

Leah N Torres, MD

Licensed Physician #MD2018-0911

Issue Date

11/02/2018

Expiration Date

07/01/2019

Signature of Holder

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

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Leah N Torres, MD

License Number: MD2018-0911

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

Issue Date: 11/02/2018 Date Expires: 07/01/2019*

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

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

Perea, Christine, BME

From: Perea, Christine, BME
Sent: Friday, October 12, 2018 10:00 AM
To: 'Leah Torres'
Subject: RE: [EXT] Re: NM MD Application

Dr. Torres,

You noted on your CV under employment experience Planned Parenthood Association from 07/2012 – 02/2017. The Board requires that verification be submitted to the Board directly from the school. Please let me know if you have any additional questions.

Christine Perea
2055 S Pacheco Building 400
Santa Fe, NM 87505
(505) 476-7236
Fax (505) 476-7233

From: Leah Torres [mailto:██████████@gmail.com]
Sent: Saturday, October 06, 2018 9:38 AM
To: Perea, Christine, BME <Christine.Perea@state.nm.us>
Subject: Re: [EXT] Re: NM MD Application

Christine,

I haven't worked at Planned Parenthood in the past two years so this must just be for my in the past couple months. Also, Did you see my question regarding the UA form that I have completed for my post grad training? Thanks again.
-Leah

On Fri, Oct 5, 2018 at 2:16 PM Perea, Christine, BME <Christine.Perea@state.nm.us> wrote:

Dr. Torres,

I have attached a work verification form. Once these are complete they can be emailed directly to me. The Board requires verification of "all work experience and hospital affiliations in the last two years". (see rules and statutes on our website. Part 2 16.10.2.10 B (4)). I realize that it can be difficult to provide verification of a facility when you were the sole proprietor, however, it is a requirement for licensure. The Board will require an attestation from someone that can verify that you that work at this facility during the time you noted on your application. If there is no one at the facility that can attest to this the board will accept an attestation from a tax accountant or lawyer. Please let me know if you have any additional questions.

Christine Perea

2055 S Pacheco Building 400

Santa Fe, NM 87505

(505) 476-7236

Fax (505) 476-7233

From: Leah Torres [mailto:██████████@gmail.com]
Sent: Friday, October 05, 2018 10:53 AM
To: Perea, Christine, BME <Christine.Perea@state.nm.us>
Subject: [EXT] Re: NM MD Application

Hello Christine,

I have the post graduate verification form already completed through the Uniform Application documents, including the institutional seal. I will send that as it will expedite the process with your permission.

I do not see work verification forms under the UA for New Mexico. I worked at Planned Parenthood as a private contractor, not as staff. That falls under LN Torres, LLC. How shall I go about this process? Thank you.

-Leah Torres, MD

On Wed, Sep 26, 2018 at 2:48 PM Perea, Christine, BME <Christine.Perea@state.nm.us> wrote:

Dr. Torres,

I received your FCVS file. We are currently awaiting the following to complete your application:

- Work verification from the following facilities
 - LN Torres LLC
 - Planned Parenthood

- FCVS did not verify your post graduate training verification from University of Utah. I have attached a post graduate training verification. Please forward it to the appropriate person at University of Utah to complete. The Board requires the original document (with the schools seal) be returned to us.

Please let me know if you have any questions.

Christine Perea

2055 S Pacheco Building 400

Santa Fe, NM 87505

(505) 476-7236

Fax (505) 476-7233

From: Leah Torres [mailto: [REDACTED]@gmail.com]
Sent: Monday, September 24, 2018 5:00 PM
To: Perea, Christine, BME <Christine.Perea@state.nm.us>
Subject: Re: NM MD Application

Hello Christine,

Please update my email address to reflect the correct email: [REDACTED]@gmail.com. Is there a specific form you require for work verification? FCVS should be sending the remaining information. Please double check that it went through.

Thank you!

-Leah

On Mon, Sep 24, 2018 at 2:13 PM leah k baker <[REDACTED]@gmail.com> wrote:

----- Forwarded message -----

From: Perea, Christine, BME <Christine.Perea@state.nm.us>

Date: Mon, Sep 24, 2018 at 3:08 PM

Subject: RE: NM MD Application

To: [REDACTED]@gmail.com <[REDACTED]@gmail.com>

Dr. Torres,

We are currently awaiting the following to complete your application:

- Medical Education and transcripts
- USMLE Transcripts
- Post Graduate verification from the following facilities
 - Albert Einstein
 - University of Utah
- Upon review of your CV we will also require work verification from the following Facilities:
 - LN Torres LLC
 - Planned parenthood

Please contact the Board with any questions.

Christine Perea

2055 S Pacheco Building 400

Santa Fe, NM 87505

(505) 476-7236

Fax (505) 476-7233

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leah k. baker

p: [REDACTED].1250

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Leah Torres, MD MS
OB/Gyn, Reproductive Health Specialist
Salt Lake City, UT

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Leah Torres, MD MS
OB/Gyn, Reproductive Health Specialist
Salt Lake City, UT

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Leah Torres, MD MS
OB/Gyn, Reproductive Health Specialist
Salt Lake City, UT

Perea, Christine, BME

From: Leah Torres <[REDACTED]@gmail.com>
Sent: Wednesday, October 24, 2018 12:28 AM
To: Perea, Christine, BME
Subject: [EXT] updated work experience
Attachments: LNTorresCV 10_2018n.pdf

Hello Christine,

You should have received a letter from my CPA regarding my self employment. Also, I have confirmed with Planned Parenthood and I last contracted with them over 2 years ago, so you should not need that work verification completed. Please see attached updated CV and let me know if there is anything else missing from my file. Thank you so much for your help.

Sincerely,

Leah Torres, MD MS
OB/Gyn, Reproductive Health Specialist
Salt Lake City, UT

Ortega, Bernadette, BME

From: Ortega, Bernadette, BME
Sent: Monday, August 13, 2018 4:07 PM
To: [REDACTED]@gmail.com'
Subject: Application Status

Good afternoon Dr. Torres,

At this time we are missing the following items to complete your application,

- Confirmation of background check
- 2 professional recommendations
- Medical education verification and official transcripts from University of Illinois
- USMLE transcripts
- Rocky Mountain Women's Health work experience verification
- Post graduate training verification

Please feel free to contact the office with any other questions.

Bernadette Ortega
Investigations
New Mexico Medical Board

Confidentiality Notice: This email, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited unless specifically provided under the NM Inspection of Public Records Act. If you are not the intended recipient, please contact the sender and destroy all copies of this message.

Perea, Christine, BME

From: Ortega, Bernadette, BME
Sent: Monday, September 17, 2018 10:34 AM
To: Perea, Christine, BME
Subject: FW: Application Status

From: Leah Torres [mailto:██████████@gmail.com]
Sent: Monday, September 17, 2018 10:32 AM
To: Ortega, Bernadette, BME <Bernadette.Ortega@state.nm.us>
Subject: Re: Application Status

Hello Bernadette,

Just following up from my last email as well as checking on the status of my application. Thank you.
-Leah Torres, MD MS

On Wed, Aug 29, 2018 at 11:13 AM Leah Torres <██████████@gmail.com> wrote:

Hello Bernadette,

Thank you for your response. I had submitted a Uniform Application through FSMB on July 2nd, and I have contacted them regarding whether I must submit a separate FCVS profile in order to verify my credentials. That said, I did send in my background check documents last month as well. Have you received the professional recommendations yet?

Thank you,
Leah

On Mon, Aug 13, 2018 at 4:06 PM Ortega, Bernadette, BME <Bernadette.Ortega@state.nm.us> wrote:

Good afternoon Dr. Torres,

At this time we are missing the following items to complete your application,

- Confirmation of background check
- 2 professional recommendations
- Medical education verification and official transcripts from University of Illinois
- USMLE transcripts
- Rocky Mountain Women's Health work experience verification

- Post graduate training verification

Please feel free to contact the office with any other questions.

Bernadette Ortega

Investigations

New Mexico Medical Board

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Leah Torres, MD MS
OB/Gyn, Reproductive Health Specialist
Salt Lake City, UT

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Leah Torres, MD MS
OB/Gyn, Reproductive Health Specialist
Salt Lake City, UT

Parks, Monique M, BME

From: Parks, Monique M, BME
Sent: Tuesday, September 18, 2018 2:12 PM
To: [REDACTED]@gmail.com'
Subject: Status

Importance: High

Good Afternoon Dr. Torres:

As of today, you are lacking the following:

- License Verification(s)
 - VT
 - UT
 - PA
- Medical Education Verification
 - Official Transcripts
- USMLE Transcripts
- PGT Verification(s)
 - Albert Einstein Medical Center
 - University of Utah
- Work Verification- Rocky Mountain Women's Health

In the future, please contact the status line at 505-476-7245 for any and all status updates.

