

Quinn M Jackson, MD

Licensed Physician #MD2019-1060

Issue Date

12/12/2019

Expiration Date

07/01/2022

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

**Quinn M Jackson, MD**

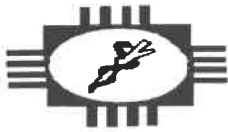
License Number: MD2019-1060

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: 12/12/2019 Date Expires: 07/01/2022\*

*\*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~~



F.P. NM address

**The New Mexico Statewide Application  
for Physician/Practitioner Appointment©**

**Physician (MD) Application**

**(USING FCVS)**



Date of Application: 9/30/19

Application Fee: ~~400.00~~ \$0  
First-time Application

**Demographics**

<b>Legal Name</b>	Jackson	Quinn	Michelle
	Last	First	Middle
<b>Other Names Used</b>	— NONE —		

Will you be applying by endorsement Yes  No   
(See page 2 of the application instructions for requirements)

<b>Gender</b>	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	<b>Place of Birth</b>	Newport Beach, CA		<b>Citizenship</b>	USA
<b>Immigration Status</b>	Citizen			<b>INS Certification #</b>		
<b>*Social Security Number</b>	[REDACTED] 3126			<b>Date of Birth</b>	[REDACTED] -1989	
<b>*NM Tax ID# (if applicable)</b>				Pending	<input type="checkbox"/>	
<b>*Fed. Tax ID# (if applicable)</b>				Pending	<input type="checkbox"/>	
<b>Current Practice Name</b>	UNM Family and Community Medicine Resident					
<b>Practice Limited to: (Clinical Specialty)</b>	Family Medicine					
<b>Street</b>	MSC 09-5040; 1 University of New Mexico (FPC)					
<b>City</b>	Albuquerque	<b>State</b>	NM	<b>Zip Code</b>	87131-0001	
<b>Telephone Number</b>	505-272-6291	<b>Facsimile</b>	505-272-1348			
<b>*Office Manager or Contact Person:</b>	Dolores Garcia					
<b>Foreign Languages (spoken fluently by practitioner)</b>						
<b>Foreign Languages (spoken fluently at Practice)</b>						
<b>*E-Mail Address (confidential)</b>						
<b>*Current Mailing Address (if different from above -confidential unless no practice address indicated)</b>						
<b>*Street</b>	[REDACTED]					
<b>*City</b>	Albuquerque	<b>*State</b>	NM	<b>*Zip Code</b>	87110	
<b>Telephone Number</b>	[REDACTED] -6045	<b>Facsimile</b>				
<b>What are your immediate or future Practice Plans in New Mexico?</b>	UNM Locum Teners					
<b>Home Address (Required)</b>	*Telephone Number [REDACTED] -6045					
<b>Street</b>	[REDACTED]					
<b>*City</b>	Albuquerque	<b>*State</b>	NM	<b>*Zip</b>	87110	

Practice Associates in NM (If Applicable)		Call Coverage in NM (If Applicable)	
<b>Other Practice Locations (If Applicable)</b>			
<b>Practice Name</b>			
Street			
City		State	Zip Code
Telephone Number		Facsimile	
Answering Service		Effective Date	

**Education** (Please attach a separate sheet, if necessary.)

Undergraduate Education				
<b>College or University</b> University of Florida				
City Gainesville		State/Country FL	Zip Code: 32601	
Dates Attended	From: 08/2007	To: 08/2011	Degree BA	Graduation Date 08/2011
<b>College or University</b>				
City		State/Country	Zip Code:	
Dates Attended	From:	To:	Degree	Graduation Date
Professional / Medical Education				
<b>College or University</b> Tulane University School of Medicine				
City New Orleans		State/Country LA	Zip Code: 70112	
Dates Attended	From: 05/2013	To: 05/2017	Degree MD	Graduation Date 05/2017
<b>College or University</b>				
City		State/Country	Zip Code:	
Dates Attended	From:	To:	Degree	Graduation Date
Graduate Education				
<b>College or University</b> Tulane University School of Public Health				
City New Orleans		State/Country LA	Zip Code: 70112	
Dates Attended	From: 05/2013	To: 05/2017	Degree MPH	Graduation Date 05/2017
<b>College or University</b>				
City		State/Country	Zip Code:	
Dates Attended	From:	To:	Degree	Graduation Date
Internship/ Residency/ Fellowship				
<b>Institution Name</b> University of New Mexico Family Medicine Residency Program				
City Albuquerque		State/Country NM	Zip Code: 87108	
Dates Attended	From: 06/2017	To: 06/2020	Field Family Medicine	
<b>Institution Name</b>				
City		State/Country	Zip Code	
Dates Attended	From:	To:	Field	
<b>Institution Name</b>				
City		State/Country	Zip Code:	
Dates Attended	From:	To:	Field	
<b>Institution Name</b>				
City		State/Country	Zip Code:	
Dates Attended	From:	To:	Field	

**Work History** Please list all previous practice experience for the last 15 years, including military or government service, listing the most recent first. If military service, state type of discharge and rank achieved and attach copy of discharge or separation documents. Attach separate page, if necessary. Please provide written explanation for any gaps in work history of 6 months or more.

<b>Location</b>	UNM Hospital	From	06/2017	To	Current
Street	2211 Lomas Blvd NE	Phone Number	505-272-2111		
City	Albuquerque	State	NM	Zip Code	87106
Type of Practice	Family Medicine	Contact Person	Dolores Garcia		
Type of Discharge	Current practice	Rank Achieved	Resident Physician		
<b>Location</b>		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			
<b>Location</b>		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			
<b>Location</b>		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			

PFT

**Hospital and Health Facility Affiliation History** (other than postgraduate training)  N/A

Please list hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years. If an institution is no longer in existence, please provide an alternative source of verification. Use separate page, if necessary. Providers who do NOT have admitting privileges, please explain your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included with this application.

