MD WORKSHEET

NAME	LONG, STEPHANIE			STATES	REC/DATE
DOB	7/15/1982	SSN	X	AL	7/11/18
APPLICATION RECEIVED DATE	07/10/2018	LICENSE NUMBER	60879867	CA	7/10//18
SPECIALTY				ID	7/10/18
FEES	☑ YES ☐ NO			NM	7/10/18
PHOTO	☑ YES ☐ NO				
DATA QUESTIONS	☑ YES ☐ NO				
AIDS EDUCATION	☑ YES ☐ NO				
APPLICATION ATTESTATION	☑ YES ☐ NO				
EXPIRED		CME			

REPORTS	RECEIVED	COMPLETED	
WSP		8/3/18	
NPDB		7/17/18	
FBI	7/27/18	8/3/18	
AMA		7/13/18	
FSMB		7/13/18	

EDUCATION	LOCATION/TYPE/YEAR	RECEIVED		HOSPITAL VERIFCATION	RECEIVED
TRANSCRIPTS	Columbia Univ 2009 *	7/17/18		Zuckerberg San Fran	9/10/18
TRANSLATIONS				Univ of New Mexico	9/6/18
ECFMG					
EXAMINATION SCORES	USMLE	7/17/18			
POSTGRADUATE TRAINING	Family Med ID 7/09-6/12	7/17/18			
POSTGRADUATE TRAINING					
POSTGRADUATE TRAINING					
POSTGRADUATE TRAINING					
POSTGRADUATE TRAINING					
POSTGRADUATE TRAINING					

MALPRACTICE CASES

DATE/NAME	SYNOPSIS	DISPOSTION

DATA QUESTIONS REVIEW

NUMBER	STATEMENT	DOCUMENT	

APPROVED SIGNATURE

Morgan Barrett MD DATE 9/14/18

COMMENTS

*LOA medical school

Kimberly Romero

Medical Quality Assurance Commission
Physician Application Worksheet

Name: LONG, STEPHANIE | DOB: 7/15/1982

Date Received: 7/10/18 | Temp Issued: | Number: 60879867 | Closed:

X	WSP Check	x	Fee	x	Photo	x	Data1-15	x	AIDS	x	Attes	X	SSN

Chronology	MISSING	FSMB	AMA	ECFMG	FBI
X COMPLETE		7/13/18	7/13/18	N/A	8/3/18

Personal Data "Yes"s	Documentation Received

Malpractice Cases	Synopsis	Disposition
1		
2		
3		
4		
5		
6		
7		

Medical School

Name: COLUMBIA UNIVERSITY | Year of Degree: 2009 | 7/17/18 Transcripts | Translations

Examination Type: National | FLEX | USMLE | State Exam | LMCC | 7/17/18 Scores Received

Post Graduate Training Programs Received	Training Programs
7/17/18	FAMILY MEDICINE OF IDAHO 7/09-6/12

Post Graduate Training Programs Received	Training Programs

Received	State
7/11/18	AL
7/10/18	CA
7/10/18	ID
7/10/18	NM

Received	Hospital verification
9/12	ZUCKERBERG SAN FRAN
9/6	UNIVERISTY OF NEW MEXICO

Received	Hospital verification

Approved _____ Signature _____ Date

Comments:

Background Check Processed

Washington State Department of Health

JUL 17 2018

RECEIVED

NPDB/HIPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

JUL 17 2018
Date
DEPARTMENT OF HEALTH
MEDICAL COMMISSION
Stamp Here

Revenue:252090000 **Credential Number:** MD.MD.60879867

Physician and Surgeon License Application

Thank you for applying for a Physician and Surgeon credential in Washington State. This online application will guide you through the process to provide the information required.

To review the requirements for the Physician and Surgeon credential please visit the Department of Health website.

Demographic Information

Required fields are marked with an *.