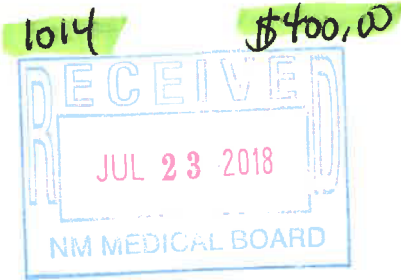
Respectfully,

*Monique M. Parks, Quality Assurance Manager
New Mexico Medical Board
2055 S. Pacheco Street, Suite 400
Santa Fe, NM 87507
505-476-7226- Direct
505-476-7233- Fax
505-476-7245- Status Line
Moniquem.parks@state.nm.us*



R# 2106114

New Mexico Medical Board
2055 S. Pacheco Street, Building 400
Santa Fe, NM 87505
505-476-7220
Fax: 505-476-7233



Susana Martinez
Governor

Steven M. Jenkusky, MD
Chair

ADDITIONAL PHYSICIAN INFORMATION

Physician Name: TORRES LEAH NICOLE
Last First Middle

An asterisk (*) indicates that this information will be kept confidential.

Exam

Form with fields: Will you be applying by endorsement? Yes No, Citizenship: USA, Immigration Status, INS Certification #, Fed Tax ID#, NM Tax ID#, Fed. Drug Enforcement Admin. (DEA) Registration #, State Controlled Substance Registration (CSR)#, Medicare Unique Physician Identification Number (UPIN), State Medicaid Provider Number.

PRACTICE INFORMATION - Please list all applicable practice information below.

Form with fields: Current Practice Name: LN Torres, CCC, Street Address: 2223 S Highland Dr, Suite EG-285, City: Salt Lake City, State: UT, Telephone Number: 215-350-4575, Facsimile Number, Office Manager or Contact Person: Dr. Torres, Practice Limited to (clinical specialty): OB/Gyn, Foreign Languages (spoken fluently by practitioner): Spanish, Foreign Languages (spoken fluently at Practice): Spanish, What are your immediate or future Practice Plans in New Mexico? To provide OB/Gyn care in underserved areas.

Applicant Name: Leah N Torres

PROFESSIONAL REFERENCES – Please list three professional peers familiar with your professional performance in the past 5 years (not including current or impending partners or associates in practice).

(1) Name and Title: Gayle Stewart, MD	
Street Address: 3336 South 4155 West, Suite 301	
City: Salt Lake City	State: UT Zip Code: 84120
Telephone Number: 801 964 3865	Facsimile Number: 801 964 3894

(2) Name and Title: David Turok, MD MPH	
Street Address: 30 North 1900 East, Suite 26200	
City: Salt Lake City	State: UT Zip Code: 84132
Telephone Number: 801 213 4989	Facsimile Number: 801-585-5146

(3) Name and Title: Terry Haag, MD [Dr. Haag, pronounced "hay-g"]	
Street Address: 2312 Buckingham Run	
City: Orlando	State: FL Zip Code: 32828
Telephone Number: 727 389 9337	Facsimile Number:

SPECIALTY BOARD CERTIFICATIONS N/A Are you Board Certified? Yes No

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

Certified/Recertified by the:		
Date Certified:	Date Last Recertified:	Exp. Date:
Certified/Recertified by the:		
Date Certified:	Date Last Recertified:	Exp. Date:
Accepted for Examination by the:		
Until (expiration date):	If not accepted, have you made application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certified/Recertified by the Subspecialty Board of:		
Date Certified:	Date Last Recertified:	Exp. Date:
Certified/Recertified by the Subspecialty Board of:		
Date Certified:	Date Last Recertified:	Exp. Date:
Accepted for Examination by the Subspecialty Board of:		
Until (expiration date):	If not accepted, have you made application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LIABILITY INSURANCE*

Do you have current liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Current Carrier: Continental Ins Co
Complete address: 100 Bank Street, Suite 600		
Dates Insured	Policy #:	Coverage Limits:
From: 10-1-17 To: 10-1-18	[REDACTED]	[REDACTED]

Applicant Name: Leah N Torres

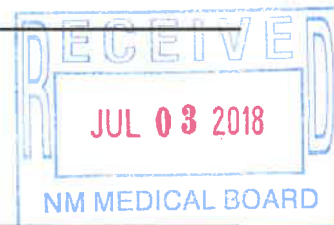
Uniform Application for Licensure

Application ID: 261047
 FID: 215160672

License Requested: MD
 Submitted to: New Mexico Medical Board
 Submission Date: 07/02/2018

Practitioner Name

Torres, Leah Nicole
 Alternate Name(s): Torres, Leah N
 Torres, Leah



Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Business	2223 S Highland Dr Suite E6-285 Salt Lake City, UT 84106 UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	[REDACTED]	4575

Email

Public Access	Board Contact	Email
No	Yes	[REDACTED]@gmail.com
Yes	No	bruno.monteiro@weatherbyhealthcare.com

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	[REDACTED] 4354	[REDACTED] 1979	Saginaw, MI UNITED STATES	F	1700047099	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
University of Illinois College of Medicine	1853 West Polk Street (M/C 785) Chicago, IL 60612 UNITED STATES	08/16/2004	05/11/2008	05/11/2008	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name:	Albert Einstein Medical Center	Program Code:	ACGME 2204121247
	Program		
	Philadelphia, PA UNITED STATES		
		Attendance Dates:	
Institution:	Albert Einstein Medical Center	Start Date:	07/01/2008
Training Specialty:	Obstetrics & Gynecology	End Date:	06/30/2011
		Program Type:	Internship/Residency
Training Status:	Completed		
Hospital Name:	Albert Einstein Medical Center	Program Code:	ACGME 2204121247
	Program		
	Philadelphia, PA UNITED STATES		
		Attendance Dates:	
Institution:	Albert Einstein Medical Center	Start Date:	07/01/2011
Training Specialty:	Obstetrics & Gynecology	End Date:	06/30/2012
		Program Type:	Residency
Training Status:	Active		
Hospital Name:	University of Utah School of Medicine	Program Code:	
	Salt Lake City, UT UNITED STATES		
		Attendance Dates:	
Institution:		Start Date:	07/01/2012
Training Specialty:	Family Planning Fellowship	End Date:	06/30/2014
		Program Type:	Fellowship/Research
Training Status:	Completed		

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		05/23/2006	Pass	1
USMLE Step 2 CK Examination		11/07/2007	Pass	1
USMLE Step 2 CS Examination		03/19/2009	Pass	2
USMLE Step 3 Examination		02/23/2010	Pass	2

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Vermont Board of Medical Practice	VT	042-0014096	06/06/2018	11/30/2018	Full	Active
Utah Physicians Licensing Board	UT	8243165-1205	04/11/2012	01/31/2020	Full	Active

Physician Reported License History

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

Chronology of Activity Type

Practice/Emp/ Desc:	Rocky Mountain Women's Health Center	Chronology Type:	Work
Address:	3636 South 4155 West Suite 301 Salt Lake City, UT 84120 US	Attendance Dates:	
Position/Dept:	Physician - OB/Gyn	Start Date:	10/01/2015
		End Date:	06/01/2018
Clinical %:	80		
Admin %:	20		
Employment:	<input checked="" type="radio"/>	Staff Privileges:	<input checked="" type="radio"/>
Affiliation:	<input type="radio"/>		
Practice/Emp/ Desc:	Cache Valley Community Health Center	Chronology Type:	Work
Address:	1515 North 400 East Suite 104 Logan, UT 84341 US	Attendance Dates:	
Position/Dept:	Physician - OB/Gyn	Start Date:	07/01/2014
		End Date:	09/01/2015
Clinical %:	90		
Admin %:	10		
Employment:	<input checked="" type="radio"/>	Staff Privileges:	<input checked="" type="radio"/>
Affiliation:	<input type="radio"/>		
Practice/Emp/ Desc:	University of Utah School of Medicine	Chronology Type:	Other Training
Address:	Salt Lake City, UT US	Attendance Dates:	
Position/Dept:		Start Date:	07/01/2012
		End Date:	06/30/2014
Clinical %:			
Admin %:			
Employment:	<input checked="" type="radio"/>	Staff Privileges:	<input checked="" type="radio"/>
Affiliation:	<input type="radio"/>		
Practice/Emp/ Desc:	Albert Einstein Medical Center Program	Chronology Type:	Accredited Training
Address:	Philadelphia, PA US	Attendance Dates:	
Position/Dept:		Start Date:	07/01/2011
		End Date:	06/30/2012
Clinical %:			
Admin %:			
Employment:	<input checked="" type="radio"/>	Staff Privileges:	<input checked="" type="radio"/>
Affiliation:	<input type="radio"/>		
Practice/Emp/ Desc:	Albert Einstein Medical Center Program	Chronology Type:	Accredited Training

Address: Philadelphia, PA
US

Position/Dept:

Clinical %:

Admin %:

Attendance Dates:

Start Date: 07/01/2008

End Date: 06/30/2011

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Transition from medical school to residency

Chronology Type: Vacation

Address:

Attendance Dates:

Position/Dept:

Start Date: 06/01/2008

End Date: 07/01/2008

Clinical %: 0

Admin %: 0

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

University of Illinois College of Medicine

Chronology Type: Medical Education

Address: Chicago, IL
US

Attendance Dates:

Position/Dept:

Start Date: 08/16/2004

End Date: 05/11/2008

Clinical %:

Admin %:

Employment:

Staff Privileges:

Affiliation:

Malpractice

Patient Name:	[REDACTED]	Court:	Third Judicial District Court
State Incident Occurred:	UT	Insurance Carrier:	Continental Insurance Company
Case Number:		Date of Event:	01/21/2016
Case Status:	Open (Pending)	Amount Paid:	
Judgement/Settlement Amount:		Date of Lawsuit:	12/06/2016
What is/was your status?	Co-defendant		

Provide specifics in reference to the event including the allegations and your role:

[REDACTED] and [REDACTED] filed a lawsuit on 5/18/17 against me and Jordan Valley Medical Center, claiming that the fetal death of their child was caused by medical negligence. We filed an answer on my behalf outlining the propriety of your care, especially in light of the communication provided by the labor and delivery nurses and hospital staff.