<b>(1) Current Primary Admitting Facility</b> (Hospital Name)		University of New Mexico Hospital			
Street	2211 Lomas Blvd NE				
City	Albuquerque	State	NM	Zip Code	87106
Telephone Number	505-272-2111	Facsimile	505-272-1348		
Appointment Dates	From: 06/2017	To:	Current		
Type of Appointment	Resident Physicians				
Privileges Assigned	Full privileges				
<b>(2) Facility Name</b>					
Street					
City		State		Zip Code	
Telephone Number		Facsimile			
Appointment Dates	From:	To:			
Type of Appointment					
Privileges Assigned					
<b>(3) Facility Name</b>					
Street					
City		State		Zip Code	
Telephone Number		Facsimile			
Appointment Dates	From:	To:			
Type of Appointment					
Privileges Assigned					

Applicant Name Quinn Michelle Jackson Date 9-30-19  
 Page 3

<b>(4) Facility Name</b>				
Street				
City		State	Zip Code	
Telephone Number			Facsimile	
Appointment Dates		From:	To:	
Type of Appointment				
Privileges Assigned				
<b>(5) Facility Name</b>				
Street				
City		State	Zip Code	
Telephone Number			Facsimile	
Appointment Dates		From:	To:	
Type of Appointment				
Privileges Assigned				
<b>(6) Facility Name</b>				
Street				
City		State	Zip Code	
Telephone Number			Facsimile	
Appointment Dates		From:	To:	
Type of Appointment				
Privileges Assigned				
<b>(7) Facility Name</b>				
Street				
City		State	ZIP Code	
Telephone Number			Facsimile	
Appointment Dates		From:	To:	
Type of Appointment				
Privileges Assigned				
<b>(8) Facility Name</b>				
Street				
City		State	Zip Code	
Telephone Number			Facsimile	
Appointment Dates		From:	To:	
Type of Appointment				
Privileges Assigned				

**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).

<b>(1) Name and Title</b>				
Dr Robert Sorawski, IHS Physician				
Address 155B Capitol Square Dr				
City San Ysidro		State NM	Zip Code 87053	
Telephone Number 505-867-5258			Facsimile	
<b>(2) Name and Title</b>				
Dr Sydney Lee, PGY3 Family medicine Resident				
Address 2901 Euclid Ave NE Apt 2D				
City Albuquerque		State NM	Zip Code 87106	
Telephone Number 337-884-1897			Facsimile	
<b>(3) Name and Title</b>				
Jamie Majdi (MD)				
Address 401 Tulare PINE				
City Albuquerque		State NM	Zip Code 87110 87106	
Telephone Number 719-659-5411			Facsimile	

# Licensure-Registration-Certification Information

<b>ECFMG Number</b> (if applicable)					
<b>State Professional License/Certification Number</b>		RS2017-0419			
State	NM	Issue Date	06/05/22/17	Expiration Date	06/30/2020 Pending <input type="checkbox"/>
<b>All Other State License Numbers</b> (regardless of status - attach separate list if necessary.)					
<b>State</b>	<b>Number</b>	<b>Issue Year</b>	<b>Expiration Date</b>		
<b>*Federal Drug Enforcement Admin. (DEA) Registration</b>					N/A <input type="checkbox"/>
Number		Exp. Date		Pending	<input type="checkbox"/>
<b>*State Controlled Substance Registration (CSR)</b>					N/A <input type="checkbox"/>
Number		State		Exp. Date	
<b>*Medicare Unique Physician Identification Number (UPIN)</b>					
Pending					<input type="checkbox"/>
<b>*State Medicaid Provider Number</b>					
Pending					<input type="checkbox"/>
<b>*National Provider Identification Number</b>					
Pending					<input type="checkbox"/>

## 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. *see attached currently training*

<b>Certified/Recertified by the:</b>			
1.	Date Certified	Date Last Recertified	Expiration Date
2.	Date Certified	Date Last Recertified	Expiration Date
3.	Date Certified	Date Last Recertified	Expiration Date
<b>Accepted for Examination by the:</b>			
Until (expiration date)		If not accepted, have you made application?	Yes No
<b>Certified/Recertified by the Subspecialty Board of</b>			
1.	Date Certified	Date Last Recertified	Expiration Date
2.	Date Certified	Date Last Recertified	Expiration Date
<b>Accepted for Examination by the Subspecialty Board of</b>			

## Professional Liability Insurance (confidential information) *see attached*

Do you have current liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Current Carrier</b>		Current	<input type="checkbox"/>	Pending	<input type="checkbox"/>
Address					
Dates Insured	From	To	Policy #	Coverage Limits	

**Licensing Exam:** Please check all that apply:

**State Board Exam (Prior to 1973)** Which state? \_\_\_\_\_ Date(s) passed? \_\_\_\_\_

**FLEX**

**LMCC**

**National Board (NBME)**

**USMLE**

Part/Step 1 Date Passed 4/16/2015 Part/Step 2 Date Passed 5/2016 Part/Step 3 Date Passed 6/2018  
 Month/Year Month/Year Month/Year

**Professional Practice Questions** Please answer all of the following Yes or No questions. If you answer YES to questions 1-19 and 21 and/or NO to 20, 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, except for medical records delinquency unrelated to your professional competence or conduct?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Have you ever agreed not to exercise your clinical privileges while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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"/>
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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Are any currently held licenses pending investigation or being challenged?	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 Quinn Michelle Jackson Date 9-30-19

<p><b>15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information on the attached Malpractice History form for each case:</b></p> <ul style="list-style-type: none"> <li>• Name, age, sex of patient/claimant.</li> <li>• Date(s) and type of treatment and/or surgery, which led to the allegations against you.</li> <li>• Nature of allegations in claims/suits. Specify whether a suit was ever filed.</li> <li>• Names of other practitioners and hospital, if any, involved in claims or suit.</li> <li>• Disposition or current status of claim or suit (be specific).</li> <li>• Name of insurance carrier defending you.</li> <li>• Name of defense attorney.</li> </ul>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>16. Have you ever been reported to the National Practitioner Data Bank?</b></p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>17. 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?</b></p>		
<p><b>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).</b></p>		
<p><b>18. Do you have or 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 Medical Board a letter regarding your diagnosis, treatment, and current status.</b></p>		
<p><b>19. Have you ever, for any reason:</b></p> <p><b>a) Resigned from a medical school or postgraduate training (PGT) program?</b></p> <p><b>b) Withdrawn from a medical school or postgraduate training program?</b></p> <p><b>c) Been suspended, dismissed, or expelled from a medical school or PGT program?</b></p> <p><b>d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</b></p> <p><b>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)?</b></p>	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"/>
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>20. I attest that I will limit my practice to areas in which I am competent to practice.</b></p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p><b>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?</b></p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**If you answer "Yes" to questions 1-19 and 21 and/or "No" to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.**

