)
Was NOT awarded a degree because: (please explain - additional page if necessary)

Attestation

Affix Institutional Seal Here

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

Watermark
For FCVS internal use only.

SEAL VERIFIED

Name: Charles Dempsey
Signature:
Title: Assistant Dir. of Registration + Student Finan. Svcs.
Date of Signature: 03 08 17 **Phone:** (212) 342-4790
Fax: (212) 305-1590 **Email:** cumc-rfs@columbia.edu

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217 958 891

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? ___ YES ✓ NO

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved:

Personal/Family _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Academic remediation _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Health _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Financial _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Participation in joint degree

Program (e.g., MD/PhD) _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Participation in non-research special study

(e.g., fellowship, international experience) _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Participation in non-degree research _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Other _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___ ___ Approved ___ Unapproved

Please Specify:

_____

_____

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? ___ YES ✓ NO

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

Academic Probation _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___

Probation for unprofessional conduct/behavioral _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___

Probation for other reason _____ From (Mo/Yr)___/___ To (Mo/Yr)___/___

Please specify a reason:

_____

_____

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? ___ YES ✓ NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

_____

_____

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? ___ YES ✓ NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

_____

_____

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? ___ YES ✓ NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements:

_____

_____

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217958891

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Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Medical School

Medical Professional Name: Dinapoli, Marianne Nicole

Columbia University College of Physicians & Surgeons

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	**No**
Were you ever placed on probation?	**No**
Were you ever disciplined or placed under investigation?	**No**
Were any negative reports for behavioral reasons ever filed by instructors?	**No**
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	**No**

End of Applicant Reported Unusual Circumstances report for: Dinapoli, Marianne Nicole

COLUMBIA UNIVERSITY
College of Physicians and Surgeons

P&S Student Affairs
104 Haven Avenue, Suite 1103
New York, NY 10032
212.305.3806 Tel
212.305.1343 Fax

ps.columbia.edu

MEDICAL STUDENT PERFORMANCE EVALUATION

For

MARIANNE N. DINAPOLI

October, 2012

Identifying Information

Marianne DiNapoli is a candidate for the M.D. degree in the Class of 2013 at Columbia University College of Physicians & Surgeons in New York, New York.

Unique Characteristics

Marianne received her Bachelor of Arts degree in Biology with a concentration in Biochemistry from College of the Holy Cross in May, 2007. She graduated summa cum laude, and was selected for Phi Beta Kappa and Alpha Sigma Nu Jesuit Honor Society. While at Holy Cross, Marianne was a teaching assistant for three years, teaching General, Organic, and Biochemistry labs. During her junior and seniors years, she was the Program Director for Abby's House, an emergency shelter for homeless women and children, one of the sites in the Student Programs for Urban Development. This entailed her spending one night a week sleeping there as well as training and supervising 30 volunteers. Marianne also was a self-defense class instructor, designing and teaching a program for the women at Abby's House. In addition, she was active in the Holy Cross Women's Forum, organizing events that raised awareness about women's issues. Marianne also participated in a number of research projects that led to co-authorship on two publications. She worked at the Pharmaceutical Research Institute at Albany College of Pharmacy studying the efficacy of anticoagulants and platelet inhibitors in cancer induced thrombosis. During her sophomore through senior years, she did research in the Biology Department at Holy Cross investigating genes potentially involved in regulating the molecular mechanisms of circadian rhythms.

Upon graduating from Holy Cross, Marianne joined Teach for America. She was placed at Jefferson Davis High School in Houston, Texas with an extraordinarily underserved student population where she taught ninth grade physical science and eleventh grade chemistry and had superb outcomes of students achieving mastery of 80% of rigorous state standards-based objectives. During her time in Houston, Marianne also volunteered at a clinic that served primarily Spanish-speaking patients with no insurance or with Medicaid coverage. At the end of her Teach for America position, she was a Faculty Advisor to a group of incoming corps members during their summer training. During this experience Marianne became proficient in Spanish.

Throughout medical school Marianne has continued to serve the underserved. She has been a Club Leader and tutor for the Lang Youth Medical Program, leading a Girls' Club, a weekly extracurricular for girls from low-income families interested in medicine. She tutored a

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High School junior in her Cell Biology course. Marianne has also been active in CoSMO, a student-run medical free clinic that serves the uninsured from the local community. She was an Institutional Relations Committee Leader and volunteer and used her extensive Spanish skills as an interpreter and liaison between clinic patients and doctors to whom they were referred. In her final year Marianne is a small group co-facilitator for the Foundations of Clinical Medicine course given during clerkships.

