

Taylor, Penny

From: Taylor, Penny
Sent: Thursday, June 20, 2019 2:25 PM
To: 'Jenny Backman'
Cc: Mary West
Subject: RE: CME extension request

Dear Dr. Backman,

The New Hampshire Board of Medicine ("Board"), at its June 5, 2019 meeting, authorized me to approve an extension to **June 30, 2019** to complete your required continuing medical education ("CME") for the reporting period of January 1, 2017 through December 31, 2018. Unless you have already reported your CMEs, you must report 100 hours of approved continuing medical education; 40 hours of Category I and no more than 60 hours of Category II on or before June 30, 2019 to the NH Medical Society, 7 North State Street, Concord, NH 03301. Please be advised that any CME's obtained in 2019 and used for the 2017-2018 reporting cycle may not be used for your 2019-2020 reporting cycle.

Please feel free to contact me at (603) 271-1205 if you have any questions.

Sincerely,

Penny Taylor, Administrator
Office of Professional Licensure and Certification
NH Board of Medicine
121 South Fruit Street, Suite 301, Concord, NH 03301-2412
Tel: (603) 271-1205 | Website: <https://www.oplc.nh.gov/medicine>

From: Jenny Backman [REDACTED]
Sent: Thursday, June 20, 2019 11:05 AM
To: Taylor, Penny
Subject: CME extension request

EXTERNAL: Do not open attachments or click on links unless you recognize and trust the sender.

Dear Penny,

I am a physician who is undergoing recertification for my license. While I have the required CME number, I was informed that my opioid CME does not qualify. I discussed this with Mary West, Director of CME and Accreditation, and she recommended that I complete a course now and email you for approval of an extension for that requirement. Please let me know how I can go about receiving an approval for an extension. I plan to complete the CME today.

Sincerely,

Jenny Backman, MD

STATE OF NEW HAMPSHIRE

DIVISION OF HEALTH PROFESSIONS

Board of Medicine

121 South Fruit Street, Suite 301

Concord, N.H. 03301-2412

Telephone 603-271-1203 · Fax 603-271-6702

JUL 21 2017

NH BOARD

PETER DANLES
Executive Director

JOSEPH G. SHOEMAKER
Division Director



PLEASE COMPLETE AND RETURN TO THE BOARD OF MEDICINE
AS SOON AS POSSIBLE IF YOU HAVE A CHANGE OF ADDRESS. PLEASE PRINT.

***NOTE.....Please mark the box next to the address you would prefer to list as your mailing address.

Physician Name: Jenny Backman, MD

N.H. License Number: 18301

Business Name: Manchester Ob/Gyn Associates

Address: 150 Tamytown Road

Manchester, NH 03103

Office telephone: (603) 622-3162

Business Fax Number: _____ Business E-Mail: _____

Home Address: _____

Home telephone: _____

Specialty: Ob/Gyn Board certified: _____

Hospital affiliations: Elliot Hospital

In what other states do you hold a current license: none

Handwritten signature and date: 7/21/17

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

• STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS

Board of Medicine

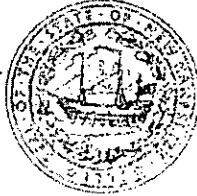
121 South Fruit Street, Suite 301

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PETER DANLES
Executive Director

JOSEPH G. SHOEMAKER
Division Director



July 5, 2017

JENNY G BACKMAN MD



Dear Dr. Backman:

Congratulations. The New Hampshire Board of Medicine has granted your application for licensure. Your license number is 18301 and is dated July 5, 2017.

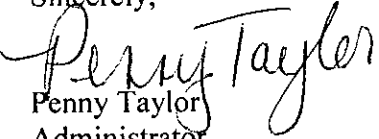
You are required to renew your license on a biennial basis and forms for that purpose will be forwarded to you at the address on file with the Board in April of the year in which your renewal is set to occur. For this reason, a form is enclosed which should be returned to us if and when you change your home or business address. Please be aware that you are required to inform the Board of any change of address within 30 days of that change.