Applicant Name Quinn & Michelle Jackson Date 9-30-19  
Page 7



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

**APPLICANT'S OATH**

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

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

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

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



*Quinn Michelle Jackson*  
Applicant Signature

9-30-19  
Date

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

Applicant Name Quinn Michelle Jackson Date 9-30-19

**Quinn Jackson MD, MPH**

**Family Medicine**

[REDACTED] Albuquerque, NM 87110  
[REDACTED] 6045 qjackson@salud.unm.edu

**EDUCATION**

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**University of New Mexico, Department of Family and Community Medicine, Albuquerque, New Mexico**

Resident in Family Medicine, expected graduation June 2020

**Tulane University School of Medicine, New Orleans, Louisiana**

Doctor of Medicine, 2013-2017

**Tulane University School of Public Health and Tropical Medicine, New Orleans, Louisiana**

Masters in Public Health, concentration Global Community Health and Behavior, 2013-2017

**University of Florida, Gainesville, Florida**

Bachelor of Arts, Women's Studies, 2007-2011

Cum Laude

**EMPLOYMENT HISTORY**

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**Planned Parenthood of North Florida, Gainesville, Florida**

Family Planning Assistant, 2008-2013

Responsible for delivering pregnancy options and contraception counseling, taking patient histories and answering patient questions for reproductive age women and men

**Bread and Roses Women's Health Center, Gainesville, Florida**

Medical Assistant, 2010-2011

Responsible for delivering pre-abortion counseling, assisting and monitoring patient during procedure and managing recovery area

**LEADERSHIP**

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**UNM Family Medicine Residency**

Chief Resident, June 2019- June 2020

**UNM Family Medicine Residency Quality Improvement Committee**

Member, August 2017-current

Coordinate with faculty to implement quality improvement initiatives devised at monthly residency wide quality improvement forums

**Medical Students for Choice- Tulane Chapter**

President, October 2013-January 2015

Coordinated events and lectures relating to family planning and abortion for medical students, organized manual vacuum aspiration and IUD insertion skills workshops and directed a production of the Vagina Monologues

**NON-PROFIT LEADERSHIP**

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**Medical Students for Choice Board of Directors**

Member of Board of Directors, April 2015-April 2017

Secretary April 2016-April 2017

## **TEACHING EXPERIENCE**

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### **UNM Family Medicine Chief Resident, Maternal Child Health Section**

MVA workshop, Triage complaints, outpatient liver disease

### **Tulane Sexual Health Elective, New Orleans, Louisiana**

Student leader, August-December 2014

Organized a ten-week lecture series on selected topics in sexual health for medical students, adapted and delivered lectures on “Transgender Health and the Transition Process” and “Sex and Disability”, recruited faculty, community healthcare providers and members to deliver lectures

## **PROFESSIONAL ASSOCIATIONS**

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**Society of Family Planning**, 2014- present

**American Academy of Family Physicians**, 2015- present

**National Abortion Federation**, 2017- present

## **INTERESTS**

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Music- singing and playing trombone, previously in a med student band

Triathlons, yoga, cooking



# AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

**Name and Mailing Address**

QUINN MICHELLE JACKSON ✓

ALBUQUERQUE, NM 87110-6248

**Primary Office Address**

**Birth date**

██████████ 989 ✓

**Phone** UNKNOWN

**Physician's major professional activity**

HOSPITAL BASED RESIDENTS - ALL YEARS

**Self-designated practice specialty**

FAMILY MEDICINE (primary)

UNSPECIFIED (secondary)

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

**AMA membership status**

NON MEMBER

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

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
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None Reported

**Current and/or historical medical school**

TULANE UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES ✓

Degree Year: 2017



**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:** UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE  
**Sponsoring State:** NEW MEXICO  
**Program name:** UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE PROGRAM  
**Specialty:** FAMILY MEDICINE  
**Training Type:** SPECIALTY  
**Dates:** 6/2017 - 6/2020 (Verified)

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

**Specialty Board Certification**

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

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

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



Certificate type:

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

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

**Current and/or historical medical licensure**

License No. MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
RS2017-0419	MD NM	05/22/2017	07/01/2020		ACTIVE	RES	10/03/2019

**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
None Reported				

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



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

## ECFMG Certification

Applicant Number:

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

## Profile Information

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

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

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

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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:10/10/2019

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**PRACTITIONER INFORMATION**

Name: Jackson, Quinn Michelle ✓  
 DOB: [REDACTED] 1989 ✓  
 Medical School: Tulane University School of Medicine  
 New Orleans, Louisiana, UNITED STATES  
 Year of Grad: 2017  
 Degree Type: MD

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**BOARD ACTIONS**

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

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1285166678	Individual			07/18/2018

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Reported
NEW MEXICO	RS2017-0419	05/22/2017	07/01/2020	09/06/2019

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**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

No DEA information found.



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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:10/10/2019  
Practitioner Name: Jackson, Quinn Michelle

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**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

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

10/3



New Mexico Medical Board  
 2055 S. Pacheco, Building 400  
 Santa Fe, NM 87505  
 505-476-7220 fax 505-476-7237  
 (toll free within New Mexico 800-945-5845)

General Information

Licensee	Quinn M Jackson	License Type	Resident
Business address	UNM GME	License Number	RS2017-0419
Business address	MSC11 6093 1 UNM	License Status	Active
Business city state zip	Albuquerque NM 871310001	License Date	05/22/2017
Business phone	505-272-6225	**License Expires	07/01/2020
Medical School	Tulane Univ SOM		
Graduation Date	05/20/2017		
*Specialty	Family Medicine		

\*\*For MD's only 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.

\*\*\*For PA's only a New Mexico Medical license that has not been renewed by March 1 of the renewal year will remain temporarily active with respect to medical practice until April 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.

\* The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: [www.abms.org](http://www.abms.org) to determine if the physician has earned a specialty certification from this private agency.

\*\* 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.

PUBLIC ACTIONS:None

# FCVS

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Medical Professional Information Profile

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*This report provides credentialing information for:*

Name: **Jackson, Quinn Michelle**

Social Security Number: **XXX-XX-3126**

Date of Birth: **[REDACTED] 1989**

FID#: **300778461**

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

Delivery Date: **10/24/2019**

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### 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.



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

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

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like pertaining to me or this application to any entity at my request.

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



*Quinn Michelle Jackson*

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

Jackson

Applicant's Printed Last Name

Quinn M.