Research and Dual Degree

The summer of 2010 after first year of medical school, Marianne was awarded a Gold Foundation for Humanism in Medicine Fellowship. She designed and taught a class on Health Literacy at Project Samaritan, Inc. in Bronx, NY. This is a long-term rehabilitation facility for patients with AIDS and substance dependence which provides numerous support services. Marianne's class focused on developing concrete skills the patients would need to better manage their illness once they graduated from the program. During this summer, Marianne began a blog that covered her experiences in medical school as well as presented "medical mysteries" for readers. Her blog was picked up by the *Albany Times Union* and receives approximately 40,000 hits a month. Recently, she became a Medical Student Expert for www.healthtap.com where she answers readers' questions about health and medicine.

Marianne is completing a scholarly project in clinical research. She is working with Dr. Carolyn Westhoff from the Department of Obstetrics & Gynecology to study the contraceptive outcomes of women who requested but did not receive a postpartum bilateral tubal ligation. She is also working with Dr. Westhoff on a project studying the pharmacokinetics of oral contraceptives and their effect on coagulation factor levels.

Academic History

Date of matriculation to medical school: August 2009
Date of expected graduation from medical school: May 2013

Any extension, leave of absence or gap in any student's educational program is described below.

Academic Progress, Preclinical

In her first three semesters, Marianne successfully completed the preclerkship curriculum which is comprised of preclinical, doctoring and psychiatric medicine courses and is graded pass/fail. The following commentary is available from that time: Clinical Practice, I, II: "She was a pleasure to work with this semester. Her bright disposition and eagerness to learn were always evident. She was eager to spend as much time as possible learning and working with our faculty, residents and patients. She has shown exceptional potential so early in her first year of medical school." Foundations of Clinical Medicine: "Outstanding bedside manners. She uses every opportunity to teach patients. Outstanding differential diagnosis." Psychiatric Medicine I, II: "She conducted her patient interview with a warm, polite tone and she asked lots of relevant questions. Her written case presentation was excellent. She presented a clear recounting of the present illness story with many vivid facts and developed a very good differential diagnosis."

Academic Progress, Clinical

Marianne began the Major Clinical Year in January of 2011 and the following evaluations are given in the order of her program:

Surgery: Honors. "She made significant contributions to preceptor group discussions and gave an outstanding clinical presentation for the group. Her strengths include her fund of clinical knowledge, interpersonal and communication skills, professionalism and system-based practice. She was a hard working, contributing and respected team member whose histories and physicals were focused and informed. Her performance, work ethic and progress were overall excellent."

Pediatrics: Honors. "She displayed excellent to outstanding ability in her patient care activities. She took initiative in learning about her patients and following their clinical care closely. She seemed genuinely interested in not only pediatrics but also her patients' individual stories and needs. She greatly assisted the medical team in administering patient care and providing helpful suggestions. She was able to quickly extract pertinent medical information and present patients in an effective and timely manner. Took the initiative to meet with families and even spend time interacting with the patients to discuss courses of treatment and overall provided an excellent liaison between the medical staff and the families. An extremely hard working and energetic student. She presents her cases with genuine excitement and I often heard her talking to the others in her group about the kids she cared for with the same level of enthusiasm. Seems a natural with children and families. She connected very well with the patients, especially the teenagers. Her H&P's were very well organized. She reliably reported upon and interpreted key clinical information. Her fund of knowledge exceeded expectations for her level of training. A wonderful student who asks thoughtful questions and was eager to help the team with her patients. She displayed outstanding interpersonal and communication skills. Very comfortable with her patients/families and has a calming demeanor. A pleasure to work with on the team. Always willing to help, always very enthusiastic. Easy to get along with and she immediately became an integral part of our team. She was always smiling and radiates positivity. She was a vital member of her team and she made key contributions to patient health and well-being."

Psychiatry: Honors. "Good medical knowledge, communicated well with patients and obtained good histories, communicated well with the treatment team, behaved in an appropriate professional manner. Overall she is a bright and hard-working student who threw herself into every aspect of the rotation with enthusiasm and grew significantly in her knowledge and clinical skills. I would encourage her to consider psychiatry as she would make a terrific psychiatrist."

Neurology: High Pass. "An excellent, highly reliable student on the clerkship. She was very on top of her patients, always had the latest data. She had a solid fund of medical and neurologic knowledge, with a particular interest in treatment options such as exploring potential therapies for metastatic breast cancer. She was very compassionate with patients and their families. She was highly motivated, eager and dependable. Her notes were outstanding examples of thoroughly developed histories and physical examinations, with discussions supported by ample consultation of supportive medical literature. Building upon these strategies, her case report is also an example of her outstanding efforts."

