

State of Nebraska
DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

To State Board of Medical Examiners:

I hereby apply for certificate of registration to practice Medicine and Surgery in the State of Nebraska, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Present Legal Name: HASKELL SUSAN CAROL ABENDSCHEIN
(PLEASE PRINT) (Last Name) (First Name) (Middle Name) (Maiden Name)

Permanent address 4013 LINCOLN PL. DR. DES MOINES, IA 50312

2. Place and date of birth NIAGARA FALLS, NY 3-16-43 Zip Code 51
Age 51

3. Present residence SAA Intended residence —

4. Telephone: (515) 280-7000 Zip Code (515) 255-6543
(daytime) (home)

5. Have you ever sought or been granted medical licensure under another name?
() YES (X) NO If yes, indicate other names used: —

6. Preliminary and Pre-medical Education:
Give name and location of institutions attended, beginning with high school, with concise statement of period of study, giving date of diplomas or certificates received HANOVER HIGH SCHOOL HANOVER, PA. 17331

DREW UNIVERSITY MADISON, N.J. BA-MUSIC 1964

DRAKE UNIVERSITY DES MOINES, IA 1974-76 PRE-MED

7. Medical Education:
I have spent 3 years in the study of medicine in the institutions named below:

Day,Month,Year	Day,Month,Year	Name of School	Location
From <u>JULY 1977</u>	to <u>AUG 1980</u>	<u>COLLEGE OF OSTEOPATHIC MEDICINE + SURGERY</u>	<u>UOMHS DES MOINES, IA</u>

I received the degree of D.O. from the COMS

College located at DES MOINES on the 6 day of JUNE 19 80

If you are a foreign medical graduate, do you hold a permanent ECFMG certificate?
() YES () NO Number: —

01/20/95 10:27AM 0000H0275

DENISE/

753110 \$201.00

CHECK \$201.00

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that —

of — matriculated in —

at — Date — attended —

— course of lectures of — months each, and received a diploma from — conferring the degree of Doctor of

Medicine (date) —

(SEAL)

— M.D.
(President, Secretary or Dean)

Post-Graduate Medical Education:

	<u>Hospital/Institution</u>	<u>Location</u>	<u>Dates</u>
Internship	DES MOINES GENERAL HOSP	DES MOINES	7-1-80 thru 8-24-80 and 10-1-80 thru 8-6-81
Residency	BY EXAM - AOBFP		2-29-88

CERTIFICATE OF POST-GRADUATE MEDICAL EDUCATION

This certifies that Dr. _____ has rendered satisfactory and continuous service as an intern or resident in the _____ Hospital at _____ from _____ to _____. Dated _____

Superintendent of Hospital

RECIPROCITY AND NATIONAL BOARD

If this application is for reciprocity, the following must be completed and notarized.

1. Upon what license or certificate do you base this application?
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
(Give name of board issuing certificate)

2. Have you ever been examined by FLEX or National Board? ☒ YES ☐ NO
Location: DES MOINES Date: 6-6-80

3. Have you ever been granted medical licensure by any State or Territory?
☒ YES ☐ NO If yes, please list:

<u>State or Territory</u>	<u>License Number</u>	<u>Effective Dates</u>	<u>Current?</u>
<u>IOWA</u>	<u>01898</u>	<u>10-81 thru 3-95</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. List locations and dates of previous medical practice, including present:
Location Dates

<u>PLANNED PARENTHOOD OF</u>	<u>NOV 1989 - present</u>
<u>GREATER IOWA</u>	
<u>ALTONA FAMILY PRACTICE</u>	<u>10-82 thru 1-91</u>
_____	_____
_____	_____

5. Address of present practice:
Address 851-19th ST. Telephone 515-280-7000
City DES MOINES State IOWA Zip Code 50314-1123

6. As a result of this application, do you intend to change the location of your medical practice or activity? ☐ YES ☒ NO If yes, give location and date of intended establishment of practice:
Location _____ Date _____

7. Have you ever had a medical license denied, revoked, suspended, or limited by any State or Territory of the United States? ☐ YES ☒ NO
If yes, explain circumstances and outcome:

8. Are you now, or have you ever been, dependent upon the use of alcohol, stimulants, or habit-forming drugs? ☐ YES ☒ NO
If yes, explain circumstances and outcome:

9. Have you ever had any action taken against you by the Narcotics Bureau of the Treasury Department or the Drug Enforcement Agency of the Department of Justice? ☐ YES ☒ NO If yes, explain circumstances and outcome:

10. Have you ever been a) notified by any agency of any complaint relative to the practice of Medicine? ☐ YES ☒ NO
b) reprimanded by any agency of any complaint relative to the practice of Medicine? ☐ YES ☒ NO

Give particulars: _____

11. Have you ever been charged with the violation of any law relative to the practice of medicine or have you ever been charged with or convicted of a felony? () YES (X) NO
Give particulars:

12. Affidavit: SUE HASKELL D.O., being duly sworn, deposes
(Applicant)
and says that the foregoing statements are true.

I further solemnly swear upon my honor that if granted a license to practice within the State of Nebraska, that I shall abide by the laws of the State.

Dated Jan 18, 1995 Signed Sue Haskell D.O.
(Signature of applicant)

State of IOWA

County of POLK SS

In State of Iowa County Polk in said county on this 18th day of January A.D. 1995, personally appeared before me, and being duly sworn, deposes and says that he has carefully and truthfully complied with the above.

Patty Brown
Notary Public

(SEAL)

CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE
OR ATTACH CERTIFICATION OF NATIONAL BOARD SCORES

I, _____, Secretary of the _____
certify that _____ was granted Certificate No. _____
to practice medicine in the State of _____
on the _____ day of _____ 19____ based on written examination, and
that said certificate has never been revoked. DATE OF EXAMINATION: _____

(Note:--If by written examination for re-registration Secretary should so state.)

I further certify that the aforesaid _____
in his written examination before this Board, obtained a general average of _____
in the following branches:

Subject	Per Cent	Subject	Per Cent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify to the reputability of Dr. _____
and, based on the records in this office, recommend him to the Department of
Health as a fit and proper person to receive Nebraska Reciprocity License.

I also certify that the photograph, as appears on this application, is a like-
ness of the said Dr. _____ and the person named in the
above statement, and our records show he received the following diplomas from
medical schools:

Name of School	Date of Issue
_____	_____
_____	_____

(SEAL OF STATE BOARD)

Place _____

Date _____ Secretary _____

RECOMMENDATION OF SECRETARY OF STATE, LOCAL, OR COUNTY MEDICAL SOCIETY

I hereby certify that the records of my office show that Dr. _____
has been a member and in good standing of the _____
for the past _____ years, and that he is
now in good standing. Given under my hand and the seal of _____
this _____ day of _____ 19____

Secretary

(Note:--If Society has no seal the signature
must be acknowledge before a notary public)

License No. _____

Date _____

STATE OF NEBRASKA
Department of Health

Practice of Medicine

For Use of Department Only

Name _____

Address _____

Application received _____

Fee _____ Paid _____

High School credits filed _____

Photo of applicant _____

Photo of diploma _____

Approved _____

Passed _____

Failed _____



She Hasell DO

1-18-95

I have never been disciplined by a state, local or county medical society.

She Hasell DO
(Signature of Applicant)

State of *Iowa*
County of *Polk* ss

In *Witnasset* in said county on this *18th* day of *January* A.D. 19*95*, personally appeared before me, and being duly sworn, deposes and says that he has carefully and truthfully complied with the above.

(SEAL)

Patty Brown
Notary Public

State of Nebraska



Department of Health

Lincoln, Nebraska

This is to Certify That SUSAN CAROL HASKELL, D.O.