After exchanging initial disclosures and before any additional written discovery was served or depositions scheduled, the plaintiffs' counsel requested a stay in the litigation in an effort to review and potentially resolve the case informally. All parties agreed and we have cooperated in sharing medical records and information on claims/defenses.

The plaintiffs' counsel has now requested a mediation in an effort to resolve the case short of any additional discovery or litigation. The insurance carrier and counsel for Jordan Valley Medical Center have expressed an interest in participating in mediation and potentially resolving this case. The plaintiffs' counsel acknowledges that I am not the target of this litigation. There were critical findings on the fetal heart tracings that occurred while labor and delivery nurses were monitoring the patient, which were not communicated to me. No date or details for the mediation have yet been discussed. Once the mediation date is proposed and a mediator selected, I will contact be contacted to discuss the mediation in more detail and how we will proceed.

Again, there have been no other developments on this case. If the mediation fails to resolve this case, we will schedule depositions and complete fact discovery.

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PROFESSIONAL PRACTICE QUESTIONS – Please answer all of the following Yes or No questions. If you answer YES to any question, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1.	Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.	Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.	Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4.	Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.	Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6.	Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7.	Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8.	Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.	Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10.	a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason except for medical records delinquency unrelated to your professional competence or conduct? b. Have you ever agreed not to exercise your clinical privileges while under investigation? c. Have you ever been investigated and / or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.	Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12.	a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied? b. Are any currently held licenses pending investigation or being challenged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
13.	Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14.	Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Applicant Name: Leah N Torres

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15.	<p>Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, complete the Malpractice Liability Claims Information page in the online UA. Include the following information in the specifics area:</p> <ul style="list-style-type: none"> - Name, age, sex of patient/claimant. - Date(s) and type of treatment and/or surgery, which led to the allegations against you. - Nature of allegations in claims/suits. Specify whether a suit was ever filed. - Names of other practitioners and hospital, if any, involved in claims or suit. - Disposition or current status of claim or suit (be specific). - Name of insurance carrier defending you. - Name of defense attorney. 	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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16.	Have you ever been reported to the National Practitioner Data Bank?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
17.	<p>a. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</p> <p>b. Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
18.	In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment.	[REDACTED]
19.	<p>Have you ever, for any reason:</p> <p>a. Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b. Withdrawn from a medical school or postgraduate training program?</p> <p>c. Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d. Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e. Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
20.	I attest that I will limit my practice to areas in which I am competent to practice.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21.	Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or in any other state?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you answer YES to any question except for Question 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

Applicant Name: Leah N Torres

For State Board Use Only

Affidavit and Authorization for Release of Information

Applicant: In the presence of a notary public, sign this form with attached photo. If you are using FCVS for credentials verification, consider having that form notarized at the same time. Send the separate notarized FCVS form to FCVS. Do not send this form to FCVS as doing so will delay your licensure.

Send this form to the board you are applying to for licensure. Include all other required materials. A directory of state medical and osteopathic boards is available at http://www.fsmb.org/policy/contacts.

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 Physician 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 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 license or permit to practice medicine.



Applicant's signature (must be signed in the presence of a notary)
Torres Leah N
Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)
7-3-18
Date of signature (must correspond to date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left.]

NOTARY

State of Utah, County of Salt Lake

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 3 day of July, 2018.

Notary Public Signature Tanya Welty My Notary Commission Expires June 27, 2019



LEAH TORRES, MD MS
CITIZENSHIP: UNITED STATES
EMAIL [REDACTED]@GMAIL.COM

EDUCATION

B.A. Spanish: August 2001
University of Michigan: Ann Arbor, Michigan
Universidad de Sevilla: 12 months study abroad, Seville, Spain

MD: May 2008
University of Illinois at Chicago College of Medicine: Chicago, Illinois

Master of Science in Clinical Investigation: June 2014
University of Utah: Salt Lake City, Utah

RESIDENCY

Albert Einstein Medical Center Department of Obstetrics and Gynecology:
Philadelphia, Pennsylvania (July 2008 to June 2012)

FELLOWSHIP

Family Planning Fellow
University of Utah School of Medicine: Salt Lake City, Utah
July 2012 to June 2014

CERTIFICATION

American Board of Obstetrics and Gynecology: active candidate

LANGUAGES

English (first language), Spanish (fluent)

EMPLOYMENT EXPERIENCE

LN Torres, LLC: Generalist OB/Gyn physician, private contractor. (July 2018 to Present)
Clinic and hospital work, laborist, consultations, call coverage, special training in D&E procedures up to 22 weeks.

Rocky Mountain Women's Health Center: West Valley City, UT (Oct 2015 to June 2018)
OB/Gyn Physician, full-time generalist. Physician Assistant Student educator.

Bear Lake Community Health Centers: North Logan, UT (Aug 2014 to Sept 2015)
OB/Gyn Physician, full-time generalist. Medical Student educator.

Planned Parenthood Association of Utah: Salt Lake City, UT (July 2012 to Jan 2016)
OB/Gyn Physician, part-time clinician



University of Utah: Salt Lake City, UT (July 2012-June 2014)
Visiting instructor at the School of Medicine in the Department of Obstetrics and Gynecology

Veteran's Affairs Medical Ctr: Salt Lake City, UT (July 2013-May 2014)
Visiting clinician for obstetric and gynecological services in the Women's Clinic specializing in family planning services for female veterans. This is a special population of women with specific needs concerning sexual health, post-traumatic stress disorder from combat as well as sexual abuse, and general health education.

GRANTS

A Randomized-Control Trial of Focused Contraceptive Counseling and Case Management versus Usual Care in Women Postpartum from a Preterm Birth. Society of Family Planning. \$70,000 4/24/2013-6/30/2014

RESEARCH PUBLICATIONS

Cahue S, Dunlop D, Hayes K, Song J, **Torres L**, Sharma L. Varus-valgus alignment in the progression of patellofemoral osteoarthritis. *Arthritis Rheum.* Jul 2004;50(7):2184-2190.

Dayal N, Chang A, Dunlop D, et al. The natural history of anteroposterior laxity and its role in knee osteoarthritis progression. *Arthritis Rheum.* Aug 2005;52(8):2343-2349.

Torres L, Dunlop DD, Peterfy C, et al. The relationship between specific tissue lesions and pain severity in persons with knee osteoarthritis. *Osteoarthritis Cartilage.* Oct 2006;14(10):1033-1040.

Dermish A, Jacobson J, Murphy P, **Torres L**, Turok DK, Ward K. Oral LNG vs. copper IUD: Understanding use of EC in relation to timing from LMP. Reproductive Health 2012. New Orleans, Louisiana, September 21, 2012, *Contraception.* 2012; 86:177.

Clark EA, Esplin S, **Torres L**, Turok D, Yoder BA, Varner MW, Winter S. Prevention of Recurrent Preterm Birth: Role of the Neonatal Follow-up Program. *Maternal Child Health Journal.* Jul 2 2013.

Turok DK, Godfrey EM, Wojdyla D, Dermish A, **Torres L**, Wu SC. Copper T380 intrauterine device for emergency contraception: highly effective at any time in the menstrual cycle. *Human Reproduction.* Aug 14 2013.

Torres LN, Turok DK, Sanders JN, Jacobson JC, Dermish AI, Ward K. We should really keep in touch: predictors of the ability to maintain contact with contraception clinical trial participants over 12 months. *Contraception.* 2014; 90(6):575-80.

Hathaway M, **Torres L**, Vollett-Krech J, Wohltjen H. Increasing LARC utilization: any woman, any place, any time. *Clin Obstet Gynecol*. 2014; 57(4):718-30.

Jackson RA, Gardner S, **Torres LN**, Huchko MJ, Zlatnik MG, Williams JC. My Obstetrician Got Me Fired: How Work Notes Can Harm Pregnant Patients and What to Do About It. *Obstet Gynecol*. 2015;126(2):250-4.

Torres LN, Turok DK, Clark EA, Sanders J, Godfrey E. Increasing IUD and implant use among those at risk of a subsequent preterm birth: a randomized controlled trial of postpartum contraceptive counseling. *Women's Health Issues*. 2018; 28(5):393-400.

BOOK CHAPTERS

Murphy, P. A., **Torres, L. N.** Contraception. In R. G. Jordan, J. L. Engstrom, J. Marfell, & C. L. Farley (Eds.) *Prenatal and postnatal care: a woman centered approach*. Hoboken, NJ: Wiley, 2014.