First Name*	Middle Name	Last Name*	Date of Birth* MM/DD/YYYY	
Stephanie	Blair	Long	07/15/1982	☐Male ☒Female

Please provide your place of birth:

Country	State or Province	City
United States	New Hampshire	Somersworth

Please provide your primary address:
This will be your permanent address with the Department of Health. You must notify us of any address changes.

Country*	State or Province*		
United States	California		
Address Line 1*	Address Line 2		
972 Union Street			
City*	Zip Code* 55555-5555	County	
San Francisco	94133	San Francisco	

Telephone (555) 555-5555	Ext. 55555	Fax (555) 555-5555	Cell (555) 555-5555
23 LicenseeAddress			23 LicenseeAddress

Correspondence

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Is your mailing address where we should send any information about your account the same as your primary address?* ☒Yes ☐No

The Department of Health will use electronic mail as its primary communication method. We will send personal and confidential information for your sole use to this email address.

Current email address dr.steph.long@gmail.com

If this is not a current email address, please update the email address you've supplied by returning to your SecureAccess Washington (SAW) account.

Are you known or have been known under any other names, or, will documents be received in another name?* ☐Yes ☒No

Social Security Number

You are required by state and federal law to provide a social security number with your application.

If you need information about obtaining a social security number, visit the Social Security Administration (SSA) website at http://www.ssa.gov/.

Applying for a social security number will require a birth certificate.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) can't be substituted.

You may request a Social Security Waiver from the Department of Health while applying for your social security number.

You must provide your social security number or complete the waiver request before the Department of Health will issue your healthcare provider credential. If you don't currently have a SSN please complete the waiver request below.

Social Security Number (SSN)* XXX-XX-XXXX

22 Licensee SSN

Personal Data Questions

All applicants must answer the personal data questions based on the profession that they are applying for. They are focused on your fitness to practice the essential skills of this profession. If you answer "Yes" to any question in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete. Another jurisdiction means any other country, state, federal territory, or military authority.

Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This would be at your own expense. We will notify you by email or mail if this is required.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

1* Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐Yes ☒No

2* Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? ☐Yes ☒No

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3* Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐Yes ☒No

4* Are you currently engaged in the illegal use of controlled substances? ☐Yes ☒No

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "Yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5* Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ☐Yes ☒No

6 Have you ever been found in any civil, administrative or criminal proceeding to have:

a.* Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐Yes ☒No

b.* Diverted controlled substances or legend drugs? ☐Yes ☒No

c.* Violated any drug law? ☐Yes ☒No

d.* Prescribed controlled substances for yourself? ☐Yes ☒No

7* Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? ☐Yes ☒No

8* Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐Yes ☒No

9* Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐Yes ☒No

10* Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐Yes ☒No

11* Have you had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? ☐Yes ☒No

12* Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? ☐Yes ☒No

13* To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? ☐Yes ☒No

14* Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? ☐Yes ☒No

15* Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? ☐Yes ☒No

National Provider Identifier (NPI)

If you have an National Provider Identifier (NPI) Number, please provide it.

A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

NPI xxxxxxxxxx
1043448236

Military Spouse or Registered Domestic Partner of Military Personnel

Are you the spouse or registered domestic partner of military personnel?* ☐Yes ☒No

Training and Education

List all of your training and education.

Country*	State or Province*	City*
United States	New York	New York

School or Training Program Name*	School Type*	Date(s) Attended*
Columbia University College of Physicians and Surgeons	College / University	2004-2009

Type of Degree/Training*	Attendance Status*	Graduation Date MM/DD/YYYY
M.D.	Graduated	05/25/2009

Add Additional

Country*	State or Province*	City*
United States	New Hampshire	Hanover

School or Training Program Name*	School Type*	Date(s) Attended*
Dartmouth College	College / University	2000-2004

Type of Degree/Training*	Attendance Status*	Graduation Date MM/DD/YYYY
B.A.	Graduated	06/10/2004

Add Additional

Have your official transcripts, which must indicate your degree and date granted, sent directly from your college or university to the Department of Health.