Having submitted satisfactory evidence of compliance with the laws of the State of Nebraska is hereby granted

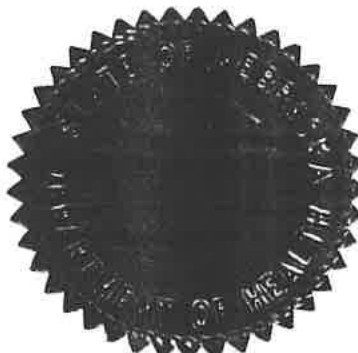
License No. 173 to practice

Osteopathic Medicine and Surgery

BY: N.B.O.M.E

Board of Examiners in Medicine and Surgery

W. H. Stuffer M.D.
Chairman
Paul C. Consi
Vice-Chairman
Joseph C. Scarf M.D.
Secretary



Given under the name and Seal of the Department
of Health of the State of Nebraska, at Lincoln, on
the 11TH day of JULY
in the year one thousand nine hundred and 95

Mark B. Foster M.D.
Director of Health
E. B. Folsom
Governor

This license shall be kept on display in the place where the licensee practices.

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115

July 13, 1995



E. Benjamin Nelson
Governor

Susan C. Haskell, D.O.
4013 Lincoln Place Drive
Des Moines, IA 50312

Dear Dr. Haskell:

We are happy to inform you that your application for a license to practice osteopathic medicine and surgery in the state of Nebraska by virtue of the National Board of Osteopathic Medical Examiners has been accepted.

Since you have met all the requirements for a Nebraska license to practice osteopathic medicine and surgery, you are hereby granted a license. Your license number is 173, and its issuance date is July 11, 1995.

Enclosed please find a small-sized licensure card. Your large-sized license will be sent at a later date when all of the necessary signatures are obtained. The small-sized licensure card shows the expiration date of your license. The large-sized license is your original license, and it does not show an expiration date. Nebraska statutes require that you display your license in the site(s) where you practice.

You will be sent a written notification of the need to renew your license at least 30 days prior to its expiration.

Please submit to the Bureau of Examining Boards any change of address so that information may promptly reach you.

May we extend our congratulations and best wishes for the successful practice of your profession.

Sincerely,

Mark B. Horton, M.D., M.S.P.H.
Director of Health

Helen L. Meeks, Director
Bureau of Examining Boards

hlm/cld

Enclosure

STATE OF NEBRASKA DEPARTMENT OF HEALTH

BUREAU OF EXAMINING BOARDS • P.O. BOX 95007

LINCOLN, NEBRASKA 68509 • (402) 471-2115

WHEN
CORRESPONDING
ALWAYS
REFER TO
YOUR
LICENSE/CERT.
NUMBER →

State of Nebraska
DEPARTMENT OF HEALTH
THIS CERTIFIES THAT THE BELOW NAMED IS
LICENSED TO PRACTICE
OSTEOPATHIC MEDICINE AND SURGERY

SUSAN CAROL HASKELL DO
4013 LINCOLN PLACE DRIVE
DES MOINES IA 50312

LIC/CERT NO. 173

EXPIRES 10/01/96

Helen H. Meeks

BUREAU OF EXAMINING BOARDS

DIRECTOR

SIGN

ALWAYS NOTIFY
THIS OFFICE OF
NAME/ADDRESS
CHANGE.

SPECIAL NOTES:

- 1) gap from 8-24-80 to 10-1-80
 2) Practice from 8-6-81 to 10-82 answered 6-28-95
 3) clarify AOBFB 2-29-88 Post Graduate

DOB: 3-16-43

POB: Niagra Falls NY

NAME: Haskell, Susan Carol DEGREE D.O.

PRESENT MAILING ADDRESS: 4013 Lincoln, PL. Dr., Des Moines IA 50312
Intended address:

Date rcvd Now complete

1-20-95 ✓ Medical application 2-13-95 End. from National Board of Osteopathic Medical Examiners
 1-20-95 ✓ Application fee (\$201.00)
 1-20-95 ✓ MEDICAL SCHOOL DIPLOMA - Cert. copy / Cert on app
 1-20-95 ✓ RESIDENCY/INTERNSHIP - Cert. copy / Cert on app
 1-20-95 ✓ Medical Society Statement - on back / inside app
 1-23-95 ✓ Jack Moseley Letters of Recommendation
 2-9-95 ✓ Jan Duberstein