JOURNAL REVIEWER

Obstetrics and Gynecology (the Green Journal)

POLITICAL ADVOCACY

Center for Reproductive Rights Lobby Day (2014) for Women's Health Protection Act (WHPA), Capitol Hill, Washington, D.C.

Congressional Leadership Conference (annually 2012-2015), ACOG
ACOG Policy Rotation: Briefing for WHPA (2013), ACOG Headquarters, Washington, D.C.

Lobbying on Capitol Hill: WHPA, repeal of SGR, Pregnant Workers Fairness Act, Quality Improvement for Maternal and Neonatal Health
Physicians for Reproductive Health: graduated fellow

PRESENTATIONS

Event Speaker:

["Planned Parenthood Pasadena and San Gabriel Valley's 85th Anniversary Fall Benefit and Gala"](#)

The Langham Hotel, Pasadena, CA

September 29, 2018

Grand Rounds:

["Physician Advocacy: Our Responsibilities Beyond the Clinic,"](#)

University of Utah School of Medicine, Salt Lake City, Utah, January, 2013; Albert Einstein Medical Center, Philadelphia, Pennsylvania, September, 2014; Medical University of South Carolina, Charlotte, South Carolina, November, 2014

["Postpartum Contraception: An Update,"](#) University of Utah School of Medicine, Salt Lake City, Utah, January, 2013

"Evolution of Human Sexuality," Albert Einstein Medical Center, Philadelphia, Pennsylvania, May, 2012

Conference Sessions:

Reproductive Health 2014, Association for Reproductive Health Professionals, Charlotte, North Carolina, September, 2014: “Physician Advocacy” panel

Reproductive Health 2013, Association for Reproductive Health Professionals, Denver, Colorado, September, 2013: “Postpartum Contraception”

Prematurity Symposium 2013, March of Dimes, Salt Lake City, Utah, October, 2013: “The Right Time for the Next Pregnancy”

Lectures:

“Early Pregnancy Failure/Abortion Diagnosis and Management,” University of Utah School of Medicine, 3rd year Medical Student Clerkship Curriculum, 2012-2014.

Abortion for Genetics Counselors. Lecture for the Graduate Program in Genetic Counseling, University of Utah, November 2013.

Posters/Abstracts:

North American Forum on Family Planning, October, 2014: “A Randomized-Controlled Trial of Contraception Counseling and Case Management Versus Usual Care in Women Postpartum from a Preterm Birth”

North American Forum on Family Planning, October, 2012: “We Should Really Keep in Touch: Predictors of the Ability to Maintain Contact with Contraception Clinical Trial Participants Over 12 Months” and “Copper T380 IUD for EC: Highly effective at any time in the menstrual cycle”

American College of Rheumatology Scientific Meeting, October, 2004: “Severity of Pain and Joint Tissue Lesions in Knee Osteoarthritis”

9th World Congress of the OA Research Society International, December, 2004: “Severity of Pain and Joint Tissue Lesions in Knee Osteoarthritis”

TEACHING

Visiting Instructor, University of Utah School of Medicine Core Curriculum

OB/Gyn Clerkship: Family planning, abortion, first trimester pregnancy loss, 2012-2013

Core Curriculum: metabolism and reproduction, workshop planning, 2013 to present

Clinician, Veteran’s Affairs Medical Center, Salt Lake City, UT: Provide outpatient care and gynecologic surgery including, but not limited to, contraception, sterilization, and routine gynecologic health care.

Nexplanon Instructor: trainer for insertion and removal of implant device

PROFESSIONAL ORGANIZATIONS

American Congress of Obstetricians and Gynecologists: Junior Fellow, Ob-Gyn Political Action Committee

Utah Medical Association
Medical Students for Choice: Board Member (2015-2018)
Society of Family Planning
Association of Reproductive Health Professionals
National Abortion Federation
National Abortion Rights Action League
American Medical Women's Association
American Medical Student Association
Physicians for Reproductive Health

AWARDS

Posters

North American Forum on Family Planning, October, 2012: "We Should Really Keep in Touch: Predictors of the Ability to Maintain Contact with Contraception Clinical Trial Participants Over 12 Months"
2nd Place: Best Poster Abstract

July 20, 2018

To whom it may concern:

I have taken the ABOG written eligibility examination as of June 25, 2018. I am currently board eligible pending the outcome of this exam. Since completing residency, I have taken this exam annually. Due to severe test anxiety, I have yet to pass the exam and move on to the Oral Board examination. I am considered Board Eligible as of this date.

Sincerely,

Leah N Torres, MD MS

A handwritten signature in blue ink, appearing to read 'Leah N Torres', is written below the typed name.



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

LEAH NICOLE TORRES
STE 301
3336 S 4155 W
W VALLEY CITY, UT 84120

Primary Office Address

SAME AS MAILING ADDRESS

Birth date [REDACTED]/1979

Phone (801) 964-3865

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

OBSTETRICS & GYNECOLOGY (primary)
UNSPECIFIED (secondary)

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

AMA membership status

NON MEMBER

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1700047099	06/19/2008	NOT RPTD	NOT RPTD	NOT RPTD	07/16/2018

Current and/or historical medical school

UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF MEDICINE

Degree Awarded: YES
Degree Year: 2008



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

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

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

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

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

Sponsoring Institution: ALBERT EINSTEIN MEDICAL CENTER
Sponsoring State: PENNSYLVANIA
Specialty: OBSTETRICS & GYNECOLOGY
Training Type:
Dates: 7/2008 - 6/2012 (Verified)

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

Specialty Board Certification

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

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

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



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

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2018 American Board of Medical Specialties. All right reserved.

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
Utah	MD	04/11/2012	01/31/2020	ACTIVE	UNLIMITED	07/03/2018
Pennsylvania	MD	06/09/2008	06/30/2012	INACTIVE	RESIDENT	04/24/2018

Action Notifications

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

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

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

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX629	22N 33N 4 5	11/30/2020	07/13/2018	Physician Group Of Utah 3336 S 4155 W Suite 301 Salt Lake Cty, UT 84120-

Only the last three characters of active DEA numbers are displayed



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

ECFMG Certification

Applicant Number:

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

Profile Information

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

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

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

PRACTITIONER PROFILE

Prepared for:

New Mexico Medical Board

As of Date:7/26/2018

PRACTITIONER INFORMATION

Name: Torres, Leah Nicole
DOB: [REDACTED] 1979
Medical School: University of Illinois College of Medicine
Chicago, Illinois, UNITED STATES
Year of Grad: 2008
Degree Type: MD
NPI: 1700047099

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
UTAH	8243165-1205	04/11/2012	01/31/2020	06/26/2018
VERMONT	042-0014096	06/06/2018	11/30/2018	07/23/2018

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:7/26/2018
Practitioner Name: Torres, Leah Nicole

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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



Vermont Board of Medical Practice

Lookup Detail View

Name and Address

Name	Public Address	Actions
Leah Torres	Northeastern Vermont Regional Hospital 1315 Hospital Dr St. Johnsbury, VT 05819	None

Registration Information

License Type	License	Status	First Date Licensed	Issue Date	Expiration Date
Physician	042.0014096	ACTIVE IN RENEWAL	06/06/2018	06/06/2018	11/30/2018

Specialties

Specialty
Obstetrics and Gynecology

Generated on: 10/25/2018 12:02:52 PM

Details for Leah Nicole Torres

License Information

Name: Leah Nicole Torres ✓
City, State, Zip, Country: SALT LAKE CITY UT 84106 United States
Profession: Physician
License Type: Physician & Surgeon ✓
License Number: 8243165-1205 ✓
Obtained By: Application
License Status: Active
Original Issue Date: 04/11/2012
Expiration Date: 01/31/2020
Agency and Disciplinary Action*: NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107 ✓
Docket Number: N/A
Controlled Substance License Yes View Controlled Substance License

Education:

School Name	Major	Graduation Date	Degree
University of Illinois College of Medicine		2008-05-11	Doctorate of Medicine

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at <https://secure.utah.gov/bes/bes>. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

10/25/2018

License Information

LEAH NICOLE TORRES

Chicago, Illinois 60647

Board/Commission: State Board of Medicine

Status Effective Date: 07/11/2012

LicenseType: Graduate Medical Trainee

Issue Date: 06/09/2008

Specialty Type: Obstetrics and Gynecology

Expiration Date: 06/30/2012

License Number: MT193829

Last Renewal: 05/24/2011

Status: Inactive

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Details for Leah Nicole Torres

License Information

Name: Leah Nicole Torres
City, State, Zip, Country: SALT LAKE CITY UT 84106 United States
Profession: Physician
License Type: Physician/Surgeon CS
 Schedule 2-5
License Number: 8243165-8905
Obtained By: Application
License Status: Active
Original Issue Date: 04/11/2012
Expiration Date: 01/31/2020
Agency and Disciplinary Action*: NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number: N/A

Education:

School Name	Major	Graduation Date	Degree
University of Illinois College of Medicine		2008-05-11	Doctorate of Medicine

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at <https://secure.utah.gov/bes/bes>. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

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



WORK EXPERIENCE VERIFICATION

I am applying for a medical license in the State of New Mexico. The New Mexico Medical Board requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Leah Torres, MD MS
 2221 S Highland Dr. Suite E6-295
 Salt Lake City, UT 84108

Leah Torres MD MS
 Applicant Signature
 10/15 to 10/18
 Dates of privilege/employment necessary to renew (must be provided)
 [Redacted] 4575
 Telephone Number

The section below should be completed by the chief of staff or facility's administrative staff.
 Letters of Recommendation are **NOT** accepted in lieu of this form.