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

September 30, 2019

Date of Signature (must correspond to date of notarization)

State of Virginia, County of Virginia Beach

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 30 day of September, 2019.

Notary Public Signature: *Ashley Lashelle*

My Notary Commission Expires: April 30, 2021

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

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

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**Biographic Information**

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Medical professional Name(s): **Jackson, Quinn Michelle**

Date of Birth: [REDACTED] 1989

Place of Birth: Newport Beach, California, UNITED STATES

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**Contact Information**

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Home Address: [REDACTED]  
Albuquerque, NM 87110  
UNITED STATES

Mobile Phone: [REDACTED] 6045

Email: [REDACTED]@gmail.com

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**Credentials Analysis Information for Identity**

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There is no Omission/Discrepancy/Miscellaneous information identified.

**CERTIFICATION OF IDENTIFICATION**  
**Certification by Notary Public Is Required**

Applicant Full Legal Name: Jackson Quinn Michelle  
Last First Middle

FCVS ID Number: 300778461

**Notary – Please complete the section below:**

State of Virginia County of Virginia Beach

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

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 30, of (Month) September, (Year) 2019.

Notary Public Signature: *Ashley Lashelle Deem*

Commission Expiration Date\* (Month) April / (Day) 30 / (Year) 2021

**\* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**



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

**Federation of State Medical Boards**  
**ATTN: FCVS**  
400 Fuller Wiser Rd., Suite 300  
Euless, TX 76039-3856

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

<b>Start Date</b>	<b>End Date</b>	<b>Activity Type</b>	<b>Location</b>
08/01/2013	05/20/2017	Medical Education	Tulane University School of Medicine New Orleans Louisiana UNITED STATES
07/01/2017	06/30/2020	Postgraduate Training	University of New Mexico School of Medicine Program Albuquerque New Mexico UNITED STATES

End of Chronology of Activities report for: Jackson, Quinn Michelle

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**Medical Education**

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**Medical School: Tulane University School of Medicine**Location: New Orleans, LA  
UNITED STATES

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**Credentials Analysis Information for Medical Education**

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There is no Omission/Discrepancy/Miscellaneous information identified.



**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 Road  
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:** Tulane University School of Medicine

**Address Line 1:** 1430 Tulane Avenue, #8025

**Address Line 2:**

**City:** New Orleans

**State/Province:** LA

**Zip Code (Postal Code):** 70112

**Country:** US

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

N/A

**Premedical Education:**

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

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

**Enrollment and Participation:** Our records indicate that Jackson, Quinn Michelle  
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 4 years of medical education on the following dates: **From:** 08/05/2013 **To:** 05/19/2017  
Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine on 05/20/2017

Was NOT awarded a degree because: (please explain - additional page if necessary) Month Day Year

<p><b>Attestation</b></p> <p>Affix Institutional Seal Here</p> <hr/> <p>If no seal is available, this form must be notarized.</p>	<p>Watermark For FCVS internal use only.</p> <p><b>ELECTRONIC SEAL VERIFIED</b></p>	<p><b>Name:</b> Joell Lee</p> <p><b>Signature:</b> <i>Joell Lee</i></p> <p><b>Title:</b> Program Manager, II</p> <p><b>Date of Signature:</b> 10/23/2019 <b>Phone:</b> (504) 988-5464</p> <p><b>Fax:</b> (504) 988-6789 <b>Email:</b> joell@tulane.edu</p>
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300778461

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300778461

**Unusual Circumstances**

**1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?** **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:

**From Date:** **To Date:**

Personal/Family \_\_\_\_\_

Academic remediation \_\_\_\_\_

Health \_\_\_\_\_

Financial \_\_\_\_\_

Participation in joint degree Program (e.g., MD/PhD)

Participation in non-research special study  
(e.g., fellowship, international experience) \_\_\_\_\_

Participation in non-degree research \_\_\_\_\_

Other:

Other:

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?** **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:

**From Date:** **To Date:**

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Other:

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?** **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?** **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?** **No**

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

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**Medical School**

Medical Professional Name: Jackson, Quinn Michelle

Tulane University School of Medicine

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**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

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End of Applicant Reported Unusual Circumstances report for: Jackson, Quinn Michelle



## SCHOOL OF MEDICINE

Marc J. Kahn, MD, MBA  
Senior Associate Dean for Admissions and Student Affairs  
Professor of Medicine

### MEDICAL STUDENT PERFORMANCE EVALUATION

For  
Quinn M. Jackson

October 2016

#### IDENTIFYING INFORMATION

Quinn Jackson is a fourth year student at the Tulane University School of Medicine in New Orleans, Louisiana.

#### UNIQUE CHARACTERISTICS

Quinn Jackson is the daughter of Stephen Jackson, who works in information technology and Alison Jackson, a librarian. Quinn completed her undergraduate studies at the University of Florida, earning her Bachelor of Arts in Women Studies in 2011. Quinn graduated *Cum Laude* and began working for Planned Parenthood of North Florida as an undergraduate. Quinn received a travel grant as an undergraduate, to go to India to take courses on gender roles in agriculture politics and religion. Following college, Quinn spent two additional years working for Planned Parenthood of North Florida. Quinn will receive her M.D. in addition to her Masters of Public Health in Global Community Health and Behavior upon graduation this year. As a medical student, Quinn has served as President of Tulane's chapter for Medical Students for Choice. She has also been put on the National Board of Directors for that organization. Quinn has been an officer of the Obstetrics and Gynecology Interest Group. Quinn has volunteered in the New Orleans community, volunteering at a local facility for recovering substance abusers and at a local women's shelter. Quinn has been a student leader for the Tulane Sexual Health elective. Quinn has been part of the rural immersion program, spending several of her core rotations: family, medicine, pediatrics, OB/GYN and surgery in a rural setting in Louisiana. Quinn was a member of the Society of Family Planning, the Association of Reproductive Health Professionals and the American Academy of Family Physicians.

*Health Sciences Center*

1430 Tulane Ave., #8010, New Orleans, LA 70112 tel 504.988.5331 fax 504.988.6462 www.tulane.edu

## ACADEMIC HISTORY

Date of Initial Matriculation into Medical School: August 2013  
Date of Expected Graduation from Medical School: May 2017

Quinn Jackson completed the Medical School curriculum without any extensions, leaves of absence, gaps or breaks in her educational program.