SCHOOL CODE 01875

SCHOOL OF GRADUATION

* Location:
Date:College of Osteopathic Med. Surgery - UOMHS
Des Moines IA
June 6, 1980
U of Osteo Med

IF FOREIGN GRADUATE

E.C.F.M.G. CERTIFICATE

Sent:

Rcvd:

Cert Copy -

Cert#

Issued

VALID THROUGH:

FEDERATION CHECK: BATCH# 1286024 DONE: 1-30-95 ch mlt

A.M.A. PROFILE:

Sent: 2-1-95
again 3-7-95Rcvd: 5-1-95 3/30/95 Recd Note
Not on Master file

OTHER LICENSES

State Date rcvd

IA 1-25-95

DATES OF OUR CORRESPONDENCE

PRELIMINARY REVIEW: Appl:

Corres:

MEDICAL BD REVIEW:

Board Meeting of

LICENSE # 173

DATED: 7-11-95

ISSUED BY: NBOME

Authority letter sent: 7-13-95

Added to Computer 7-12-95

Date license mailed

To: Thelma C. DeYoung, Board Coordinator
Bureau of Examining Boards in Medicine and Surgery

RECEIVED

JUN 28 1995

From: Susan Carol Haskell, D.O.
4013 Lincoln Place Drive
Des Moines, IA 50312

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

Thank you for processing my application for a license to practice Medicine and Surgery in the State of Nebraska. You have asked for the following information:

- 1) Question: Please provide explanation for the gap in residency from 8-24-80 to 10-1-80.

Response: There is a gap in residency from 8-24-80 to 10-1-80 because I had emergency back surgery when palliative measures were no longer adequate.

- 2) Question: Please provide location and dates of medical practice from 8-6-81 to 10-82.

Response: After completing the year, I took off 6 months to finish recuperation from the surgery and to catch up with my three children after years of schooling. Then I filled in for a local general practitioner who was experiencing heart difficulties, from February, 1982, until June, 1982, when he realized he could not return to practice and closed the practice. (Dr. Saul Siegal of Perry, Iowa)

In the summer of 1982 I filled in for another local physician who was experiencing medical problems (Dr. Hugh Howard of Indianola, Iowa), and also was the physician for the Iowa Correctional Institution for Women at Mitchellville, Iowa, from August, 1982 through February, 1983.

- 3) Question: Please clarify "By exam- AOBFP 2-29-88" under Post-Graduate Medical Education.

Response: As was common at the time, I did not have a full residency in Family Practice but received Family Practice Board Certification after being in practice at least six years and completing written examinations under the certifying board, the American Osteopathic Board of Family Physicians, on February 29, 1988.

If you have any other questions, please let me know. I would appreciate the timely completion of this process, begun in February of 1995.

Sue Haskell D.O.

6-26-95

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director
BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

June 19, 1995

MEMORANDUM

TO: Susan Carol Haskell, D.O.
4013 Lincoln Pl. Dr.
Des Moines, IA 50312

FROM: Thelma C. DeYong, Board Coordinator
Bureau of Examining Boards in Medicine and Surgery

We acknowledge receipt of your application and supporting documents for a license to practice Medicine and Surgery in the State of Nebraska. In order for this application to be considered complete, it will be necessary that you submit the following:

- ☐ A Green Certified copy of your National Board scores.
- ☐ Endorsement from the Federation of State Medical Boards.
- ☐ You must submit two letters of recommendation as stated in your letter of instruction.
- ☐ One additional letter of recommendation. We have received one letter from Dr. _____ however, two letters are required.
- ☐ We are awaiting the return of our clearance letters from the Federation of State Medical Boards of the U.S., Inc. and the A.M.A. These clearances are requested on all physician's requesting licensure in the State of Nebraska. You need do nothing in order for these forms to be returned to this office and there is no fee for completion.
- ☐ Your application indicates that you are licensed to practice Medicine and Surgery in another state(s). A verification of licensure form was included with your application materials for forwarding to this/these state(s). Please note that as of this date we have not received verification from the State(s) of
- ☒ Other: 1) Please provide explanation for the gap in residency from 8-24-80 to 10-1-80.
- 2) Please provide location and dates of medical practice from 8-6-81 to 10-82.
- 3) Please clarify "By exam- AOBFP 2-29-88" under Post-Graduate Medical Education.