Rebecca Riser MD
 Type or Print Name of person completing this form
Medical Staff President
 Title
Jordan Valley Medical Center / Jordan Valley Medical Center West Valley Campus
 Name of Institution
3580 West 9000 South
 Address
West Jordan, UT 84088
 City / State / Zip
(Rocky Mountain)

- This evaluation is based on: Observation of applicant Review of personnel file
- In your estimation, is there any reason why this applicant should not be licensed to practice? Yes No
- To your knowledge, is there any mental or physical reason why this applicant should not be licensed? Yes No
- To your knowledge, is there any derogatory/disciplinary information regarding this applicant? Yes No
- Are the dates of privilege/employment provided by the applicant on this form accurate?* Yes No

If not, please provide correct dates: Beginning 11/15 Ending 10/19
Month/Year Month/Year

If you answered "YES" to questions 2, 3, and/or 4, please provide a written explanation and/or any supporting documentation that may be relevant.

Rebecca Riser
 Printed name of person completing this form
[Signature]
 Signature
 9/15/18
 Date

Tabitha Cardenas
 Signature of Notary (if applicable)
 9/15/18
 Date

My commission expires: 12/22/22



Please note on this form if there is no hospital or notary seal available.
 Please return this form directly to the address above.
 Thank you for your cooperation.

801-316-2558
fax 888-674-0655

SCHWARTZ & BRADSHAW
Certified Public Accountants

6965 Union Park Center, Suite 280
SLC, UT 84047, www.LIFIAdvisors.com

October 23, 2018

To Whom It May Concern:

We have been asked to provide you with certain information regarding Dr. Leah Torres.

Our services for Dr. Torres and LN Torres LLC were and remain limited to the preparation of federal and state income tax returns from information provided to us by our client. As tax returns are based on information provided by Dr. Torres, we have not reviewed or audited any of this information. Per the AICPA Statements on Standards for Attestations Engagements, providing assurance or expressing any sort of opinion on financial information without performing the appropriate attestation services constitutes a violation of professional standards and violates rules under states' licensing statutes. Therefore, we cannot make any representations or assurances regarding the accuracy or completeness of the information. However, the tax returns prepared by our office have been prepared in accordance with applicable tax laws and regulations, and guidance by the Internal Revenue Service.

Per documentation and verbal information that Dr. Torres has provided us, Dr. Torres has been employed by LN Torres LLC since June of 2018.

We reiterate that tax returns and related financial information are prepared for our client's tax needs, and we have not reviewed, audited, or otherwise attempted to verify any of this information. Consequently we cannot make any representations or assurances regarding the completeness of the information.

If you intend to use or rely on the information provided, you should perform your own independent procedures and tests as you deem necessary.

Sincerely,



Justin Bradshaw, CPA

FCVS

**FEDERATION
CREDENTIALS
VERIFICATION
SERVICE**

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Torres, Leah Nicole**

Social Security Number: **XXX-XX-4354**

Date of Birth: **1979**

FID#: **215160672**

Recipient: **NM - New Mexico Medical Board**

Delivery Date: **09/19/2018**

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.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



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 read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" 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 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.

While the FSMB will only use collected personal information for the purposes described on our website and in the FCVS application materials, the FSMB has no control over the entities to which an applicant authorizes the release of FCVS materials. Such entities may include state medical boards, state osteopathic boards, and other entities that may be subject to state and federal public information or open records laws, which might require the release of certain FCVS packet information to the public upon request.

Notary:

The physician has been instructed to sign the front of the photograph. Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



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

Torres Leah Nicole
Applicant's Printed Last Name

12-13-11
Date of Signature (must correspond to date of notarization)

State of PA, County of Philadelphia

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 13 day of December, 2011.

Notary Public Signature: [Signature]

NOTARIAL SEAL
JUDITH A. DIAMOND, Notary Public
City of Philadelphia, Phila. County
My Commission Expires February 1, 2015

My Notary Commission Expires: 2-1-2015

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Biographic Information

Medical professional Name(s): **Torres, Leah Nicole**

Date of Birth: [REDACTED] 1979

Place of Birth: Saginaw, MI, UNITED STATES

Contact Information

Business Address: 2223 S Highland Dr
Suite E6-285
Salt Lake City, UT 84106
UNITED STATES

Mobile Phone: [REDACTED] 4575

Email: [REDACTED]@gmail.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

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
08/16/2004	05/11/2008	Medical Education	University of Illinois College of Medicine Chicago Illinois UNITED STATES
06/01/2008	07/01/2008	Vacation	Transition from medical school to residency
07/01/2008	06/30/2011	Postgraduate Training	Albert Einstein Healthcare Network Program Philadelphia Pennsylvania UNITED STATES
07/01/2011	06/30/2012	Postgraduate Training	Albert Einstein Healthcare Network Program Philadelphia Pennsylvania UNITED STATES
07/01/2012	06/30/2014	Postgraduate Training	University of Utah School of Medicine Salt Lake City Utah UNITED STATES
07/01/2014	09/01/2015	Work	Cache Valley Community Health Center 1515 North 400 East Suite 104 Logan, Utah UNITED STATES
10/01/2015	06/01/2018	Work	Rocky Mountain Women's Health Center 3636 South 4155 West Suite 301 Salt Lake City, Utah UNITED STATES

End of Chronology of Activities report for: Torres, Leah Nicole

Medical Education

Medical School: University of Illinois College of MedicineLocation: Chicago, IL
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Verification of
Medical Education**Federation of
**STATE
MEDICAL
BOARDS**

Page 1

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 Wisser 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: University of Illinois College of Medicine

Address Line 1:
PO Box 5220

Address Line 2:

City: Chicago
Country: US

State/Province: IL

Zip Code (Postal Code): 60680

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 YEARSCredential/degree presented by the applicant for admission to your medical school: BACCALAUREATEEnrollment and Participation: Our records indicate that TORRES, LEAH
(type/print individual's name: Last, First, Middle, Suffix)attended our medical school for total of 156 weeks of medical education on the following dates: From: 08/16/04 To: 05/11/08
Month Day Year Month Day YearThis individual
Was awarded the degree of DOCTOR OF MEDICINE on 05/11/08
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: <u>SUSAN HUHNDORF</u> Signature: <u>DIRECTOR, RECORDS & REGISTRATION</u> Title: _____ Date of Signature: <u>1/3/12</u> Phone: <u>(312) 996-8008</u> Fax: <u>(312) 996-8900</u> Email: <u>SHUHNDORF@UIC.EDU</u>
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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:

Table with 4 columns: Reason, From (Mo/Yr) / , To (Mo/Yr) / , Approved, Unapproved. Rows include Personal/Family, Academic remediation, Health, Financial, Participation in joint degree, etc.

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:

Table with 4 columns: Reason, From (Mo/Yr) / , To (Mo/Yr) / , Approved, Unapproved. Rows include Academic Probation, Probation for unprofessional conduct/behavioral, etc.

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:

Medical School

Medical Professional Name: Torres, Leah Nicole

University of Illinois College of Medicine

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: Torres, Leah Nicole



Name: **Torres , Leah N.**

University Number: **9141**

Date Issued: **28 - MAR - 12**

Course Level: **Professional - Chicago**

Day/Month of Birth: **[REDACTED]**

Current Program

College : Coll Medicine at Chicago - CS
Major : Medicine - Chicago

Degree(s) Awarded Doctor of Medicine 11-MAY-2008

Primary Degree

College : Coll Medicine at Chicago - CS
Major : Medicine - Chicago

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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INSTITUTION CREDIT:

Term: Fall 2004 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

BMS 644	Med Gross Hum Anat/Embryol I	5.00 S	0.00
BMS 646	Medical Cell & Tissue Biol	4.00 S	0.00
BMS 648	Medical Biochemistry	3.00 S	0.00
BMS 653	Physiology I	5.00 S	0.00
BMS 654	Human Development	1.00 S	0.00
BMS 666	Essentials Clinical Med I	2.00 O	0.00

Term: Ehrs: 20.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Spring 2005 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

BMS 645	Med Gross Hum Anat/Embryol II	2.00 S	0.00
BMS 647	Medical Human Neuroanat	2.00 S	0.00
BMS 650	Medical Nutrition	2.00 S	0.00
BMS 660	Physiology II	5.00 S	0.00
BMS 661	Brain and Behavior	1.00 S	0.00
BMS 662	Fund of Immunol & Microbiol	3.00 S	0.00
BMS 667	Essentials Clinical Med II	3.00 O	0.00
BMS 668	Intro to Molec Med & Gene	2.00 S	0.00