Was the student required to repeat or otherwise remediate any course work during her medical education? **No**

Was the student the recipient of any adverse action(s) by the medical school or its parent institution? **No**

## ACADEMIC PROGRESS

### Pre-clinical/basic science curriculum

The Tulane University School of Medicine grades the preclinical courses on a Pass/Fail basis only. Quinn Jackson successfully passed all of her preclinical courses.

### Required Clinical Clerkships Record

The following are representative faculty comments from the required clerkships taken to date. They are not listed in the order taken by the student. Pass grades were achieved unless otherwise noted in the clerkship comments.

Surgery: Quinn Jackson performed satisfactorily on the General Surgical Clerkship. Faculty evaluators commented that she was an excellent medical student who showed keen interest and was on top of things. This student rotated on the General Surgery service, as well as the General Surgery/Oncologic services where it was commented that Quinn was remarkably enthusiastic and eager. She typically extended beyond what was required in regards to patient care and responsibilities. She readily accepted responsibility and usually was asking for more. She will be an excellent physician. Quinn's fund of knowledge, clinical acumen, H & P's, presentations, technical skills, appearance and demeanor, as well as patient records and documentation were all satisfactory to her level of training

Medicine: HIGH PASS Very easy to work with. Did a good job synthesizing patient information and presenting during rounds. I had Quinn for just a few days so difficult to evaluate, but my fellow told me she was an excellent student. Quinn was fantastic. I think she'll do well in whatever field she pursues. Her presentations were very well done and she always knew what was going on with her patients. It was a pleasure to have Quinn on service. She was extremely helpful to the residents which is what I value most. She has above average level of curiosity and clinical acumen at this level of training. I look forward to observing her transition from manager to educator of her peers.

Obstetrics and Gynecology: HONORS Quinn Jackson performed exceptionally well on the Obstetrics and Gynecology Core Clerkship rotation receiving Honors. Quinn was great with patients and took the initiative in seeing patients on her own. Her knowledge base exceeded her level and she was able to assimilate her reading and research into her clinical activities. She took charge in a calm and efficient manner. She has excellent potential and will be an excellent house officer. Her performance on the National Board of Clinical Sciences Examination was well above the average of the class. Her fund of knowledge, clinical judgment, history & physical's, presentations, technical skills, patient records, and documentation exceeded the expectations of the department and she successfully completed the Obstetrics & Gynecology program.

Pediatrics: HONORS (Faculty, Small Group Leader) She did well and was an active participant in all of our activities. (Faculty, Nursery) Quinn was a dedicated and very helpful student while in the nursery. She functioned as an intern and rose to the occasion quite well. (Faculty, NICU) Honest, hardworking, and good presentations. (Faculty, Inpatient) Good communication skills, hardworking, good bedside manners, good basic knowledge. (Faculty, Inpatient) Quinn had a strong week in the PICU while I was the attending there. Patient presentations were well delivered and detailed. She was an eager learner. (Senior resident, Inpatient) Quinn was a valuable member of our health-care team. Very caring and knowledgeable of the patients she cared for.

Family Medicine: HONORS Quinn Jackson did a great job during her family medicine rotation. She was well liked by patients, "all of the medical students, she is number one," nurses/office staff, "always nice and easy going," and Dr. Gunda, pediatrician, "wants to learn." Quinn is a conscientious and compassionate person and possesses an excellent fund of knowledge. In my opinion, Quinn's clinical skills in the middle of her third year are commensurate with those of a fourth year student (six months ahead). Quinn is in the top 33% of students I have taught in over 24 years of teaching. Quinn has a talent for seeing patients in an outpatient, office-based setting. She is thinking of being a family doctor, subspecializing in women's health, and this would be a wonderful fit. I plan to stay in touch.

Psychiatry: HONORS Student Doctor Quinn performed very well during her rotation. She performed all assigned duties eagerly and was caring and respectful of patients. Quinn was a very interested student and very competent for her level of education. She was very eager to learn.

Neurology: HIGH PASS Quinn Jackson performed very well on the Neurology Clerkship and showed satisfactory basic skills appropriate to the clerkship. Faculty evaluators commented that she was professional, poised, and consistently well-prepared for rounds. She had a pleasant demeanor and interacted well with the entire team. She will be an excellent resident. Quinn did a great job and displayed strong character and clinical skills during her neurology rotation. She was self-motivated and professional always helping out by doing tasks that would forward patient care. She was intellectually curious and had thoughtful questions. Quinn was great to work with; she was always engaged with the team and was able to keep up with the daily clinical changes of patients. She should do well on her other clinical rotations because she is very eager to learn and knows her patients well. Quinn was involved in the clinical decision making and showed appropriate motivation and enthusiasm for learning. She demonstrated an above average


knowledge base that was well applied in addition to an exceptional intellectual curiosity. She always treated others with respect, communicated effectively and was well-liked by patients. She demonstrated an excellent rapport with classmates, residents, and other professional staff. Her patient data, assessments and case presentations were thorough, accurate, well-organized and concise.

## SUMMARY

In summary, Quinn Jackson is an academically talented student placing in the top third of her class. Quinn will receive her Masters of Public Health in addition to her M.D. upon graduation this year. Quinn has been an active volunteer in the New Orleans community and has held important leadership positions in our school. I've gotten to know Quinn during her time spent at Tulane. On a personal note, I find her to be patient- centered, compassionate and goal directed.

Based on a review of her entire academic medical school record to date, Ms. Jackson's overall medical school performance has been *excellent* in comparison with her peers at this institution.

Quinn Jackson is a fine physician who will bring great credit to the faculty of the Tulane University Health Sciences Center, to her chosen profession, and to any post-doctoral program in which she elects to train.