Obstetrics and Gynecology: Honors. "An intelligent, thoughtful student with an outstanding fund of knowledge. She handled her clinical duties responsibly and diligently and was always willing to help. She was enthusiastic, motivated and eager to learn. Very enthusiastic and always willing to help. I enjoyed working with her. She gave great presentations, wrote timely notes and was eager to learn. She was interested, enthusiastic, showed evidence of lots of reading and outside research, gave excellent presentations, and went above and beyond for patients. Very involved, intelligent and interested. She actively sought

learning opportunities and made use of her time on call on the labor floor. A pleasure to work with. She was empathetic with her patients and always eager to help the team out. She willingly took on complicated patients and did an excellent job following them throughout their hospitalization. She was curious and eager to learn, and worked hard throughout the rotation. She was very thorough in her notes and presentations, and really paid attention to her patients and tried to maximize good care. Always willing to help out the team and her classmates. She was well-prepared and participated thoughtfully in group discussions, team rounds and the ambulatory clinic setting. She showed kindness, compassion, and sensitivity with patients and was professional in her demeanor with colleagues. Outstanding history taking and physical exam skills. Her written and oral presentations were meticulous, complete, clear and well organized. Her patient education project on HIV in pregnancy was well researched and beautifully presented. Overall her performance on the rotation was outstanding. I sincerely hope she will consider a career in women's health care."

Medicine: High Pass. She demonstrated an excellent fund of knowledge. Very enthusiastic about learning, took the time to research about her patient's diseases. She often impressed us all as with insights that exhibited how well read she was and how well she synthesized the information presented. One could always see her wheels turning while she was problem solving and then a light bulb would go off and she would shed her insight on a clinical question with which the entire group had been grappling. I especially saw her shine during her observed H&P. She was very involved with her patients and was always very knowledgeable about them, very attentive to their complaints. Her success came from her gentle, genuine, empathic and patient approach. She established rapport, waiting patiently for responses to questions, allowing the patient to speak and reveal her story. She was extremely perceptive to the patients' reactions and adapted adroitly to their needs. Sensitive to the patient's comfort and modesty, explained everything she was doing and did a detailed and appropriate exam. She closed by updating the patient on the day's plan and provided hope and reassurance. She did some of the strongest presentations of the group, clear, succinct and always from memory. Her write-ups were very strong from the start. She was detailed and thorough and has a skill at composing the HPI in an artful and sensible way that makes a strong argument for her highest differential. She often paid attention to details that many other clinicians would have overlooked, details that made a great deal of difference in the way a case was managed. She was so knowledgeable about her patients that I felt confident to let her call consults on her patients and could also be relied upon to discuss important needs with nursing and social work which was key to facilitating discharge and other service needs. She was professional and respectful and had a wonderful pleasant attitude. She was a terrific medical student with a true passion for medicine. Not only was she highly motivated and with a keen curiosity, she was also extremely diligent with the care of her patients. I genuinely hope she aspires for a career in medicine. Overall, an outstanding medical student."

Primary Care: Honors. "Her interpersonal and communication skills are her biggest strength. They also identified her passion for learning and commitment to addressing patients' needs as remarkable qualities. Her work is of intern level, surpassing expectations of a medical student. Her presentations continued to improve throughout the rotation, as she identified this as an area of focus. She is able to reflect and set goals that allowed her to see continued improvement throughout the rotation."

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In April 2012, Marianne did a Preceptorship in Obstetrics and Gynecology at Columbia University Medical Center: Honors. "Marianne was an absolute pleasure to work with. She came to work prepared, having read, and with a great attitude. She made the days fun, while showing care and concern for my patients. Many of them were sad to see her go. She would make a wonderful resident in Ob/Gyn, and I hope she chooses to stay here."