IMPORTANT: As a licensee in New Hampshire, you are required to register for the NH Prescription Drug Monitoring Program ("NH PDMP") within 90 days from the date your license was issued. (Med 501.02(l)) Please visit the website at www.newhampshirepdmp.com and register using the attached instructions. The NH PDMP Help Desk information is 855-353-9903 or e-mail at nhpdmp-info@hidinc.com

An engrossed certificate of licensure will be provided to you within the next six months. This certificate is for display purposes only and does not constitute a legal document which verifies current licensure. The enclosed pocket size card should be used for that purpose.

Please feel free to contact this office if you have any questions.

Sincerely,


Penny Taylor
Administrator

Encl.

Online Registration – ACCESS the DATA

New Hampshire Prescription Drug Monitoring Program

The New Hampshire Prescription Drug Monitoring Program (PDMP) grants system access accounts to practitioners and approved delegates so that they may look up, and view, controlled substance dispensing information on specific patients.

Practitioners can perform the following steps to request an account:

1. Open an Internet browser window and navigate to the following URL: www.newhampshirepdmp.com
2. Click the Practitioner/Pharmacist link located on the left menu.
3. Click Registration Site → A login window is displayed.
4. Type **newacct** in the User Name field.
5. Type **welcome** in the Password field.
6. Click OK.
7. Complete the fields on this form, noting that **“Master”** should be selected in the **Account Type** field. Required fields are indicated with an asterisk (*). (Note: Pharmacist do NOT need a DEA # to register)
Pharmacist please put (license#) – if you have an R before your license be sure to include this. example: 1234 or R1234
8. Click **Submit**.

If information is incomplete or missing, a message is displayed indicating which fields must be corrected before your account request form can be submitted.

PLEASE EMAIL THE REGISTRATION NUMBER TO Joanie.Foss@nh.gov TO ACTIVATE YOUR ACCOUNT!!!

If you are approved for an account, you will be notified via two separate e-mails. The first e-mail will contain your approval notification and user name information. The second e-mail will contain your temporary password, your personal identification number (PIN) that you will use to identify yourself if you need assistance from the HID Help Desk, and the steps to follow to log in to the system. You will be required to change the temporary password immediately when you first attempt to access the system.

NH | **PRESCRIPTION DRUG
MONITORING PROGRAM**



Uniform Application for Licensure

Application ID: 229195
 FID: 217373042

License Requested: MD
 Submitted to: New Hampshire Board of Medicine
 Submission Date: 05/06/2017

Practitioner Name

Backman, Jenny Grillo

Alternate Name(s): Grillo, Jenny Elizabeth

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	[REDACTED]

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	[REDACTED]	

Email

Public Access	Board Contact	Email
Yes	Yes	[REDACTED]

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	[REDACTED]	[REDACTED]	[REDACTED]	M	1790122471	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Boston University School of Medicine	715 Albany Street Boston, MA 02118 UNITED STATES	08/15/2009	05/17/2013	05/17/2013	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

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 MAY 09 2017
 NH BOARD

BG v slg/lr

Backman, Jenny

Postgraduate Training

Hospital Name: University of Connecticut Program
 Farmington, CT UNITED STATES
Program Code: ACGME 2200821355
Attendance Dates:
Institution: University of Connecticut School of Medicine
Start Date: 07/01/2013
Training Specialty: Obstetrics & Gynecology
End Date: 06/30/2017
Program Type: Residency
Training Status: Active

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		05/23/2011	Pass	1
USMLE Step 2 CK Examination		06/01/2012	Pass	1
USMLE Step 2 CS Examination		08/07/2012	Pass	1
USMLE Step 3 Examination		02/25/2014	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
None Reported						

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

2015-06-15 10:51:05 AM

Chronology of Activity Type

Practice/Emp/ Desc:	University of Connecticut Program	Chronology Type:	Accredited Training
Address:	Farmington, CT US	Attendance Dates:	
Position/Dept:		Start Date:	07/01/2013
Clinical %:		End Date:	06/30/2017
Admin %:			
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Boston University School of Medicine	Chronology Type:	Medical Education
Address:	Boston, MA US	Attendance Dates:	
Position/Dept:		Start Date:	08/15/2009
Clinical %:		End Date:	05/17/2013
Admin %:			
Employment:	Staff Privileges:	Affiliation:	

Malpractice

None Reported

UA

UNIFORM APPLICATION FOR STATE LICENSURE

Affidavit and Authorization for Release of Information

Applicant: Follow the instructions in the left sidebar. Send this to the state board you are applying to for licensure, NOT to FSMB.