Postgraduate Training

List all your postgraduate training.

Postgraduate Training Program Name
Family Medicine Residency of Idaho

Specialty
Family Medicine

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
07/01/2009	06/30/2012	☐ Current

Add Additional

If you participated in a postgraduate training in the United States or Canada, after you submit your application, you'll be able to print the Postgraduate Training Program Director Verification and Evaluation of Training Form.

Once printed, provide to the Program Director. Ask them to complete the form and return to the Department of Health.

Experience

In date order, most recent to later, list all professional experience and practice from date of graduation.

Country	State or Province	City
United States	California	San Francisco

Business Name
One Medical Group

Type of Experience or Specialty
Primary Care, Family Practice

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
12/03/2014	Current	☒ Current

Add Additional

Country	State or Province	City
United States	California	Mountain View

Business Name
Planned Parenthood Mar Monte

Type of Experience or Specialty
Staff Physician Primary Care, Family Practice

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
01/01/2014	09/01/2016	☐ Current

Add Additional

Country	State or Province	City
United States	California	San Mateo

Business Name
Planned Parenthood Mar Monte

Type of Experience or Specialty
Contract Physician, Per diem family planning

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
04/04/2014	Current	☒ Current

Add Additional

Country	State or Province	City
United States	New Mexico	Albuqerque

Business Name
University of New Mexico Department of Family and Community Medicine

Type of Experience or Specialty
Maternal Child Health, Family Medicine

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
08/01/2012	12/01/2013	☐ Current

Add Additional

Country	State or Province	City
United States	California	San Francisco

Business Name
Zuckerberg San Francisco General Hospital, University of California San Francisco

Type of Experience or Specialty
Inpatient Service, Department Family and Community Medicine

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
12/16/2014	Current	☒ Current

Add Additional

Limited License

Do you currently hold a Limited Physician and Surgeon License in Washington State?* ☐ Yes ☒ No

Federation Credentials Verification Service (FCVS)

Do you participate in the Federation Credentials Verification Service (FCVS)?* ☒ Yes ☐ No

Request the Federation of State Medical Boards send your FCVS credentials directly to the Department of Health.

Medical Specialty

Medical Specialty*
Family Medicine

Method of Licensure

Do you currently have a Teaching/Research limited license in the State of Washington?* ☐ Yes ☒ No

Are you foreign trained?* ☐ Yes ☒ No

Examinations

Select One:*

☐ I took and passed a state examination that was not a jurisprudence examination.

☐ I took and passed all steps of the United States Medical License Examination (USMLE) or the Federation of State Licensing Examination (FLEX).

☐ I took and passed Licentiate of the Medical Council of Canada (LMCC).

☒ I took and passed the National Board of Medical Examiners (NBME).

Request your National Board scores from the National Board of Medical Examiners sent directly to the Department of Health.

Malpractice History

Have you been named in any medical malpractice law suits?* ☐ Yes ☒ No

Hospital Privileges

List hospitals and locations, within the last five years, where you were granted admitting privileges. For locum tenens, enter only those of a 30-day or longer duration.

Hospital Name
Zuckerberg San Francisco General Hospital

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
12/16/2014	Current	☒ Current

Country	State or Province
United States	California
Address Line 1	**Address Line 2**
1001 Potrero Avenue	Bldg 20, Room 2300
City	**Zip Code** 55555-5555
San Francisco	94110

Add Additional

Hospital Name
University of New Mexico Hospital

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	
08/01/2012	12/01/2013	☐ Current

Country	State or Province
United States	New Mexico
Address Line 1	**Address Line 2**
2211 Lomas Blvd	
City	**Zip Code** 55555-5555
Albuquerque	87106

Add Additional

After you submit your application, you'll be able to print the Hospital Privileges Verification Form.

Once printed, provide to the hospital representative. Ask them to complete the form and return to the Department of Health.

You will need to request verification from each hospital that you have or have had privileges granted at within the last five years. This does not include postgraduate training hospitals.