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Marc J. Kahn, M.D., M.B.A.  
Sr. Associate Dean for Admissions and  
Student Affairs  
Professor of Medicine



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L. Lee Hamm, M.D.  
Senior Vice President of Tulane University  
Dean of the School of Medicine

as of June 1, 2017

Name: Jackson, Quinn Michelle

Degree Date Awarded: May 30, 2017 Degree Awarded: Doctor of Medicine

Acad Yr: T1 - Note: Academic year graded Pass/Fail

Course	Course Description	Year	Credit	Grade
BIOC-1004	Cellular Biochemistry	2014	3 HRS	P
GANT-1000	Genes Anatomy	2014	2 HRS	P
FIMJ-1005	Foundations Med I	2014	5 HRS	P
GENE-1007	Genetics	2014	1 HRS	P
BIOC-1003	Metabolic Biochemistry	2014	5 HRS	P
HISTO-1001	Histology	2014	5 HRS	P
PYSI-1002	Physiology	2014	5 HRS	P
NEUR-1001	Neuroscience	2014	3 HRS	P
IMMU-1001	Immunology	2014	1 HRS	P

Acad Yr: T1 Pre-Clinical Electives - Note: T1 Electives graded Pass/Fail

Course	Course Description	Year	Credit	Grade
MED-5101	Sexual Health	2014	1 HRS	P
PHEA-3001	Public Health	2014	1 HRS	P

Acad Yr: T2 - Note: Academic year graded Pass/Fail

Course	Course Description	Year	Credit	Grade
MICR-2000	Intro to Infectious Diseases	2015	4 HRS	P
FIMJ-2005	Foundations Med II	2015	2 HRS	P
PATH-2002	Mechanism of Disease	2015	14 HRS	P
PHAR-2003	Pharmacology	2015	5 HRS	P
CLDS-2004	Clinical Diagnosis	2015	5 HRS	P

Acad Yr: T2 Pre-Clinical Electives - Note: T2 Electives graded Pass/Fail

Course	Course Description	Year	Credit	Grade
MED-5101	Sexual Health	2015	1 HRS	P
PHEA-3001	Public Health	2015	1 HRS	P

Site Codes:

- T Tulane School of Medicine
- SR Home Range
- AV Away
- ML Military Medical Facility

**ELECTRONIC  
 SEAL  
 VERIFIED**





as of June 1, 2017

Name Jackson, Quinn Michelle

Acad Yr: Clinical Rotations - Note: \* Course graded Pass/Fail

Course	Site	Course Description	Year	Credits	Grade
MED-3000	T	Medicine	2016	4 HRS	HP
NEUR-3000	T	Neurology	2016	4 HRS	HP
PSYCH-3000	T	Psychiatry	2016	4 HRS	H
PEDI-3000	T	Pediatrics	2016	6 HRS	H
FAMY-3000	T	Family Medicine	2016	6 HRS	H
FAMY-4020	T	Family Medicine	2016	2 HRS	P *
OBGY-3000	T	Obstetrics & Gynecology	2016	8 HRS	H
SURG-3000	T	Surgery	2016	8 HRS	P *
MED-3410	T	Internal Med Speciality Clinic	2016	4 HRS	P *
FAMY-3500	T	Family Medicine Subspecialty	2016	4 HRS	HP
MED-3600	T	Allergy/Immunology	2017	2 HRS	P *
ORTH-4120	T	Musculoskeletal Medicine	2017	2 HRS	P *
EMER-4020	T	Emergency Medicine	2017	2 HRS	P *
RADS-3020	T	Radiology	2017	2 HRS	P *
PSYCH-4020	T	Psychiatry	2017	2 HRS	P *
MED-4027	T	Population Health Management	2017	2 HRS	P *
MEGA-4002	T	MD/MPH	2017	4 HRS	P *
MED-4620	T	Quality Improvement	2017	2 HRS	P *
MED-4201	T	Palliative Care	2017	2 HRS	P *
MED-4912	T	Office Medical Spanish Level 1	2017	2 HRS	P *
MED-4923	T	Office Medical Spanish Level 2	2017	2 HRS	P *
SURG-3120	T	Outpatient Surgery	2017	2 HRS	P *
PEDI-4340	T	PEDI Adolescent Medicine	2017	4 HRS	H
DERM-4000	T	Dermatology	2017	4 HRS	H

**Site Codes:**

- T Tulane School of Medicine
- MR Baton Rouge
- AY Away
- MLL Military Medical Facility

**ELECTRONIC  
 SEAL  
 VERIFIED**



# Louisiana State University

## School of Medicine

*Whereas*

**Quinn Michelle Jackson**

*has duly fulfilled all the requirements prescribed, therefore the degree of*

**Doctor of Medicine**

*is this day conferred with all the rights, honors, privileges, and responsibilities pertaining thereto.*

*In evidence thereof, there is impressed upon this Diploma the seal of the University  
and the signatures of the Chair of the Board of Administrators, the President  
of the University, and the Dean of the School of Medicine.*

*Given at New Orleans, in the State of Louisiana,*

*May twentieth, Two thousand and seventeen.*

*Danylo Berger*  
Chair, Board of Administrators



*Michael A. Fitts*  
President of the University

*R. Lee Hamm, Jr.*  
Senior Vice President and Dean, School of Medicine



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**Postgraduate Training**

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**Accreditation ID:** 1203421197**Institution:** University of New Mexico School of Medicine Program**Location:** Albuquerque, NM  
UNITED STATES

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**Credentials Analysis Information for Postgraduate Training**

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There is no Omission/Discrepancy/Miscellaneous information identified.



Verification of Postgraduate Medical Education

Institution: University of New Mexico School of Medicine Program Attention: **Program Director**  
 Specialty: Family Medicine Affiliated University: \_\_\_\_\_  
 Address: Albuquerque, NM



Verification For: Name: Quinn Michelle Jackson  
 DOB: ██████████ 1989  
 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: Family Medicine  
 Internship From: 6/22/2017 To: 6/30/2018  
 Residency Successfully Completed?:  Yes  No  In Progress  
 Chief Residency Accredited by:  ACGME  AOA  LCGME  RSC  CFPC  
 Fellowship  RCPC  APPAP  None of these  
 Research

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

Report Internships, Residences and Fellowships separately.

PGY: 2 Specialty/Subspecialty: Family Medicine  
 Internship From: 7/1/2018 To: 6/30/2019  
 Residency Successfully Completed?:  Yes  No  In Progress  
 Chief Residency Accredited by:  ACGME  AOA  LCGME  RSC  CFPC  
 Fellowship  RCPC  APPAP  None of these  
 Research

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

PGY: 3 Specialty/Subspecialty: Family Medicine  
 Internship From: 7/1/2019 To: 6/30/2020  
 Residency Successfully Completed?:  Yes  No  In Progress  
 Chief Residency Accredited by:  ACGME  AOA  LCGME  RSC  CFPC  
 Fellowship  RCPC  APPAP  None of these  
 Research

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:



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: Joe Sparkman Signature: [Signature]  
 Title: Program Director Date of Signature: 10/1/2019  
 Tel: 5052726225 Fax: 5052725184 E-Mail: jsparkman@salud.unm.edu

11 November 2013

Federation of State Medical Boards  
Federation Credentials Verification Service  
POB 619850  
Dallas, TX 75261-5099

Re: Signature Authority for University of New Mexico ACGME Residency Programs

To Whom It May Concern:

I wish to update the information concerning authorized signature for the University of New Mexico Graduate Medical Education Programs. GME Senior Program Manager Joe Sparkman continues to be the Administrative Director of Graduate Medical Education at the University of New Mexico Health Sciences Center. In this position, he is responsible for verification of medical education training information for the institution. Additionally, this information is published in our GME Policies and Procedures on page 17 of the University of New Mexico Houseofficers and the University Regulations and Benefit Manual.