Applicant:

This is a separate form from the FCVS affidavit and release.

If you are using FCVS, you must complete both FCVS and UA affidavits. Send the FCVS affidavit to FCVS.

Sign this form with attached photo in the presence of a notary public. Send this notarized affidavit to the board you are applying to for licensure.

DO NOT SEND THIS FORM TO FSMB. Doing so will delay your state licensure.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of 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 Uniform Application for State 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 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 license.



Jenny G. Backman
Applicant's signature (must be signed in the presence of a notary)

Backman
Applicant's printed last name

Jenny G
Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

5/4/17
Date of signature (must correspond to date of notarization)

fold up... After folding the bottom portion upward, bring the new bottom edge to the top edge and fold to fit in a standard envelope. fold up

Notary

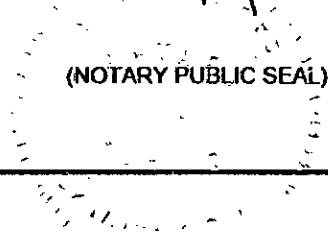
State of [redacted] County of [redacted]

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 4th day of May, 2017.

Notary Public Signature: [Signature]

My Notary Commission Expires: March 31, 2022



ADDENDUM TO APPLICATION

RECEIVED
MAY 10 2017
N/5/3/17
BOARD

Applicant Name Jenny Backman, MD

Date 5/3/17

Please answer the following questions. If you answer "yes" to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 1/2" x 11" sheet(s) if necessary.

1. Have you been actively engaged in the practice of clinical medicine within the past 12 months? Yes No
2. Are you certified by an American Specialty Board? (If yes, provide a notarized copy of all certificates.) Yes No
3. Have you ever, for any reason, lost American Specialty Board Certification? Yes No
4. Have you been denied required recertification by any specialty boards? (If yes, list each board and dates denied.) Yes No
5. Has any medical malpractice suit been brought against you or has any claim been settled on your behalf in the last ten years? (If so, list each suit/claim on the Malpractice Liability Claims Information page within the online Uniform Application.) Yes No
6. Have you ever applied for licensure or to sit for an examination, or taken an examination, under a different name? Yes No
7. Have you ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination since you graduated from high school? Yes No
8. Have you ever failed any national medical licensure examination or any part of that examination, state board examination, or failed to gain certification from the National Board of Medical Examiners? **You must report all exam failures, even if you later passed the examination.** (This does not include specialty board certification examinations.) Yes No
9. Have you ever failed a foreign licensing or certification examination? Yes No
10. Have you ever been denied a medical license, whether full, limited, or temporary, for any reason? Yes No
11. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, limited, suspended, or revoked, or have you ever resigned from a medical staff in lieu of disciplinary action? Yes No
12. Is any investigation or disciplinary action pending, or has any investigation or disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state, or local)? Yes No
13. Have you ever voluntarily surrendered a license to practice medicine or any healing art or allowed such a license to lapse in lieu of facing disciplinary investigation or action? Yes No
14. Have you ever withdrawn an application for licensure, hospital privileges, or appointment for any reason? Yes No

Jenny Backman, MD
Addendum to Application

Question 1. I am currently a medical resident with anticipated graduation from residency 6/30/2017.