Verification for military hospital privileges may be obtained by the current duty station or, if no longer in active service, the:
Military Personnel Records
1 Archives Dr
St Louis MO 63138.

Applicant's Photograph

A current photograph is required to complete your application. Indicate the date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be a clear, close-up and a front view.

Height* Feet	Inches*	Weight* lbs	Hair Color*	Eye Color*
5	2	180	Brown	Blue

Other License, Certification, or Registration

Do you have healthcare provider credentials from any other state or jurisdiction?* ☒ Yes ☐ No

List all additional states and jurisdictions where credentials are or were held:

Country* United States		State or Province* Idaho
Profession* Physician		Credential Number* M11169
Issue Date* MM/DD/YYYY 12/08/2010	Expiration Date MM/DD/YYYY 06/30/2020	Is this credential currently in an active status? ☐ Yes ☒ No
Credential Type Permanent		How did you receive this credential? Reciprocal

Add Additional

Country* United States		State or Province* California
Profession* Physician		Credential Number* A128190
Issue Date* MM/DD/YYYY 12/20/2013	Expiration Date MM/DD/YYYY 07/01/2019	Is this credential currently in an active status? ☒ Yes ☐ No
Credential Type Permanent		How did you receive this credential? Reciprocal

Add Additional

Country* United States		State or Province* New Mexico
Profession* Physician		Credential Number* MD2012-0224
Issue Date* MM/DD/YYYY 4/20/12	Expiration Date MM/DD/YYYY 7/1/15	Is this credential currently in an active status? ☐ Yes ☒ No
Credential Type Permanent		How did you receive this credential? Reciprocal

Add Additional

Country* United States		State or Province* Alabama
Profession*		Credential Number*

Temporary Permit

If you are currently licensed in a recognized jurisdiction do you want to apply for a temporary 90-day permit?* ☐ Yes ☒ No

AIDS Education and Training Attestation

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in WAC 246-12-270. If AIDS education was included in your professional education or training, an additional course is not required.

☒ I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked. If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's Initials	Date
SBL	7/10/2018

Applicant's Attestation

☒ I, Stephanie Long, declare under penalty of perjury under the laws of the State of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application.

This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges, or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality healthcare. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.*

Applicant's Initials	Date
SBL	7/10/2018

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Professional Information Profile

This report provides credentialing information for:

Name:	**Long, Stephanie Blair**
Social Security Number:	22 Licensee SSN
Date of Birth:	**July 15, 1982**
FID#:	**215234600**
Recipient:	**WA - Washington Medical Quality Assurance Commission**
Delivery Date:	**07/12/2018**

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.

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868 - 5000 | FAX (817) 868 - 5099

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.

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.

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 [illegible]. 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 [illegible] information to the public upon request.

NOTARY PUBLIC STATE OF IDAHO

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

Stephanie
Applicant's First Name

Blair
Applicant's Middle Name

10/19/11
Date of Signature (must correspond to date of notarization)

State of Idaho, County of Ada.

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 19 day of October, 2011.

Notary Public Signature: Margaret Damiejuki

My Notary Commission Expires: 4-2-13

217846 215234600

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL:(817)868-5000 FAX:(817)868-5099

217846

FCVS | FEDERATION CREDENTIALS VERIFICATION SERVICE

Identity

Federation of STATE MEDICAL BOARDS

Biographic Information

Medical professional Name(s):	**Long, Stephanie Blair**
Date of Birth:	July 15, 1982
Place of Birth:	Dover, NH, UNITED STATES

Contact Information

Business Address:	501 Second Street Suite 415 San Francisco, CA 94107 UNITED STATES
Business Address:	972 Union Street SAN FRANCISCO, CA 94133 UNITED STATES
Mobile Phone:	23 LicenseeAddress
Email:	slong@onemedical.com
Email:	dr.steph.long@gmail.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF BIRTH