The Associate Dean for GME, on behalf of the institution, delegates the responsibility for all verification of training dates, as well as other verification of resident data, to the Administrative Director/Senior Program Manager of GME.

Mr. Sparkman has served in this position for a good number of years. I am certain he will be delighted to continue to work with your organization and provide accurate information to the various agencies served by the FCVS.

If I can provide additional information, please feel free to contact my office.

Sincerely,



Betty Chang, MD  
Associate Dean for Graduate Medical Education  
ACGME Designated Institutional Official



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**Graduate Medical Education**

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Medical Professional Name: Jackson, Quinn Michelle

Accreditation ID: 1203421197

Institution: University of New Mexico School of Medicine Program

Specialty: Family Medicine

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**Unusual Circumstances**

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**Training Period: 7/1/2017 - 6/30/2020**      **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**

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End of Applicant Reported Unusual Circumstances report for: Jackson, Quinn Michelle

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Licensure / Examinations**

**fsmb**



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**Licensure / Examinations**

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Exam: USMLE

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**Credential Analysis Information for Licensure / Examinations**

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There is no Omission/Discrepancy/Miscellaneous information identified.



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

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

Date: 10/24/2019

Federation Credentials Verification Service

ATTN: FCVS

FCV SID: 489641

Examinee: Jackson, Quinn Michelle

Examinee ID: 5-337-544-0

Alt Name(s):

Date of Birth: [REDACTED] 1989

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

### USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/16/2015	Pass	240	(192)	

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/26/2016	Pass	261	(209)	

#### Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/12/2016	Pass			

### USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/15/2018	Pass	242	(196)	

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.





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

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

**Examinee:** Jackson, Quinn Michelle

**Examinee ID:** 5-337-544-0

**Date of Birth:** [REDACTED] 1989

## 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.*

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**PRACTITIONER PROFILE**

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Prepared for: FCVS As of Date:10/24/2019

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**PRACTITIONER INFORMATION**

Name: Jackson, Quinn Michelle  
DOB: [REDACTED] 1989  
Medical School: Tulane University School of Medicine  
New Orleans, Louisiana, UNITED STATES  
Year of Grad: 2017  
Degree Type: MD

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**BOARD ACTIONS**

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

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1285166678	Individual			07/18/2018

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Reported
NEW MEXICO	RS2017-0419	05/22/2017	07/01/2020	09/06/2019

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**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

No DEA information found.

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**PRACTITIONER PROFILE**

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Prepared for: FCVS As of Date:10/24/2019  
Practitioner Name: Jackson, Quinn Michelle

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**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

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



**JACKSON, QUINN MICHELLE**

**DCN: 550000153006060**

**FOR AUTHORIZED USE BY: New Mexico Medical Board**

Process Date: 10/24/2019

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

**JACKSON, QUINN MICHELLE**

**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** JACKSON, QUINN MICHELLE  
**Date of Birth:** [REDACTED] 1989  
**Gender:** FEMALE  
**Home Address:** 712 WASHINGTON ST NE  
 ALBUQUERQUE, NM 87110  
**Social Security Numbers (SSN):** \*\*\*-\*\*-3126  
**National Provider Identifiers (NPI):** 1285166678  
**License(s):** Physician (MD), RS2017-0419, NM  
**Professional School(s):** TULANE UNIVERSITY SCHOOL OF MEDICINE (2017)

**B. QUERY INFORMATION**

**Statutes Queried:** Title IV, Section 1921, Section 1128E  
**Query Type:** This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
**Entity Name:** New Mexico Medical Board  
**Authorized Agent:** Federation of State Medical Boards, (817) 868 - 4000  
**Customer Use:** 300778461

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/24/2019**

**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

## EVIDENCE OF COVERAGE

**MEMORANDUM NUMBER: RMD-EOC-FY19**

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the Tort Claims Act or the applicable Certificates of Coverage or policies for the type(s) of coverage listed below.

### CERTIFICATE HOLDER INFORMATION

**INSURED: STATE OF NEW MEXICO    LOSS PAYEE: TO WHOM IT MAY CONCERN**  
and  
**UNIVERSITY OF NEW MEXICO HOSPITAL (96901)**

**Coverage Period:**

**12:01 AM 07/01/18 to 12:01 AM 07/01/19**

This is to certify that the Insured has the coverages listed below for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages indicated in this Evidence of Coverage are subject to all terms, exclusions, and conditions of the Certificates of Coverage and other insurance policy(s) to which this Evidence of Coverage pertains. Property and Liability Certificates of Coverage may be obtained at [http://www.generalservices.state.nm.us/riskmanagement/Resources\\_1.aspx](http://www.generalservices.state.nm.us/riskmanagement/Resources_1.aspx)

Type of Coverage	Limit of Liability/Coverage
A) Liability i. General Liability ii. Automobile Liability iii. Law Enforcement iv. Civil Rights	Statutory Limit NMSA § 41-4-19
B) Workers Compensation.....	Statutory Limits NMSA § 52-1-1 et seq.
C) Property..... i. Auto Physical Damage .....	\$550,000,000.00                      Limit Actual Cash Value (ACV)
D) Medical Malpractice .....	Statutory Limit NMSA § 41-4-19
E) Boiler & Machinery.....	\$100,000,000.00                      Limit
F) Fine Arts.....	\$300,000,000.00

**Per 66-5-207, NMSA 1978, - A motor vehicle owned by the United States Government, any state, or political subdivision of the state, is exempt from the Mandatory Financial Responsibility Act.**

**Per 66-6-15(E), NMSA 1978, - A vehicle or trailer owned by and used in the service of the State of New Mexico or any county or municipality thereof need not be registered but must continually display plates furnished by the Transportation Services Division of the General Services Department.**

Should any of the above coverages for the Covered Party be changed or withdrawn prior to the expiration date issued above, the State of New Mexico will notify the Certificate Holder, but failure of such notification shall impose no obligation or liability of any kind upon the State of New Mexico, its agents, or representatives. If you have any questions, contact:

<b>Authorized Representative:</b>		
<b>Date Issued:</b>	7-1-2018	Lara White Davis, Director, Risk Management Division, GSD

## EVIDENCE OF COVERAGE

**MEMORANDUM NUMBER: RMD-EOC-FY18**

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the Tort Claims Act or the applicable Certificates of Coverage or policies for the type(s) of coverage listed below.