Summary

Marianne is distinguished for her superb performance at P&S, both clinically and in her activities in which she has contributed a great deal to the community. She entered medical school with a rich background in teaching and mentoring underserved youth and contributing to local women and youth in a variety of venues, developed throughout college and afterwards in Teach for America. This foundation of commitment to the underserved and a focus on teaching and service is also evident in her clinical work, where she has consistently performed at an outstanding level, earning honors in most clerkships. Her fund of knowledge is superb and her work ups and presentations first rate. She has an exceptional ability to develop rapport with patients, as she listens carefully and communicates with extraordinary sensitivity and extremely well developed ability to explain illness in ways that aid understanding for patients and their families. She is a great team player, eager to learn, focused on helping out. Her professionalism is superb. She has continued to teach and mentor underserved youth throughout medical school, developed health education coursework and media communication about health, and provided service in a student run free clinic. Her Spanish skills are an additional asset. Comments from clerkships that highlight her ability include, "She often impressed us all as with insights that exhibited how well read she was and how well she synthesized the information presented. One could always see her wheels turning while she was problem solving and then a light bulb would go off and she would shed her insight on a clinical question with which the entire group had been grappling. She was very involved with her patients and was always very knowledgeable about them, very attentive to their complaints. She did some of the strongest presentations of the group, clear, succinct and always from memory. She was a terrific medical student with a true passion for medicine." It gives me great pleasure to enthusiastically and unconditionally recommend her as an Outstanding candidate for postgraduate training in your program.

Lisa A. Mellman, M.D.
Senior Associate Dean for Student Affairs

Elected to Gold Humanism Honor Society

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

NAME: Marianne Nicole DiNapoli
SSN#: REDACTED
SCHOOL: COLLEGE OF PHYSICIANS AND SURGEONS: MEDICINE

DEGREE(S) AWARDED: Doctor of Medicine
DATE AWARDED: May 22, 2013
PROGRAM: MEDICINE

SUBJECT	COURSE NUMBER	TITLE	GRADE
		Fall 2009	
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
MEDI	M 5106	FOUNDATIONS OF CLINICAL MED I	P
PATH	M 5102	MOLECULAR MECHANISMS	P
PATH	M 5103	CLINICAL GROSS ANATOMY	P
		Spring 2010	
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
MEDI	M 5107	FOUNDATIONS OF CLINICAL MED II	P
MEDI	M 5108	THE BODY IN HEALTH & DISEASE I	P
PSCY	M 5101	PSYCHIATRIC MEDICINE	P
		Fall 2010	
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
DERM	M 6110	DERMATOLOGY	P
MEDI	M 6106	FOUNDATIONS OF CLIN MEDIC III	P
MEDI	M 6107	THE BODY IN HLTH & DISEASE II	P
		Spring 2011	
THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL			
NEUR	M 7201	CLINICAL CLERKSHIP NEUROLOGY	HP
PEDS	M 7201	CLINICAL CLERKSHIP PEDIATRICS	H
PSCY	M 7201	CLINICAL CLERKSHIP PSYCHIATRY	H
SURG	M 7201	CLINICAL CLERKSHIP IN SURGERY	H
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
ORTS	M 7201	CLNCL CLRKSHP ORTHOPDC SURGERY	P
UROL	M 7201	CLINICAL CLERKSHIP IN UROLOGY	P
		Fall 2011	
THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL			
INTC	M 7010	CLINICAL CLERKSHP PRIMARY CARE	H
MEDI	M 7201	CLINICAL CLERKSHIP IM MEDICINE	HP
OBSG	M 7201	CLINICAL CLERKSHIP OBSTET GYN	H
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
ANES	M 7201	CLNCL CLERKSHIP ANESTHESIOLOGY	P
MEDI	M 7205	MCY FOUNDATIONS	P
NEUR	M 7205	CLINICAL CLERKSHIP NEUROSURGRY	P
OPHT	M 7201	CLINCL CLERKSHIP OPHTHALMOLOGY	P
OTOL	M 7201	CLNCL CLERKSHIP OTOLARYNGOLOGY	P
SENIOR COURSES TAKEN DURING THE FINAL THREE SEMESTERS			
THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL			
EM	N 60R	EMERGENCY MEDICINE	HP
MD	N 14P	ICU SUBINTERNSHIP	H
OB	N 03P	OB/GYN PRECEPTORSHIP	H
OB	N 05P	GYNECOLOGIC ONCOLOGY	H
EM	N 01P	EMERGENCY MED ULTRASOUND	HP
MD	N 03P	ETHICS CONSULT	H
RA	N 50L	DIAGNOSTIC RADIOLOGY	H
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
CPMD	N 04P0	FOUNDTNS CLIN MED:INTEGRA	P
INTC	N 9000	SCHOLARLY PROJECT	P
MDMD	N 02P0	ADV MED PATHOPHYSIOLOGY/T	P
MIMD	N 02P0	BIOMEDICAL INFORMATICS	P

This official transcript was produced on
MARCH 08, 2017 and released to:

FCVS .
400 FULLER WISER ROAD
SUITE 300
EULESS TX 76039 USA

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VERIFIED

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

SEAL OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Columbia College, Engineering and Applied Science, General Studies, Graduate School of Arts and Sciences, International and Public Affairs, Library Service, Human Nutrition, Nursing, Occupational Therapy, Physical Therapy, Professional Studies, Special Studies Program, Summer Session
A, B, C, D, F (excellent, good, fair, poor, failing). NOTE: Plus and minus signs and the grades of **P** (pass) and **HP** (high pass) are used in some schools. The grade of **D** is not used in Graduate Nursing, Occupational Therapy, and Physical Therapy.