1982007704

FULL NAME	STEPHANIE BLAIR LONG
DATE OF BIRTH	JULY 15, 1982
TIME OF BIRTH	12:55 PM
SEX	FEMALE
BIRTHPLACE	WENTWORTH-DOUGLAS HOSPITAL
CITY/TOWN	DOVER
FATHER'S/PARENT'S	
NAME	STEPHEN THOMAS LONG
MAIDEN	LONG
AGE	29
BIRTHPLACE	PHILIPPINES
MOTHER'S/PARENT'S	
NAME	JANICE ANN LONG
MAIDEN	LACERTE
AGE	29
BIRTHPLACE	MASSACHUSETTS
DATE RECORD FILED	JULY 23, 1982
MARGINAL NOTES	

SEAL VERIFIED

1893771

I HEREBY CERTIFY THIS IS A TRUE COPY ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE AND SHALL BE RECEIVED AS EVIDENCE WITH THE SAME EFFECT AS THE ORIGINAL.

ATTEST: _____ STATE/LOCAL REGISTRAR _____

Stephen M. Wurtz, State Registrar

State Registrar

DATE ISSUED: September 27, 2011 217846 STATE/CITY/TOWN OF: NEW HAMPSHIRE

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
It shall be unlawful for anyone to reproduce this certificate other than local or State Registrar.

VS-SP1

STATE OF NEW HAMPSHIRE • LIVE FREE OR DIE •

NEW HAMPSHIRE DEPARTMENT OF STATE REGISTRAR OF VITAL RECORDS

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Chronology of Activities

Federation of STATE MEDICAL BOARDS

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

Start Date	End Date	Activity Type	Location
08/30/2004	05/20/2009	Medical Education	Columbia University College of Physicians & Surgeons New York New York UNITED STATES
07/01/2009	06/30/2010	Postgraduate Training	Family Medicine Residency of Idaho Program Boise Idaho UNITED STATES
07/01/2010	06/30/2011	Postgraduate Training	Family Medicine Residency of Idaho Program Boise Idaho UNITED STATES
07/01/2011	06/30/2012	Postgraduate Training	Family Medicine Residency of Idaho Program Boise Idaho UNITED STATES

End of Chronology of Activities report for: Long, Stephanie Blair

Medical Education

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

Location: New York, NY
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Medical Education

Instruction to the Dean

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

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

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

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

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

Institution Name: Columbia University College of Physicians & Surgeons

Address Line 1:
650 West 168th Street Room 141

Address Line 2:

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

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

Premedical Education:
Years of education required for admission to your medical school: 4yrs
Credential/degree presented by the applicant for admission to your medical school: N/A

Enrollment and Participation: Our records indicate that Long, Stephanie Blair
(type/print individual's name: Last, First, Middle, Suffix)
attended our medical school for total of 160 weeks of medical education on the following dates: From: 8 30 04 (Month Day Year) To: 5 20 09 (Month Day Year)

This individual
Was awarded the degree of Doctor of Medicine on 5 20 2009 (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: Carmen E. Sierra
Signature: Carmen E. Sierra
Title: Asst. Director, SAS
Date of Signature: 11/9/11 Phone: (212) 342-4790
Fax: 212 305-1590 Email:

217846 268 215234600

217846 268

Unusual Circumstances

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

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

Personal/Family	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved
Academic remediation	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved
Health	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved
Financial	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved
Participation in joint degree Program (e.g., MD/PhD)	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved
Participation in non-research special study (e.g., fellowship, international experience)	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved
Participation in non-degree research	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved
Other	From (Mo/Yr)___/___	To (Mo/Yr)___/___	___ Approved	___ Unapproved

Please Specify: see attached deans Letter

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

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

Academic Probation	From (Mo/Yr)___/___	To (Mo/Yr)___/___
Probation for unprofessional conduct/behavioral	From (Mo/Yr)___/___	To (Mo/Yr)___/___
Probation for other reason	From (Mo/Yr)___/___	To (Mo/Yr)___/___

Please specify a reason:

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

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

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

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

___ YES ✓ NO

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?