Applicant Name Jenny Backman, MD **Date** 5/3/17

15. Have you ever been a defendant in a criminal proceeding including driving while under the influence or driving while suspended, which has not been annulled by a court, but not including traffic offenses not classified as misdemeanors or felonies? Yes No
16. Has your privilege to possess, dispense, or prescribe controlled substances ever been suspended, revoked, denied, restricted, or surrendered, or have you ever been charged, investigated, or warned by a state or federal agency based on controlled substance issues? Yes No
17. Have you ever had any physical, emotional, or mental illness which has impaired or would be likely to impair your ability to practice medicine? Yes No
18. Are you now, or have you, during the past 5 years, been dependent upon alcohol or habituating drugs, or undergone treatment for such? Yes No

Anticipated Practice Location(s) (if known):

Elliot Hospital, Manchester, NH

Manchester Ob/Gyn, 150 Tarrytown Road, Manchester, NH

Manchester Ob/Gyn, 77 Gilcreast Road, Suite 1000, Londonderry, NH


Applicant's Signature

Backman
Applicant's Printed Last Name

5/3/17
Date of Signature

For Board Use Only:

Application Received: 5/30, 2017 Fee Paid: 300.00 Check # 149

License Number: _____ Date of Issue: _____

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Jenny Grillo Backman

MAY 30 2017

NH BOARD

EDUCATION

BOSTON UNIVERSITY SCHOOL OF MEDICINE 8/2009-5/2013
Medical degree
Activities: Elected officer for SCOMSA (Student Committee on Medical School Affairs) 2009-2013,
Treasurer of SCOMSA 2010-2011; Vice-Chair of Peer Advising Committee 2010-2011
Passed Step 1, Step 2, Step 2 CS and Step 3

BOSTON UNIVERSITY, Boston, MA 9/2005-12/2008
Post- baccalaureate certificate in pre-medical sciences

SUFFOLK UNIVERSITY, Boston, MA 9/2001-5/2005
Major: Government; Minor: English
Graduated *summa cum laude*; Archer Fellow (Honors Program)

POSTGRADUATE EDUCATION

ADMINISTRATIVE CHIEF 6/2016-present

UNIVERSITY OF CONNECTICUT 7/2013-present
Residency in Obstetrics and Gynecology

EMPLOYMENT

VA BOSTON HEALTHCARE SYSTEM, West Roxbury, MA 6/2010-8/2010
Medical Student Nursing Assistant, The Other Side of the Bed Program

- Collected vital signs and participated in the general care of patients
- Participated in medical student education lectures and shadowed MDs

CHILDREN'S HOSPITAL BOSTON, Boston, MA 9/2007-7/2009
Research technician, Laboratory of Dr. Judah Folkman (PI: Sandra Ryeom, Ph.D)

- Studied the role of BRCA1 in regulating the angiogenesis inhibitor TSP1
- Investigated the upregulation of the antiangiogenic protein TSP1 following activation of p53 using *in vivo* and *in vitro* models
- Investigated the differential growth of tumors in the upper versus lower abdomen of mice
- Studied platelet derived growth factors and their role in angiogenesis

CHILDREN'S HOSPITAL BOSTON, Boston, MA 9/2005-8/2007
Administrative Assistant, Dr. Judah Folkman, M.D., Vascular Biology Program

- Managed the reference databases for manuscripts and performed literature searches
- Edited correspondences and manuscripts

NAT. ASSOC. OF FEDERALLY IMPACTED SCHOOLS, Washington, DC 9/2003-12/2003
Lobbying Intern

AWARDS AND HONORS

- **Dr. James Egan Award:** Outstanding Resident Research Presentation, 2016
- **Dr. Gretchen Allen Award:** Dedication to Outstanding Care in the Women's clinic, 2015
- **Sibylla Orth Youth Scholarship** (Children's Hospital Boston), 2008
- **Honors in English** (Award for Honors thesis completed), 2005
- **Departmental Recognition- Government**, 2002-2005
- **Delta Alpha Pi Academic Honorary**, 2004
- **Presidential Scholar Award**, 2001