If materials are not submitted within 150 days of the date of this letter, your application and supporting documentation will be destroyed, you will be issued a refund, less the administrative fee of \$25.00 and a new application will be required for licensure.

Upon receipt of the above, we will be happy to review your application and determine your eligibility for licensure in the State of Nebraska.

If you answered "yes" to any of the questions on pages 2-3, #'s 7-11, your application may require Board review at the next Medical Board meeting.

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

CERTIFIED COPIES

The following affidavit must be attached to your document(s) or may be prepared on the reverse side of your document(s) in order for them to be accepted by this office as a certified copy. YOU MUST HAVE ONE AFFIDAVIT ATTACHED TO EACH DOCUMENT!

PLEASE NOTE THAT YOU MUST SIGN THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC. If you sign and date this statement on a date other than that on which it was notarized, you will be required to submit a correctly certified copy.

IF YOU HAVE QUESTIONS CONCERNING THE COMPLETION OF THIS OR ANY OTHER REQUIREMENT, PLEASE DO NOT HESITATE TO CONTACT THIS OFFICE AT:
(402) 471-2115.

DETACH HERE

AFFIDAVIT

STATE OF IOWA

COUNTY OF POLK

SUE HASKELL D.O.; being first duly sworn upon oath, states and
Applicant

deposes that the attached is a true and correct copy of the original document. NAME OF DOCUMENT COPY OF INTERNSHIP

Sue Haskell D.O.
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 18 day of JANUARY, 19 95

(Seal)

Patty Brown
NOTARY PUBLIC

Des Moines General Hospital

Osteopathic
Des Moines, Iowa

This Certifies That
Susan C. Haskell, D.O.
has served in the capacity of
Intern

July 1, 1980 through August 24, 1980
and October 1, 1980 through August 6, 1981

*In Witness Whereof the said Hospital has
caused this Certificate to be signed by its duly
authorized officers and its Official Seal to be
hereunto affixed.*



Robert Desjardins, D.O.
PRES
Jack W. Rogers
SECY
James A. Knipfing
ADM

EXECUTIVE
BOARD

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

CERTIFIED COPIES

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(402) 471-2115.

DETACH HERE

AFFIDAVIT

STATE OF IOWA

COUNTY OF POLK

SUE HASKELL D.O., being first duly sworn upon oath, states and
Applicant

deposes that the attached is a true and correct copy of the original document. NAME OF DOCUMENT COPY OF DIPLOMA

Sue Haskell D.O.
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 18 day of JAN, 19 95.

(Seal)

Patty Brown
NOTARY PUBLIC

College of Osteopathic Medicine and Surgery

upon recommendation of the Faculty
and by authority of the State of Iowa
hereby confers upon

Susan Carol Abendtschein Haskell

the degree

Doctor of Osteopathy

with all the honors, rights and privileges thereunto appertaining,
in recognition of the satisfactory completion of the requirements for this degree.
In witness whereof the Board of Trustees have caused the seal of the College
to be affixed at Des Moines, Iowa, this

sixth day of June, 1980.



Herbert A. Smith, D.O.
President of the College
Joseph W. Bell, M.D., D.O.
Dean of the College
Samuel W. Hensley, D.O.
Chairman of the Board
Ervin J. Goff, D.O.
Secretary of the Board

American Medical Association

Physicians dedicated to the health of America



Department of Physician
Data Services

515 North State Street
Chicago, Illinois 60610

312 464-5180

RECEIVED

MAR 20 1995

BUREAU OF EXAMINING BOARD
LINCOLN, NEBRASKA

RE: Your Inquiry For Physician Information on:

✓ Susan C. Haskell, D.O.

* John T. Tyson

This is in response to your request for physician information.