Term: Ehrs: 20.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Fall 2005 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

CELE 600	Preclin Stud Portfolio Pilot	2.00 S	0.00
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***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

PRCL 626	Pathology I	5.00 S	0.00
PRCL 627	Infection and Immunity	5.00 S	0.00
PRCL 628	Pharmacology I	3.00 S	0.00
PRCL 641	Clinical Pathophysiology I	4.00 S	0.00
PRCL 645	Essentials of Clinical Med III	11.00 PR	0.00

Term: Ehrs: 30.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Spring 2006 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

PRCL 630	Psychopathology	1.00 S	0.00
PRCL 633	Pathology II	3.00 S	0.00
PRCL 635	Pharmacology II	3.00 S	0.00
PRCL 643	Clinical Pathophysiology II	2.00 S	0.00
PRCL 646	Essentials of Clinical Med IV	12.00 ADV	0.00

Term: Ehrs: 21.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Summer 2006 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

CLER 606	Family Medicine	6.00 ADV	0.00
CLER 608	Essent of Clin Pract & Prof	2.00 S	0.00
SPEC 626	Basic Specialties	4.00 S	0.00

Term: Ehrs: 12.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Fall 2006 - Chicago
Coll Medicine at Chicago - CS
Medicine - Chicago

CLER 602	Psychiatry	6.00 ADV	0.00
CLER 604	Surgery	8.00 O	0.00
CLER 605	Medicine	12.00 ADV	0.00

Term: Ehrs: 26.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Spring 2007 - Chicago
Coll Medicine at Chicago - CS

***** CONTINUED ON PAGE 2 *****

FCVS Federation of State Medical Boards
400 Fuller Wisser Rd Ste 300
Eules, TX 76039-9977

**SEAL
VERIFIED**



RAISED SEAL NOT REQUIRED. This official university transcript is printed on secured paper and does not require a raised seal.

Robert R. Dixon
Robert R. Dixon, J.D., Registrar

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Name: **Torres , Leah N.**

University Number: **9141**

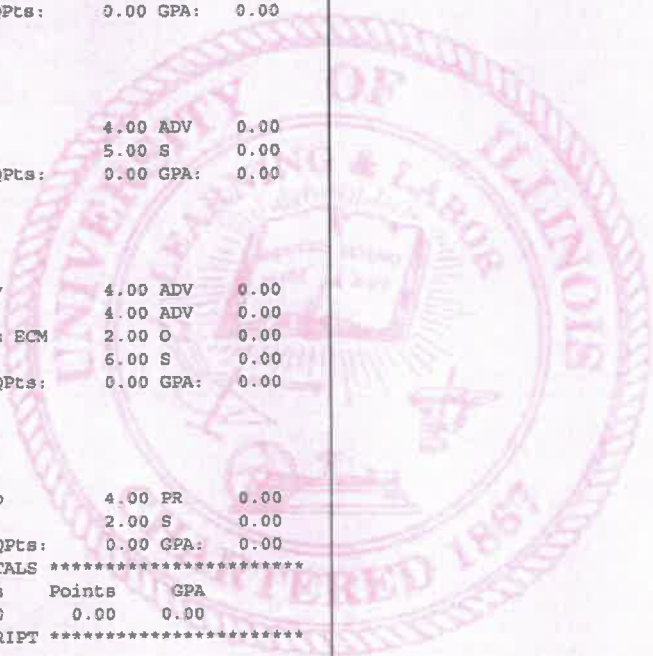
Date Issued: **28 - MAR - 12**

Course Level: **Professional - Chicago**

Day/Month of Birth: **[REDACTED]**

Term Majors cont:
Medicine - Chicago

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
CLER 501	Obstetrics and Gynecology	6.00	PR	0.00	
CLER 503	Pediatrics	6.00	PR	0.00	
Term:	Ehrs: 12.00 GPA-Hrs: 0.00 QPts:	0.00	GPA:	0.00	
Term: Summer 2007 - Chicago					
Coll Medicine at Chicago - CS					
Medicine - Chicago					
CELE 600	Elective Clerkship	4.00	ADV	0.00	
SPEC 626	Basic Specialties	5.00	S	0.00	
Term:	Ehrs: 9.00 GPA-Hrs: 0.00 QPts:	0.00	GPA:	0.00	
Term: Fall 2007 - Chicago					
Coll Medicine at Chicago - CS					
Medicine - Chicago					
CELE 600	Special Topics: Anatomy	4.00	ADV	0.00	
CELE 600	Reproductive Health	4.00	ADV	0.00	
CELE 620	M4 Teaching Elective in ECM	2.00	O	0.00	
SPEC 626	Basic Specialties	6.00	S	0.00	
Term:	Ehrs: 16.00 GPA-Hrs: 0.00 QPts:	0.00	GPA:	0.00	
Term: Spring 2008 - Chicago					
Coll Medicine at Chicago - CS					
Medicine - Chicago					
CLER 612	Medicine Sub-Internship	4.00	PR	0.00	
SPEC 626	Basic Specialties	2.00	S	0.00	
Term:	Ehrs: 6.00 GPA-Hrs: 0.00 QPts:	0.00	GPA:	0.00	
***** TRANSCRIPT TOTALS *****					
		Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION		172.00	0.00	0.00	0.00
***** END OF TRANSCRIPT *****					



SEAL VERIFIED

RAISED SEAL NOT REQUIRED. This official university transcript is printed on secured paper and does not require a raised seal.

Robert R. Dixon
Robert R. Dixon, J.D., Registrar

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UNIVERSITY OF ILLINOIS AT CHICAGO • UNIVERSITY OF ILLINOIS AT CHICAGO • UNIVERSITY OF ILLINOIS AT CHICAGO • UNIVERSITY OF ILLINOIS AT CHICAGO

TRANSCRIPT EXPLANATION

University of Illinois at Chicago

Office of Registration & Records (MC 018)

Box 5220, Chicago, IL 60680-5220

Phone: (312) 996-4380

1. ACCREDITATION

University of Illinois at Chicago is accredited by the North Central Association of Colleges and Secondary Schools and by many other agencies. For specific program accreditation information, refer to the University catalog.

2. ACADEMIC CALENDAR/UNIT OF CREDIT

Effective Fall 1991: Semester Calendar

The academic year consists of the Fall and Spring semesters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each regular semester includes fifteen weeks of instruction and one week of final examinations. The unit of credit is the semester hour.

September 1965 - August 1991: Quarter Calendar

University of Illinois at Chicago operated under the quarter calendar consisting of the Fall, Winter and Spring quarters and an eight-week Summer Session (ten weeks in the Health Sciences Colleges). Each quarter consisted of ten weeks of instruction and one week of final examinations. The unit of credit was the quarter hour.

September 1946 - September 1965: Semester Calendar

3. RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that you will not release any information to any other party without the written consent of the student.

4. AUTHENTICITY OF TRANSCRIPT

Official transcripts are printed on red security paper and do not require a raised seal. For further authentication, call (312) 996-4380.

5. GRADING SYSTEM

University of Illinois at Chicago changed from a 5.0 GPA to a 4.0 GPA scale. All courses, whether taken while under the quarter hour or the semester hour systems, will be converted and shown as semester hours.

	Grade	Grade Point Value
A	Excellent	4 points per hour
B	Good	3 points per hour
C	Average	2 points per hour
D	Poor but passing	1 point per hour
F	Failure	0 points per hour
FR	Failure by Rule	0 points per hour

Other Grade Symbols (Not included in GPA computation)

W - Withdrew. Officially withdrew from course without penalty.

DFR - Deferred (prior to Fall 2004 was DF). Used for thesis courses, continuing seminar, sequential courses, certain study-abroad courses, and certain courses that require extensive independent work beyond the term. At the end of the continuing course sequence, the DFR must be converted to a specific letter grade, to an I, or to an S or U.

S - Satisfactory; U - Unsatisfactory. Used in graduate thesis research courses and graduate courses given for zero credit, and in specifically approved courses.

S* - Satisfactory. Credit does not apply toward earned credit hours or graduation.

CR - Credit (prior to Fall 2004 was P). For courses taken under credit/no credit option. CR is recorded if the letter grade of A, B, C or D is assigned. A CR will not be recorded for graduate students assigned a letter grade of D.

NC - No Credit (prior to Fall 2004 was F). Used only in course taken under credit/no credit option. NC is recorded if the letter grade of F is assigned. NC is recorded for graduate students assigned a letter grade of D or F.

NR - Not Reported (prior to Fall 2004 was M). Assigned when no grade is submitted by the instructor.

I - Incomplete (prior to Fall 2004 was IN). Course work is incomplete when a student fails to submit all required assignments or is absent from the final examination.

Incomplete course work will normally result in a failing grade if it is not completed within the designated time limit.

PS - Pass (Prior to Fall 2004 was P). Awarded for test-based credit applied toward passed and earned hours.

Students enrolled prior to 1991 may have a divided transcript. Part may be generated from an image of the student information system in place prior to 1991. Grading system for imaged transcripts is described below.