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

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

Arts
P (pass), **LP** (low pass), **F** (fail). **H** (honors) used prior to June 2015.

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

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

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

Law
A through **C** (plus (+) and minus (-) with **A** and **B** only), **CR** (credit - equivalent to passing), **F** (failing) is used beginning with the class which entered Fall 1994. Some offerings are graded by **HP** (high pass), **P** (pass), **LP** (low pass), **F** (failing). **W** (withdrawn) signifies that the student was permitted to drop a course, for which he or she had been officially registered, after the close of the Law School's official Change of Program (add/drop) period. It carries no connotation of quality of student performance, nor is it considered in the calculation of academic honors.
E (excellent), **VG** (very good), **G** (good), **P** (pass), **U** (unsatisfactory), **CR** (credit) used from 1970 through the class which entered in Fall 1993.

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

Public Health
A, B, C, D, F - used Summer 1965 and thereafter. **H** (honors), **P** (pass), **F** (failing) — used prior to Summer 1965.

Social Work
E (excellent), **VG** (very good), **G** (good), **MP** (minimum pass), **F** (failing).
A though **C** is used beginning with the class which entered Fall 1997. Plus signs used with **B** and **C** only, while minus signs are used with all letter grades. The grade of **P** (pass) is given only for select classes.

OTHER GRADES USED IN THE UNIVERSITY

AB = Excused absence from final examination.

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

AU = Audit (auditing division only).

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

F* = Course dropped unofficially.

IN = Work Incomplete.

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

R = For the Business School: Indicates satisfactory completion of courses taken as part of an exchange program and earns academic credit.

R = For Columbia College: The grade given for course taken for no academic credit, or notation given for internship.

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

R = For the School of International and Public Affairs: The grade given for a course taken for no academic credit.

UW = Unofficial Withdrawal.

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

W = Withdrew from course.

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

OTHER INFORMATION

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

% of **A** Effective fall 1996: Transcripts of Columbia College students show the percentage of grades in the **A** (**A+**, **A**, **A-**) range in all classes with at least 12 grades, the mark of **R** excluded. Calculations are taken at two points in time, three weeks after the last final examination of the term and three weeks after the last final of the next term. Once taken, the percentage is final even if grades change or if grades are submitted after the calculation. For additional information about the grading policy of the Faculty of Columbia College, consult the College Bulletin.

KEY TO COURSE LISTINGS

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

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

A	Graduate School of Architecture, Planning, and Preservation
B	School of Business
BC	Barnard College
C	Columbia College
D	College of Dental Medicine
E	School of Engineering and Applied Science
F	School of General Studies
G	Graduate School of Arts and Sciences
H	Reid Hall (Paris)
J	Graduate School of Journalism
K	School of Library Services/Continuing Education (effective Fall 2002)
L	School of Law
M	College of Physicians and Surgeons, Institute of Human Nutrition, Program in Occupational Therapy, Program in Physical Therapy, Psychoanalytical Training and Research
N	School of Nursing
O	Other Universities or Affiliates/Auditing
P	School of Public Health
Q	Computer Technology/Applications
R	School of the Arts
S	Summer Session
T	School of Social Work
TA-TZ	Teachers College
U	School of International and Public Affairs
V	Interschool Course
W	Interfaculty Course
Y	Teachers College
Z	American Language Program

UNDER THE PROVISION OF THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, THIS TRANSCRIPT MAY NOT BE RELEASED OR REVEALED TO A THIRD PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT.

*The **first digit** of the course number indicates the level of the course, as follows:*

0	Course that cannot be credited toward any degree
1	Undergraduate course
3	Undergraduate course, advanced
4	Graduate course open to qualified undergraduates
5	Graduate course open to qualified undergraduates
6	Graduate course
7	Graduate course
8	Graduate course, advanced
9	Graduate research course or seminar

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

The term designations are as follows:
X=Autumn Term, Y=Spring Term, S=Summer Term
Notations at the end of a term provide documentation of the type of separation from the University.