### CERTIFICATE HOLDER INFORMATION

**INSURED: STATE OF NEW MEXICO    LOSS PAYEE: TO WHOM IT MAY CONCERN**  
and  
**UNIVERSITY OF NEW MEXICO HOSPITAL (96901)**

**Coverage Period:**

**12:01 AM 07/01/17 to 12:01 AM 07/01/18**



This is to certify that the Insured has the coverages listed below for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages indicated in this Evidence of Coverage are subject to all terms, exclusions, and conditions of the Certificates of Coverage and other insurance policy(s) to which this Evidence of Coverage pertains. Property and Liability Certificates of Coverage may be obtained at [http://www.generalservices.state.nm.us/riskmanagement/Resources\\_1.aspx](http://www.generalservices.state.nm.us/riskmanagement/Resources_1.aspx)

Type of Coverage	Limit of Liability/Coverage
A) Liability i. General Liability ii. Automobile Liability iii. Law Enforcement iv. Civil Rights	Statutory Limit NMSA § 41-4-19
B) Workers Compensation.....	Statutory Limits NMSA § 52-1-1 et seq.
C) Property..... i. Auto Physical Damage .....	\$550,000,000.00                      Limit Actual Cash Value (ACV)
D) Medical Malpractice .....	Statutory Limit NMSA § 41-4-19
E) Boiler & Machinery.....	\$100,000,000.00                      Limit
F) Fine Arts.....	\$300,000,000.00

**Per 66-5-207, NMSA 1978, - A motor vehicle owned by the United States Government, any state, or political subdivision of the state, is exempt from the Mandatory Financial Responsibility Act.**

**Per 66-6-15(E), NMSA 1978, - A vehicle or trailer owned by and used in the service of the State of New Mexico or any county or municipality thereof need not be registered but must continually display plates furnished by the Transportation Services Division of the General Services Department.**

Should any of the above coverages for the Covered Party be changed or withdrawn prior to the expiration date issued above, the State of New Mexico will notify the Certificate Holder, but failure of such notification shall impose no obligation or liability of any kind upon the State of New Mexico, its agents, or representatives. If you have any questions, contact:

<b>Authorized Representative:</b>		
<b>Date Issued:</b>	7-1-2017	Lara White Davis, Director, Risk Management Division , GSI



**NEW MEXICO**

**GENERAL SERVICES DEPARTMENT  
RISK MANAGEMENT DIVISION**

**EVIDENCE OF COVERAGE**

**MEMORANDUM NUMBER: RMD-EOC-FY20**

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the Tort Claims Act or the applicable Certificates of Coverage or policies for the type(s) of coverage listed below.

**CERTIFICATE HOLDER INFORMATION**

**INSURED: Lobo Development (96900-d)**

**LOSS PAYEE: TO WHOM IT MAY CONCERN**

**Coverage Period:**

**12:00 AM 07/01/19 to 11:59 PM 06/30/20**

This is to certify that the Insured has the coverages listed below for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages indicated in this Evidence of Coverage are subject to all terms, exclusions, and conditions of the Certificates of Coverage and other insurance policy(s) to which this Evidence of Coverage pertains. Property and Liability Certificates of Coverage may be obtained by contacting the State of New Mexico's Risk Management Division at 505-827-2036.

<b>Type of Coverage</b>	<b>Limit of Liability/Coverage</b>
A) Liability i. General Liability ii. Automobile Liability iii. Law Enforcement iv. Civil Rights	Statutory Limit NMSA § 41-4-19
B) Workers Compensation.....	Statutory Limits NMSA § 52-1-1 et seq.
C) Property..... i. Auto Physical Damage .....	\$550,000,000.00 Limit Actual Cash Value (ACV)
D) Medical Malpractice .....	Statutory Limit NMSA § 41-4-19
E) Boiler & Machinery.....	\$100,000,000.00 Limit
F) Fine Arts.....	\$300,000,000.00

Per 66-5-207, NMSA 1978, - A motor vehicle owned by the United States Government, any state, or political subdivision of the state, is exempt from the Mandatory Financial Responsibility Act.

Per 66-6-15(E), NMSA 1978, - A vehicle or trailer owned by and used in the service of the State of New Mexico or any county or municipality thereof need not be registered but must continually display plates furnished by the Transportation Services Division of the General Services Department.

Should any of the above coverages for the Covered Party be changed or withdrawn prior to the expiration date issued above, the State of New Mexico will notify the Certificate Holder, but failure of such notification shall impose no obligation or liability of any kind upon the State of New Mexico, its agents, or representatives.

<b>Authorized Representative:</b>	<i>Clinton Nicley</i>	
<b>Date Issued:</b>	7-1-2019	Clinton Nicley, Director, Risk Management Division , GSD

N. M. S. A. 1978, § 41-4-19

§ 41-4-19. Maximum liability

Effective: July 1, 2008

A. Unless limited by Subsection B of this section, in any action for damages against a governmental entity or a public employee while acting within the scope of the employee's duties as provided in the Tort Claims Act, the liability shall not exceed:

(1) the sum of two hundred thousand dollars (\$200,000) for each legally described real property for damage to or destruction of that legally described real property arising out of a single occurrence;

(2) the sum of three hundred thousand dollars (\$300,000) for all past and future medical and medically related expenses arising out of a single occurrence; and

(3) the sum of four hundred thousand dollars (\$400,000) to any person for any number of claims arising out of a single occurrence for all damages other than real property damage and medical and medically related expenses as permitted under the Tort Claims Act.

B. The total liability for all claims pursuant to Paragraphs (1) and (3) of Subsection A of this section that arise out of a single occurrence shall not exceed seven hundred fifty thousand dollars (\$750,000).