Any name(s) listed in your request for which information is NOT enclosed indicates that this individual is either not in file or cannot be identified from the description contained in your inquiry.

✓ NOT CURRENTLY LISTED IN OUR MASTERFILE. PRINTOUT WILL FOLLOW AT A LATER DATE

* A FURTHER CHECK IS BEING CONDUCTED ON THIS PHYSICIAN. PROFILE WILL FOLLOW AT A LATER DATE. (Please allow 6-8 weeks).

OUR FILE CONTAINS ONLY MDs (DOCTORS OF MEDICINE) AND DOES NOT INCLUDE PSYCHOLOGISTS, PODIATRISTS, DENTISTS, ETC).

YOUR ACCOUNT HAS BEEN CREDITED FOR THE ABOVE NAMES FOR WHICH NO INFORMATION WAS PROVIDED.

NOT LISTED IN OUR MASTERFILE.

THIS PHYSICIAN REQUESTED THAT INFORMATION SHOULD NOT BE RELEASED. PLEASE CONTACT HIM/HER FOR FURTHER INFORMATION.

Please address all requests to the AMA Department of Physician Data Services.



National Board of Osteopathic
Medical Examiners, Inc.

NBOME

NBOME SCORE INTERPRETATION

STANDARD SCORES. Standard scores are reported on a scale which may range from **5** to **995**. The scale has an average of **500** for the criterion group of examinees. This criterion group is made up of examinees who had taken that examination in the past.

SCALED SCORES. Scaled scores are reported on a scale used by the NBOME for years. The scores may range from **60** to **100**. This scale has an average of **80** for the current reference group of examinees. A score of **75** represents the passing score. Examinations taken prior to February 1987 are reported as scaled scores.

MINIMUM PASSING SCORE. Passing Part I or Part II is based solely upon achieving a total standard score of **400** or higher. Passing Part III is based solely upon achieving a total standard score of **350** or higher. The total score is derived from the number of questions answered correctly in the entire examination and not by averaging the subject scores. Passing scores are not established for individual subjects. The examinee who fails to obtain a passing score and takes the test again must repeat the entire examination regardless of the scores obtained in the individual subjects. Beginning in **1987** NBOME criteria for certification are based upon candidates Total score in Part I, Part II, and Part III and not scores of individual subjects within each Part.

FEB 13 1995

National Board of Osteopathic Medical Examiners

2700 River Road, Suite 407, Des Plaines, Illinois 60018 (708) 635-9955
BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

TRANSCRIPT

<u>Part I passed</u>	Scaled Score*1	Standard Score*2
Anatomy	82	
Physiology	83	
Biochemistry	76	
Pharmacology	81	
Pathology	81	
Microbiology	77	
Osteopathic Principles	79	

Scaled Score Average OR Minimum Total Passing Score 75/400
80

<u>Part II passed</u>	
Surgery	83
Obstetrics & Gynecology	83
Psychiatry	83
Community Medicine & Medical Humanities*3	83
Pediatrics	77
Internal Medicine	81
Medical Jurisprudence*3	80
Osteopathic Principles	84

Scaled Score Average OR Minimum Total Passing Score 75/400
82

<u>Part III passed</u>	
General Test of Clinical Competence	79

Scaled Score Average OR Minimum Total Passing Score 75/350

- *1 Examinations taken prior to February 1987 are reported as scaled scores.
 *2 Beginning in 1987 NBOME criteria for certification are based upon candidate's total score in Part I, Part II and Part III and not scores of individual subjects within each Part.
 *3 Prior to March 1990, Part II included the areas of 'Preventive Medicine and Public Health' and 'Medical Jurisprudence'. Currently, those are combined in the area of 'Community Medicine and Medical Humanities'.

I, Joseph F. Smoley, Ph.d., Executive Director of the National Board of Osteopathic Medical Examiners, Inc., do hereby certify the above to be a true report of the record of

Sue Haskell, D.O.

awarded Diplomate Certificate No. 7366 on July 1, 1981.