To all persons to whom these presents may come

Salutem

The Trustees of Columbia University

in the City of New York

College of Physicians and Surgeons

attest by this decree that

Marianne Nicole DiNapoli

having spent the customary term in the study of medicine,
having satisfied all requirements prescribed by the Faculty of Medicine,
and having given testimony of knowledge in the art and science of medicine,
has accordingly been admitted to the degree of

Doctor of Medicine

with all the rights, privileges, and immunities thereunto appertaining.
In witness whereof, we have caused our corporate seal to be here
affixed in the City of New York on the twenty-second day of May
in the year two thousand and thirteen.

Dean of the Faculty of Medicine

President

AND EARNED
DOCUMENT WHICH I HAVE EXAMINED

MEMBER FEDERICK
REGISTRAR SERVICES REPRESENTATIVE

217 958 891

SEAL
VERIFIED

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Postgraduate Training

Federation of STATE MEDICAL BOARDS

Postgraduate Training

Accreditation ID: **2203521201**

Institution: **New York Presbyterian Hospital (Columbia Campus) Program**

Location: New York, NY
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Graduate Medical Education

Federation of STATE MEDICAL BOARDS

Institution: New York Presbyterian Hospital **Affiliated University:** New York Presbyterian Hospital

Address Line 1:

Address Line 2:

Country: US **City:** New York **State/Prov.:** NY **Zip Code:**

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

Verification For: Dinapoli, Marianne Nicole **Date of Birth:** November 06, 1985

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

Program Participation:

Important:

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

If the training level (years) is currently in progress, report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department or Specialty is rotating or transitional, please provide a schedule of rotations.

Program Type	Training Level:	Specialty/Subspecialty:
R	1-3	Obstetrics and Gynecology
	From: 07/01/2013	**To:** 06/30/2016
	Successfully Completed? Yes	
	Accredited by: ACGME	
	Rotation Information Not Available	
Program Type	**Training Level:** 4-4	**Specialty/Subspecialty:** Obstetrics and Gynecology
C	**From:** 07/01/2016	**To:** 06/30/2017
	Successfully Completed?	In Progress
	Accredited by: ACGME	
Program Type	**Training Level:**	**Specialty/Subspecialty:**
	From:	**To:**
	Successfully Completed?	**If no, was credit awarded?**
	Accredited by:	

Unusual Circumstances

Check the correct response.

Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

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

Please explain any "Yes" response from above:

Attestation

Affix Institutional Seal Here.

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

Watermark

For FCVS internal use only.

ELECTRONIC SEAL VERIFIED

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

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

Signature: *Rini Ratan MD*

Title: Program Director **Date:** 03/01/2017

Tel: (212) 305-1217 **Fax:** (212) 305-4672 **Email:** rr2172@cumc.columbia.edu

217958891 108353 217958891

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Graduate Medical Education

Medical Professional Name:	Dinapoli, Marianne Nicole
Accreditation ID:	2203521201
Institution:	New York Presbyterian Hospital (Columbia Campus) Program
Specialty:	Obstetrics and Gynecology

Unusual Circumstances

Training Period: 7/1/2013 - 6/16/2017 **Residency**

Did you have any interruption(s) or extension(s) in your medical education?	**No**
Were you ever placed on probation?	**No**
Were you ever disciplined or placed under investigation?	**No**
Were any negative reports for behavioral reasons ever filed by instructors?	**No**
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	**No**

End of Applicant Reported Unusual Circumstances report for: Dinapoli, Marianne Nicole

Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.

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

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

Date: 03/20/2017

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: 16531

Examinee: Dinapoli, Marianne Nicole **Examinee ID:** 52666187

Alt Name(s): **Date of Birth:** 11/06/1985

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. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
2/22/2012	Pass	245	(188)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
10/11/2012	Pass	257	(196)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
9/24/2012	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
12/18/2013	Pass	243	(190)	

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

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

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

Examinee: Dinapoli, Marianne Nicole

Examinee ID: 52666187

Date of Birth: 11/06/1985

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

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

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:3/20/2017

PRACTITIONER INFORMATION

Name:	Marianne Nicole Dinapoli
DOB:	11/6/1985
Medical School:	Columbia University College of Physicians & Surgeons New York, New York, UNITED STATES
Year of Grad:	2013
Degree Type:	MD

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:3/20/2017
Practitioner Name:	Marianne Nicole Dinapoli	

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

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

Ohio
med.ohio.gov

State Medical Board of Ohio

30 East Broad Street, 3rd Floor, Columbus, Ohio 43215-6127 | (614) 466-3934

5/1/2017

Dr. Marianne Nicole Dinapoli
4501 Broadway
Apt 7B
New York NY 10040

It is our pleasure to notify you that you are now licensed to practice medicine or osteopathic medicine and surgery in the State of Ohio. The Board approved your request and your license number **130943** was issued on **04/12/2017** and will expire on **04/01/2019**.