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

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL(817)868-5000 FAX(817)868-5099

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Medical School

Medical Professional Name: Long, Stephanie Blair

Columbia University College of Physicians & Surgeons

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? **Yes**

Dates: 09/2005 To 06/2006

My mother was near the end of her life, I returned to England for three weeks. Given the timing and the curriculum structure, I withdrew from my second year and restarted the following year.

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: Long, Stephanie Blair

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868 - 5000 | FAX (817) 868 - 5099

COLUMBIA UNIVERSITY
College of Physicians and Surgeons

P&S Student Affairs
630 West 168th Street, P&S 3-401
New York, NY 10032
212.305.3806 Tel
212.305.1343 Fax

www.cumc.columbia.edu

MEDICAL STUDENT PERFORMANCE EVALUATION
For
STEPHANIE B. LONG
November, 2008

Identifying Information

Stephanie Long is a fourth year student at Columbia University College of Physicians & Surgeons in New York, New York.

Unique Characteristics

Born in the U.S. and raised mostly in England, Stephanie received her B.A. in Biochemistry and Molecular Biology, cum laude, from Dartmouth University in June, 2004. She was significantly involved in a variety of extracurricular activities, ranging from international health to student government and administrative policy to basic science research. As Chief of Health from 2002-2004 for the Tucker Foundation's Cross-Cultural Education and Service Project in Nicaragua, she was responsible for the medical team, including the planning and execution of their clinical service missions to provide healthcare, demographic research and teaching of local health workers. Stephanie was selected for the Palaeopitus Senior Society to advise the Dean and President on campus activities and foster harmony and communication between students and administration. She also served in many positions in Student Government, including as Vice President for Administration and Faculty Relations and as class representative. Throughout college Stephanie conducted research as Women in Science Project Intern in the Endocrine Metabolism laboratory, studying AMP kinase, including the response of AMP mutated transgenic mice to caloric challenges. The summer of 2003 Stephanie took a graduate seminar in reproductive healthcare at NYU's Public Health Program in South Africa. She spent the summer before medical school taking pottery and life drawing courses in London.

Academic History

Date of matriculation to medical school: August 2004
Date of expected graduation from medical school: May 2009

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

Academic Progress, Preclinical

Stephanie entered P&S in August 2004. When her mother passed away somewhat suddenly in the fall of Second Year, and Stephanie was the executor of her mother's estate in England, she withdrew from second year to address these responsibilities. She returned to P&S for the remainder of the year and conducted a chart review with Dr. Sharon Oberfield in Pediatric Endocrinology. She then reentered Second Year in the Class of 2009, earning Honors in Psychiatric Medicine II with the following commentary available from that time:

Clinical Practice: "A particularly thoughtful, mature, well rounded participant in discussions whose new presence in this particular group has enriched the experience for all. Her paper was perceptive, honest, reflective, and written on a more sophisticated level than those of most of her colleagues." Psychiatric Medicine I and II: "A thoughtful, active participant in class discussions. Understood the material and contributed to discussion. Did well on her patient interview. Excellent write-ups."

Academic Progress, Clinical

Stephanie began the Major Clinical Year in the summer of 2007 and the following evaluations are given in the order of her program: (Note: Anesthesiology, Orthopedic Surgery, Neurosurgery are graded Pass/Fail.)

Medicine: Honors. "A pleasure. Very bright with an excellent knowledge base that improved with her avid reading. Very enthusiastic, participated well in preceptor rounds. Very thorough write-ups became more focused with feedback. Concise yet comprehensive oral presentations during rounds. Great compassion for patients. Excellent bedside manner. Worked well as part of the team. Extremely thorough and organized, dedicated and reliable, a strong patient advocate. Able to consider a wide differential during case discussions. Very efficient and focused history taking, even anticipated problems after her patient's discharge from the hospital. Extremely caring, hard working and motivated. Always excited to learn. Stayed late to help. Well liked and regarded by all house staff. Functioned at least at an intern's level. A real asset to the team. Delightful to work with. Excellent communication skills, highly professional, enthusiastic team member."