February 8, 1995
Date Prepared


Joseph F. Smoley, Ph.D.
Executive Director

DAN L. DUBERSTEIN, D.O., P.C.

Ingersoll Diagnostic Center
3810 Ingersoll, Suite 100
Des Moines, Iowa 50312

Telephone 515/279-4444

Gastroenterology

February 6, 1995

RECEIVED

FEB 09 1995

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

State of Nebraska
Department of Health
Bureau of Examining Boards
P.O. Box 95007
Lincoln, NE 68509-5007

RE: **Letter of Recommendation for Dr. Susan Haskell**

To Whom It May Concern:

I have known **Dr. Susan Haskell** for almost 20 years. I have found her to be a quite capable physician who is reliable, gets along well with her peers, and is able to maintain a good degree of idealism.

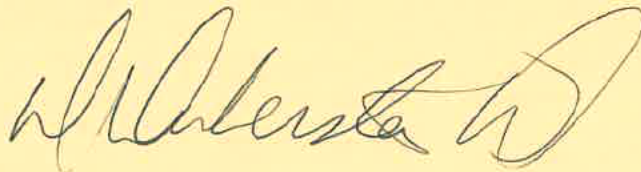
She presently works for Planned Parenthood and has been the medical director for them since 1991.

I had direct working with her while she was a family practice physician from 1982-1991 in a family practice setting. She also covered for several physicians when they were gone.

She also had a rotating internship at Des Moines General Hospital in 1981 and I participated in her training at that time.

If you have any further questions please do not hesitate to call. I recommend her highly.

Sincerely,



DAN L. DUBERSTEIN, D.O.
DLD/cg



Planned Parenthood[®] of Greater Iowa

2 South Linn Iowa City, Iowa 52240-3920

January 19, 1995

RECEIVED

JAN 23 1995

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

State of Nebraska
Department of Health
Bureau of Examining Boards
P.O. Box 95007
Lincoln, Nebraska 68509-5007

ref: Sue C. Haskell, D.O., medical license applicant

To The Bureau of Examining Boards:

This is a reference letter for Sue C. Haskell, D.O., whom I have known personally and professionally for three years. I have always found Dr. Haskell to be of sound medical ability and good character. I am pleased to recommend her for licensure.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Jack E. Moseley, M.D.
Associate Medical Director

JEM/cd

VERIFICATION OF LICENSURE FORM

RECEIVED

JAN 25 1995

STATE OF NEBRASKA

BUREAU OF EXAMINING BOARDS
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

INSTRUCTIONS FOR COMPLETION:

1. Please legibly type or print applicant portion and forward one to EACH State Medical Board where you hold OR have held a Medical license. You may make photocopies of this blank form if needed. If basing licensure upon Reciprocity, you need not submit this form to the Board that will be endorsing your scores directly on your Nebraska Medical Application.
2. Verification will only be accepted if received directly from the State Board.
3. To AVOID unnecessary delay in processing, contact the appropriate boards in advance, as most will charge a fee prior to completion.

APPLICANT: PLEASE COMPLETE AND FORWARD

Date: JAN 18, 1995
To: IOWA State Medical Board

Name: SUE HASKELL D.O.

Birth Date: 3-16-43

Address: 4013 LINCOLN PL DR
DES MOINES IOWA
50312

License # 01898
Current: YES / NO

TO BE COMPLETED BY THE STATE BOARD

School of Graduation Coll. Oste. / Des Moines IA Date 1980

License Number: 01898 Issued: 10/21/84 BY: ☒ National Board
EXPIRATION DATE: 03/01/95 ☒ FLEX/State Board
☐ Recip w/

License is in good standing ☒ Yes ☐ No

License has been revoked or suspended ☐ Yes ☒ No
IF YES---REASON:

Derogatory information ☐ Yes ☒ No
IF YES---EXPLAIN/ATTACH COPY OF ACTION:

Remarks:

SIGNED BY: Debra Stanfield
SIGNATURE STAMPS ARE NOT ACCEPTABLE

01/23/95
DATE

(SEAL OF BOARD)

NOT VALID WITHOUT SEAL