Enclosed you will find your wall certificate. This wall certificate, by law, must be displayed in your office or the place where a major portion of your practice is conducted.

Please be advised that verification of your Ohio license must be obtained directly from the Board's website at http://med.ohio.gov in the "Licensee Profile and Status" section. The website is updated immediately to reflect newly issued licenses.

The State Medical Board of Ohio operates a "staggered renewal" system based upon the first letter of your last name at the time of licensure. A chart and information outlining the staggered medical license renewal system and continuing medical education (CME) hours required can be viewed on our website at http://med.ohio.gov in the "Renewal & CME" section under each respective license. Renewal applications are mailed approximately six months prior to the date of expiration.

SECTION 4731.281, OHIO REVISED CODE REQUIRES WRITTEN NOTICE TO THE BOARD OF ANY CHANGE OF PRINCIPAL PRACTICE ADDRESS OR RESIDENCE ADDRESS WITHIN THIRTY DAYS OF THE CHANGE. *A CHANGE OF ADDRESS FORM IS AVAILABLE ON THE BOARD'S WEBSITE.*

This notice authorizes you to make application for a U.S. Drug Enforcement Administration certificate of registration (controlled substance permit). To make such application, please contact the Drug Enforcement Administration (DEA) at (800) 230-6844 or www.deadiversion.usdoj.gov/.

Please direct any questions regarding the DEA registration directly to the DEA office.

Sincerely,

Mitchell Alderson
Chief of Licensure

State Medical Board of Ohio

30 E. Broad St., 3rd Floor Columbus, Ohio, 43215

THE RECORDS OF THE STATE MEDICAL BOARD OF OHIO INDICATE THAT YOU HOLD THE FOLLOWING ACTIVE LICENSE:

Doctor of Medicine
35 . 130943
Dr. Marianne Nicole Dinapoli
Valid Until: 04/01/2019

Submission Date and Time: 3/27/2019 2:01 PM

License Renewal Application

License Type - Doctor of Medicine (MD)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

Title
Dr.
First Name
Marianne
Middle Name
Nicole
Last Name
Dinapoli
Maiden Name
No Response
Social Security Number
REDACTED
Date of Birth
11/6/1985
Email Address
marianne.dinapoli@gmail.com
Phone Number
5185882175
Other Phone Number
No Response
What is your U.S. Residency status related to your employment?
United States Citizen
Do you consider yourself Hispanic, Latino/a or of Spanish origin?
No
What do you consider your race?
White
List languages you personally use to communicate with patients excluding an interpreter or software
English; Spanish
Other Language
No Response
Individual National Provider Identifier - if not applicable leave blank
1003159401
Enter home US zip-code. Enter NA if unavailable
45202

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?
No Response
What is your gender?
Female
In which country were you born?
United States
In which state were you born (if United States)?
New York
In which city were you born?
Albany

Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

What is your primary employment status
Actively working in a position(s) that requires this license
Which of the following best describes your five-year employment plan?
Maintain practice hours as is

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

4501 Broadway Apt 7B
New York
NY
10040
null

License Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

4501 Broadway Apt 7B
New York
NY

10040
null

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?
No
If you answered "Yes", are you currently serving in the military?
No
Has your spouse served in the military?
No
If you answered "Yes", are they currently serving in the military?
No
I declined to answer these questions

Secondary Email Recipient

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

Specialty Tracking Component

Please list any American Board of Medical Specialties, American Osteopathic Association, or Council on Podiatric Medical Education specialty and/or subspecialty certifications that you currently hold.

Medical Speciality Certification - American Board of Medical Specialties (ABMS)
Medical Speciality - Obstetrics and Gynecology (ABMS)
Medical SubSpeciality - null

Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position

that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

Name of Practice Site - University of Cincinnati Medical Center
Practice Settings - Hospital - Inpatient
Street Address - 234 Goodman St
City - Cincinnati
State - OH
Zip Code - 45219
Major Area of Focus or Specialty - Obstetrics and Gynecology (ABMS)
Total Hours Worked at this practice site, per Week - 20

Percent of time spent per week in each of the following at this practice site:
Direct Patient Care - 90
Teaching/Academic - 5
Research - 5
Professional Services - 0
Administrative Activities - 0
Other - 0
Total Hours- 100

Hospital Admitting Privileges for Patients - Yes
Current Employment Arrangement - Salaried
Other Employment Arrangement - null
Intern/Resident Position - No
Employed as Federal Employee - No
Accepting New Patients - Yes