	Grade	Grade Point Value
A	Excellent	5 points per hour
B	Good	4 points per hour
C	Average	3 points per hour
D	Poor but passing	2 points per hour
E	Failure	1 point per hour
ER	E by Rule	1 point per hour

Other Grade Symbol from an image of the student information system in use prior to 1991 (Not included in GPA computation) that was not mentioned above
IN - Incomplete. For undergraduate, converts to ER (E by Rule) if not removed by the end of the subsequent term of enrollment or no later than one calendar year if student is not enrolled.

As of the Summer 1986, University of Illinois at Chicago began issuing computer-generated transcripts. Students who were enrolled prior to Summer term 1986 and who subsequently re-enrolled may have a divided transcript. Part will be computer-generated and part copied from an original hard copy.

6. UIC CUMULATIVE GRADE INFORMATION

The UIC Cumulative Grade Information includes the total hours earned and grade point average based upon the level of the student: Undergraduate, Graduate, Nondegree and Professional. Beginning Fall 1991, all UIC cumulative grade information is recorded in semester hours. The cumulative GPA includes all courses taken at UIC in which a grade of A, B, C, D, E or F was reported. NOTE: The Graduate College uses a Degree Grade Point Average, which does not appear on the transcript, to determine academic standing and graduation. It is an average of grades earned in all 400- and 500-level courses taken while in a specified graduate degree program, as well as any UIC (only) work transferred into that program from nondegree or another program. In Fall 2009, UIC implemented Undergraduate Course Repeat and GPA Recalculation allowing a repeated course to replace the original grade in computing the GPA when a college approves. The original grade remains on the transcript excluded from the GPA calculation with a notation of "E" to the right of the grade and points.

7. SPECIAL NOTATIONS OR SYMBOLS ON TRANSCRIPT (Immediately preceding course number, grade, or credit entry)

AH, BH, SH	Indicates honors grading for grades assigned of A, B, or S
@	Graduate Credit (prior to 1990) Note: graduate courses are also determined by course numbers. If symbol does not appear, refer to course number.
&	Honors course section or honors credit (prior to 1991)
HC	Honors course section or honors credit
DH	Departmental Honors course section
*	Extramural Courses (symbol of E prior to 1990)
X	Correspondence Courses

8. COURSE NUMBERING SYSTEM

Beginning Fall 1991

001-009	Academic preparation.
100-199	Undergraduate Level
200-299	Undergraduate, Intermediate Level
300-399	Undergraduate, Advanced Level
400-499	Graduate Level and Advanced Undergraduate. Graduate students receive graduate credit.
500-599	Graduate Level. Intended exclusively for graduate and post-baccalaureate professional degree students.
600	Courses intended for students in post-baccalaureate degree, Certificate and other special programs.

September 1965 - August 1991

100-199	Open to all undergraduates.
200-299	Open only to juniors, seniors and those students meeting course prerequisites.
300-399	Courses for graduate and advanced undergraduate students
400-499	Courses for graduate students

9. TRANSFER CREDIT

The precise amount of transfer credit applicable toward a particular degree is determined by the University college and department concerned. Transfer credit is awarded for certain standardized tests and U.S. Armed Forces Institute Courses. For further information, refer to the University Catalog. Transfer credit appears on the transcript summary based on prior institution(s) of attendance, and in some cases, prior to Spring 2003, as Pre-System Transfer Summary Hours recorded as a total of transfer credit.

10. HONORS COLLEGE AND HONORS RECOGNITION

A.	Beginning Fall 2009, Dean's List is recorded on the transcript as determined by each college.
B.	Beginning Spring 2005 commencement, Latin Honors of Summa Cum Laude for 3.90 GPA and above, Magna Cum Laude for GPA 3.75 to 3.89, and Cum Laude for GPA 3.50 to 3.74 are recorded on the transcript.
C.	Prior to Spring 2005 commencement, University Honors are awarded to the top 3 percent of the graduating class in each college.
D.	Membership in the Honors College and in honors societies is recorded on the transcript.
E.	Honors College participation each term is indicated on the transcript by the course HON 222, Honors Activity.
F.	College Honors are awarded by each college to its outstanding graduates.
G.	Departmental Distinction is awarded by academic departments to their outstanding graduates.

11. TO TEST FOR AUTHENTICITY:

The face of this document has a red background and the name of the institution appears in the border and upper left hand corner.

ALTERATIONS OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE! If you have additional questions about this document, contact the Records Office at (312) 996-4380.

RECEIVED

APR 03 2012



**ADDENDUM TO TRANSCRIPT EXPLANATION
COLLEGE OF MEDICINE**

This addendum supplements item 6 on the reverse side of the electronic transcript. Academic records for College of Medicine students are not all maintained electronically. The attached academic transcript may be a combination of a hard copy ledger (prior to Fall, 1992) and the electronic record. The grading scheme has varied historically.

GRADING SYSTEM - College of Medicine ONLY

Courses: First and Second Year Basic Medical Sciences (BMS) courses; exceptions are listed separately.

<u>Basic Science:</u>	<u>Grade</u>	<u>Explanation</u>
	O	Outstanding
	S	Satisfactory
	U	Unsatisfactory
	DF	Deferred Grade
	Pass	Credit By Proficiency Examination/By Equivalent UIC/UIUC Course Credit; P - used before Fall 2001.
	NG	Non-graded Experience
	IN	Incomplete

EXCEPTIONS: The following courses were all graded using third year core clerkship grades - O, ADV, PR, U: (See SUMMER 1995 Third and Fourth Year clinical grading scheme below.) Effective 1997 - Chicago M-1 & M-2 "Essentials of Clinical Medicine"; Effective 1995 - Rockford M-2 Course "Family Medicine Preclinical Experience"; Effective 1989 - All Urbana M-2 spring semester courses.

Clinical: Third & Fourth Year historical clinical grading schemes:

<u>Grade</u>	<u>Explanation</u>
----	PRIOR TO FALL 1982 ----
O	Outstanding
S	Satisfactory
U	Unsatisfactory
----	FALL 1982 - SPRING 1995 ----
O	Outstanding - Student achieved all of the objectives and excelled in all areas.
AA	Above Average - Student achieved all of the objectives and performance was considered excellent in most areas.
A/AVG	Average - Student achieved the objectives and overall performance was at the level of a student at this stage of training.
BA	Below Average - Student achieved many of the objectives; performance in many areas was considered to be below average.
U	Unsatisfactory - Student has achieved few or none of the objectives of the clerkship, and overall performance was below the level expected of a student at this stage of training.
IN	Incomplete - Student has not completed the time allotted to the clerkship due to illness or personal leave.
DF	Deferred Grade
NC	No Credit
NG	Non-Graded Experience
*	Non-Graded Preclinical Experience
----	SUMMER 1995 -
O	Outstanding - Student achieved all of the objectives and excelled in all areas.
ADV	Advanced - Student especially proficient but not consistently outstanding in knowledge, skill and performance.
PR	Proficient - Performance may be outstanding at times and is, in general, within the range expected for a competent medical school graduate.
IN	Incomplete - Student has not completed all required clerkship activities due to illness; leave of absence.
U	Unsatisfactory - Student has not met all departmental requirements for successful completion of the clerkship and further is judged to be beyond remediation.
NG	Non-graded Experience
*	Final Specialty Clerkship grade pending completion of all Specialty rotations
----	CHICAGO CAMPUS ONLY
	*The M-4 Specialty course has eight (nine in AY 1998-1999) component rotations but only one final composite grade is awarded:
	SUMMER 1998 - SPRING 2000
HON	Honors
PR	Proficient
U	Unsatisfactory
	SUMMER 2000 -
S	Satisfactory
U	Unsatisfactory

Licensure Examination: Prior to 1992 - NBME Part I and Part II; Effective 1992 - USMLE: Step 1 and Step 2

<u>Grades</u>
Pass
Fail - Posted before 1997

Notes: ♦ Third and fourth year clinical credit hours equal weeks of instruction for each clerkship; clinical weeks of instruction varied historically for Independent Study Program (ISP) and for James Scholar Program (JSP) students.

♦ Students in the James Scholar Program (JSP) for Independent Study (Chicago - Independent Study Program [ISP]1990 - 2000) in Chicago, Rockford and Peoria, the MD/PhD Program in Chicago and the Medical Scholars Program (MSP) in Urbana pursue a highly variable curriculum designed by the student and the faculty advisor. Students who entered the Chicago ISP and MD/PhD programs prior to Fall 1997 earned Non-Graded (NG) credit for all basic science courses and clinical rotations. Since 1997, all students earn the same letter grades. Additional information on JSP students may be obtained from the chairman of the James Scholar Program at each geographical site: for the College of Medicine at Chicago (312) 413-9632; for Rockford (815) 395-5590; for Peoria (309) 671-8407. Information on MD/PhD Program students may be obtained from the program director at (312) 996-7473. Information on the Medical Scholars Program in Urbana may be obtained at (217) 333-8146.