PUBLICATIONS

Peer-reviewed articles

1. **Grillo J.**, Dellorusso C., Lynch R.C., Folkman J. & Zaslavsky A. "Regulation of the angiogenesis inhibitor thrombospondin-1 by the breast cancer susceptibility gene (BRCA1)". Breast Journal 2011; 17: 434.
2. Zaslavsky A., Chen C., **Grillo J.**, Baek K.H., Holmgren L., Yoon S.S., Folkman J. & Ryeom S. "Regional control of tumor growth". Molecular Cancer Research 2010; 8: 1198.
3. Zaslavsky A., Baek K.H., Lynch R.C., Short S., **Grillo J.**, Folkman J., Italiano J.E. Jr. & Ryeom S. "Platelet-derived thrombospondin-1 is a critical negative regulator and potential biomarker of angiogenesis". Blood 2010; 115:4605.

Published Abstracts

1. **Backman J.**, Chang Z., Carroll S. & Einstein H. Referrals to Genetic Counseling in Patients with Ovarian, Fallopian Tube, or Primary Peritoneal Cancer, an Institutional Review. Gynecologic Oncology 2015; 139, 586.
2. Chang Z., **Backman J.**, Carroll S. & Einstein H. Utilization of Next Generation Multi-gene Panels Versus Single Gene Testing. Gynecologic Oncology 2015; 139; 584.

Conference Presentations

1. "The utility of pre-operative computed tomography for management of high-risk uterine cancer", Connecticut Research Day, Hartford, CT 9/15/16
2. "Referrals to Genetic Counseling in Patients with Ovarian, Fallopian Tube, or Primary Peritoneal Cancer, an Institutional Review", NEAGO Annual Conference, Kennebunkport, MA 6/12/15
3. "Systemic Lupus Erythematosus: Important Considerations in Ob/Gyn", UConn Grand Rounds, Farmington, CT 2/25/2015

VOLUNTEER ACTIVITIES

OUTREACH VAN PROJECT, Boston, MA

9/2009-5/2010

Volunteer

- Distributed clothing and food to the homeless population of East Boston

BU SCHOOL OF PUBLIC HEALTH, Boston, MA

9/2009-12/2009

Volunteer research assistant for refugee complementary and alternative medicine surveys

- Interviewed patients in the refugee clinic at Boston Medical Center regarding alternative medicine practices for the development of an alternative medicine clinic

BRIGHAM AND WOMEN'S HOSPITAL, Boston, MA
Ambassador Volunteer, Pre-med Volunteer Program

2/2006-11/2007

- Volunteered in the Emergency department and trained new Emergency Department volunteers

CHILDREN'S HOSPITAL BOSTON, Boston, MA

10/2005-8/2007

Volunteer Research Technician, Laboratory of Dr. Judah Folkman (PI: Sandra Ryeom, Ph.D.)

- Conducted research investigating the mechanisms of platelet uptake and selective release of pro- and anti-angiogenic proteins
- Studied the expression of ADAMTS1 and thrombospondin-1 in wild-type and knockout BRCA1 cells

PROFESSIONAL INTERESTS

Minimally invasive surgery (including laparoscopy, hysteroscopy and robotic surgery), resident education, high-risk pregnancies, genetics, clinical/basic science research

REFERENCES

- **Dr. Amy Johnson**, UConn Residency Program Director [REDACTED]
- **Dr. Heather Einstein**, Hartford Hospital Gynecologic Oncologist [REDACTED]
- **Dr. Peter Beller**, WAHS at Hartford Hospital Attending [REDACTED]
- **Dr. Aaron Shafer**, Hartford Hospital Gynecologic Oncologist [REDACTED]
- **Dr. Elizabeth Deckers**, Medical Director Labor and [REDACTED]
[REDACTED] (elizabeth.deckers@hhchealth.org)

Phone numbers available upon request

RECEIVED

MAY 30 2017

NH BOARD

May 26, 2017

To Whom It May Concern:

This letter is to inform you that I do not have a DEA number at this time. I did not require a federal DEA for my residency and will have to wait for my FCVS application to be approved prior to applying for a DEA number.

Sincerely,

Jenny Backman, MD