Name of Practice Site - Cincinnati Health Department - Price Hill
Practice Settings - Local Health Department
Street Address - 2136 Eight St. W
City - Cincinnati
State - OH
Zip Code - 45204
Major Area of Focus or Specialty - Obstetrics and Gynecology (ABMS)
Total Hours Worked at this practice site, per Week - 10

Percent of time spent per week in each of the following at this practice site:
Direct Patient Care - 100
Teaching/Academic - 0
Research - 0
Professional Services - 0
Administrative Activities - 0
Other - 0
Total Hours- 100

Hospital Admitting Privileges for Patients - Yes
Current Employment Arrangement - Salaried
Other Employment Arrangement - null

Intern/Resident Position - No
Employed as Federal Employee - No
Accepting New Patients - Yes

Name of Practice Site - The HealthCare Connection Inc. - Lincoln Heights Health Center
Practice Settings - Office/Clinic - Multi Specialty Group
Street Address - 1401 Steffen Avenue
City - Cincinnati
State - OH
Zip Code - 45215
Major Area of Focus or Specialty - Obstetrics and Gynecology (ABMS)
Total Hours Worked at this practice site, per Week - 8

Percent of time spent per week in each of the following at this practice site:
Direct Patient Care - 100
Teaching/Academic - 0
Research - 0
Professional Services - 0
Administrative Activities - 0
Other - 0
Total Hours- 100

Hospital Admitting Privileges for Patients - Yes
Current Employment Arrangement - Salaried
Other Employment Arrangement - null
Intern/Resident Position - No
Employed as Federal Employee - No
Accepting New Patients - Yes

Name of Practice Site - Planned Parenthood of Southwest Ohio
Practice Settings - Office/Clinic - Multi Specialty Group
Street Address - 2314 Auburn Avenue
City - Cincinnati
State - OH
Zip Code - 45219
Major Area of Focus or Specialty - Obstetrics and Gynecology (ABMS)
Total Hours Worked at this practice site, per Week - 2

Percent of time spent per week in each of the following at this practice site:
Direct Patient Care - 100
Teaching/Academic - 0
Research - 0
Professional Services - 0
Administrative Activities - 0
Other - 0
Total Hours- 100

Hospital Admitting Privileges for Patients - Yes
Current Employment Arrangement - Hourly
Other Employment Arrangement - null
Intern/Resident Position - No

Employed as Federal Employee - No
Accepting New Patients - Yes

Name of Practice Site - Center for Women's Health - Hoxworth
Practice Settings - Hospital - Ambulatory Care Center
Street Address - 3140 Highland Avenue
City - Cincinnati
State - OH
Zip Code - 45219
Major Area of Focus or Specialty - Obstetrics and Gynecology (ABMS)
Total Hours Worked at this practice site, per Week - 20

Percent of time spent per week in each of the following at this practice site:
Direct Patient Care - 100
Teaching/Academic - 0
Research - 0
Professional Services - 0
Administrative Activities - 0
Other - 0
Total Hours- 100

Hospital Admitting Privileges for Patients - Yes
Current Employment Arrangement - Salaried
Other Employment Arrangement - null
Intern/Resident Position - No
Employed as Federal Employee - No
Accepting New Patients - Yes

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Question - At any time since signing your last application for renewal of your certificate have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
Answer - No

Question - At any time since submission of your last application for renewal have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer NO to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer YES if you have ever relapsed.
Answer - No

Question - At any time since signing your last application for renewal of your certificate have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
Answer - No

Question - Since signing your last renewal have you prescribed opioid analgesics or benzondiazepines while practicing in Ohio?
Answer - Yes

Question - Primary DEA Number
Answer - FD6677782

Question - Are you registered with the Ohio Automated Rx Reporting System (OARRS)?
Answer - Yes

Question - Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?
Answer - No

Question - At any time since signing your last application for renewal of your certificate has any board, bureau, department, agency, or any other body, including those in Ohio other than this board, filed any charges, allegations or complaints against you?
Answer - No

Question - At any time since signing your last application for renewal of your certificate have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
Answer - No

Question - At any time since signing your last application for renewal of your certificate have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
Answer - No

Question - Do you currently supervise one or more Physician Assistants?
Answer - No

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

Attestation
I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying.

Consent to Electronic Signature - **Consented**
Date/Time Stamp - 3/27/2019 2:01 PM
Type your First Name and Last Name as they appear on the application to sign electronically.
Marianne Dinapoli
Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.
If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.