224403

University of Illinois at Chicago
Office of Admissions and Records

COY OF
ORIGINAL DOCUMENT

ENT lwb DATE 1-5-12



By authority of the Board of Trustees of the

UNIVERSITY OF ILLINOIS

and upon recommendation of the Senate

at Chicago

Leah Nicole Torres

has been admitted to the Degree of

Doctor of Medicine

and is entitled to all rights and honors thereto appertaining
Witness the Seal of the University and the Signatures of its Officers
this eleventh day of May, two thousand and eight.

Robert R. Dixon
Robert R. Dixon
Registrar



Ann L. Yates
Chair of the Board of Trustees

Michelle M. Thompson
Secretary of the Board of Trustees

B. Joseph White
President of the University

Eric Q. Huslason
Interim Chancellor

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Postgraduate Training

Accreditation ID: 2204121247**Institution:** Albert Einstein Healthcare Network ProgramLocation: Philadelphia, PA
UNITED STATES**Accreditation ID:** None**Institution:** University of Utah School of MedicineLocation: Salt Lake City, UT
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:

The Verification of Post Graduate Training Form from University of Utah School of Medicine dated 07/01/2012 to 06/30/2014 reported in the Chronology of Activities is not included in the Profile.

Solution(s):

FCVS does not obtain verification of non-accredited training programs.

Verification of Postgraduate Medical Education

Institution: Albert Einstein Medical Center Program
Specialty: Obstetrics & Gynecology
Address: Philadelphia, PA

Attention: Program Director

Affiliated University: _____

Verification For:

Name: Leah Nicole Torres

DOB: [REDACTED] 1979

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

Program Participation:
Important:

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

PGY: 1

Specialty/Subspecialty: OBGYN

- Internship
- Residency
- Chief Residency
- Fellowship
- Research

From: 7/1/08 To: 6/30/09
Successfully Completed?: Yes No In Progress

Accredited by: ACGME AOA LCGME RSC CFPC
 RCPC APPAP None of these

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

PGY: 2 & 3

Specialty/Subspecialty: OBGYN

- Internship
- Residency
- Chief Residency
- Fellowship
- Research

From: 7/1/09 To: 6/30/11
Successfully Completed?: Yes No In Progress

Accredited by: ACGME AOA LCGME RSC CFPC
 RCPC APPAP None of these

Report Internships, Residencies and Fellowships separately.

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

PGY: 4

Specialty/Subspecialty: OBGYN

- Internship
- Residency
- Chief Residency
- Fellowship
- Research

From: 7/1/11 To: 6/30/12
Successfully Completed?: Yes No In Progress

Accredited by: ACGME AOA LCGME RSC CFPC
 RCPC APPAP None of these

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 break from his/her training? Yes No
2. Was this individual ever placed on probation? Yes No
3. Was this individual ever disciplined or placed under investigation? Yes No
4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes No

Please explain any "Yes" response from above:

ELECTRONIC SEAL VERIFIED

Certification:

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: John Myers DO Signature: [Signature]

Title: Program Director Date of Signature: 5/23/12

Tel: 215-456-8261 Fax: 215-456-3844 E-Mail: Myers.J@einstein.edu

Affix your institutional seal in this space. If no seal is available, you must have this form notarized

Graduate Medical Education

Medical Professional Name: Torres, Leah Nicole

Accreditation ID: 2204121247

Institution: Albert Einstein Medical Center Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/2008 - 6/30/2011 Internship/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

Unusual Circumstances

Training Period: 7/1/2011 - 6/30/2012 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: Torres, Leah Nicole

Albert Einstein Medical Center

Philadelphia, Pennsylvania

Hereby certifies that

Leah Nicole Torres, MD

has successfully fulfilled the duties of

Resident in Obstetrics and Gynecology

July 1, 2008 to June 30, 2012

*In Witness Whereof the undersigned have affixed their signatures
and the seal of the Medical Center this
thirtieth of June, 2012*

Chairman and Program Director
Department of Obstetrics & Gynecology

C. Susan Benini

Chairman and Program Director



Daryl A. ...

Chief Academic Officer

Barry R. ...

President and Chief Executive Officer

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations

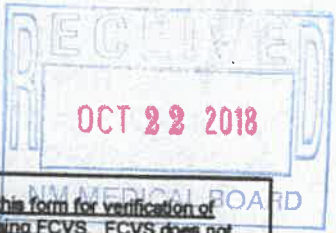
Federasson of
STATE
MEDICAL
BOARDS

Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



Institution Name: University of Utah
 Institution Address: 20 N 1900 E, Dept of OB/Gyn
Salt Lake City, UT 84132
 Affiliated School: Univ of Utah School of Medicine

Applicant: Do not complete this form for verification of accredited training if you are using FCVS. FCVS does not verify non-accredited training. When using FCVS, use this form only if your licensing board requires verification of non-accredited training.
Program Director or designated Official: Please complete Section 2, and mail this form and any other items to the designated state medical board at the address listed in Section 1. Thank you.

Section 1:
To be completed by the Applicant.

Name: Leah N Torres Suffix _____ Practitioner type: M.D. D.O.
 Date of birth: ██████/██/██ (mm/dd/yyyy) SSN# ██████-██-4354
 *The social security number is to be used for purposes of identification only and may not be used for any other reason.
 Name if different when diploma awarded: _____

Board Information:
To be completed by the applicant.

Waiver for Release of Information: I request that the program director or a designated official complete Section 2 of this form as outlined below. I authorize the postgraduate training program listed above to provide any all information pertaining to my training there to the board listed below:

Applicant Please Sign Here →

Board Name: New Mexico Board of Medicine
 Mailing address: 2055 S Pacheco, Rm 400, Santa Fe, NM 87505
 Applicant Signature: [Signature] Date: 10-18-18

Section 2:
Program Participation:

Training Level: 2 Specialty/Subspecialty: Family Planning
 (e.g., 1, 2, 3, etc.)
 Internship From: 7/1/2012 To: 6/30/2014
 Residency Successfully Completed?: Yes No In Progress
 Chief Residency Accredited by: ACGME AOA LCGME RSC CFPC
 Fellowship RCPSC APPAP None of these
 Research

Important:
Report Incomplete Training Levels (years) separate from those that were successfully completed.
 If the training level (year) is currently in progress report the expected completion date in the "To" field.
 Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.
 Report Internships, Residencies and Fellowships separately.

Training Level: _____ Specialty/Subspecialty: _____
 (e.g., 1, 2, 3, etc.)
 Internship From: 1/1 To: 1/1
 Residency Successfully Completed?: Yes No In Progress
 Chief Residency Accredited by: ACGME AOA LCGME RSC CFPC
 Fellowship RCPSC APPAP None of these
 Research

Training Level: _____ Specialty/Subspecialty: _____
 (e.g., 1, 2, 3, etc.)
 Internship From: 1/1 To: 1/1
 Residency Successfully Completed?: Yes No In Progress
 Chief Residency Accredited by: ACGME AOA LCGME RSC CFPC
 Fellowship RCPSC APPAP None of these
 Research

Unusual Circumstances:
Check the appropriate responses and explain any "Yes" or omitted response(s) on a separate sheet of paper. Attach pages as needed.

1. Did the individual ever take a leave of absence or break from his/her training? _____ Yes No
2. Was this individual ever placed on probation? _____ Yes No
3. Was this individual ever disciplined or placed under investigation? _____ Yes No
4. Were any negative reports for behavioral reasons ever filed by instructors? _____ Yes No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? _____ Yes No

Certification: Affix your institution's seal in this space. If no seal is available, you must have this form notarized.

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form. This section **MUST** be signed by the program director (M.D. or D.O. only) Please Note: The Nevada Board of Medical Examiners requires an authorization letter to be attached if this form is completed by someone other than an M.D. or D.O.

Signature: [Signature]
 Print name: David Turak
 Title: Family Planning Division Director
 Email address: david.turak@hsc.utah.edu
 Phone Number: 801-213-4984 Date: 09-11-18



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

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

Date: 09/19/2018

Federation Credentials Verification Service
ATTN: FCVS

FCV SID: 412142

Examinee: Torres, Leah Nicole
Alt Name(s):

Examinee ID: 5-166-647-7
Date of Birth: [REDACTED] 1979

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/23/2006	Pass	205	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/07/2007	Pass	209	(184)	

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/19/2009	Pass			
11/13/2007	Fail			

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
02/23/2010	Pass	200	(187)	
10/20/2009	Fail	180	(187)	

End of Exam History

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



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400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Torres, Leah Nicole

Examinee ID: 5-166-647-7

Date of Birth: [REDACTED] 1979

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.

10/7/2019

Torres, Leah N

Medical Doctor

MD2018-0911

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians ?	N	06/16/2019
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/16/2019
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/16/2019
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/16/2019
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/16/2019
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	06/16/2019
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	06/16/2019
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	06/16/2019
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	06/16/2019
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional	N	06/16/2019
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/16/2019
10. c. Since you last renewal, have you been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	N	06/16/2019
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	06/16/2019
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	06/16/2019
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/16/2019
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/16/2019
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	N	06/16/2019
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	06/16/2019
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/16/2019
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	■	06/16/2019
18. Since your last renewal have you been diagnosed with an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM	■	06/16/2019
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC	N	06/16/2019
19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration.	N	06/16/2019
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	06/16/2019
21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?	N	06/16/2019