Psychiatry: Honors. "Excellent patient interview, establishing rapport and eliciting most major findings. Particularly active in team meetings, made great efforts to interact with staff and patients. Able to develop the details of history necessary for the generation of sophisticated differential diagnoses and case formulations, while maintaining a combination of empathy and professionalism which allowed for the establishment of the beginnings of a therapeutic alliance with each of her patients. Case write-ups were detailed, thoughtful, ambitiously executed and well beyond what one would expect. Open-minded, curious and interested in understanding. Diligent in following up on leads."

Urology: Honors. "An enthusiastic, communicative team member. Her matter-of-fact, serious approach to patient care is a major strength. Always on time, available and willing to help the residents and to provide support and compassion to patients and team members."

Orthopedic Surgery: Pass. "Worked well with resident faculty."

Surgery: Pass. "Demonstrated good understanding of the topics discussed. Her performance improved dramatically. Diligent and attentive to details. Excellent presentations. Fund of knowledge improved."

Primary Care: Honors. "Fund of knowledge is above her peers. History and physical exam skills are quite thorough and clear. Good differential diagnosis and plans. Excellent clinical reasoning. Really thought about issues and prioritized her options. Excellent thought process. Exceptional attitude and professionalism, always appropriate and present. Great rapport with patients, staff and colleagues. She is superlative!"

Neurology: High Pass. "Excellent performance, distinguished by her effective, enthusiastic approach to clinical neurology. Well developed fund of knowledge and effective clinical reasoning. History taking ability and neurological examinations were complete and accurate. Oral presentations were thorough and logically-organized. Well organized, proactive and capable in ward work. Contributed well to decision-making for her patients, demonstrated sound clinical judgment that took into account each patient's psychosocial situation. Really engaged in the lives of her patients and their families, forming a trusting rapport even in difficult situations. Notes and write-ups were always complete, with thoughtful syntheses and referenced discussions."

Pediatrics: Honors. "Histories and physicals exceeded expectations and continued to improve. An integral team member. Took complete ownership of her patients. Went above and beyond to help with patients we followed together as well as patients she was not following. Extremely involved with patients, knew them well, was always up to date about their clinical status. Exceptionally conscientious in patient care, attentive to even the smallest of details. Really able to multitask. One of the most organized, well prepared students I have met. Functioning at the level of an intern. Really great patient and family relationships. Great patient advocate. Seeks feedback. Extremely hard working, self motivated, responsible and honest."

Neurosurgery: Pass. "Excellent student, very inquisitive. Asks appropriate questions and quickly understands complex neurosurgical pathophysiology."

Anesthesiology: Pass. "Bright, eager to help. Asks good questions. Conscientious, outstanding professionalism. Very good oral presentation about considerations for ICU admission."

Obstetrics and Gynecology: High Pass. "Intelligent, thoughtful student with excellent fund of knowledge. Conscientious, diligent in performing clinical duties. Motivated, enthusiastic, eager to learn. Always took initiative, took thorough H&Ps, put in a lot of effort caring for patients. Showed academic interest every day, contributed to the team. Participated thoughtfully in group discussions, team rounds, the ambulatory clinic setting. Showed kindness, compassion with patients. Professional in demeanor with colleagues. History taking, physical exam skills were excellent. Written notes were clear, well organized."

In July, 2008, Stephanie did a fourth year elective in Pediatric Emergency Medicine at Columbia University Medical Center. Honors. "Fund of knowledge, understanding of pathophysiology, ability to apply information clinically are excellent. Admirable work ethic, performs duties efficiently, with ease. Case presentations are crisp, organized, accurate. Always manages patients with exceptional attention to detail. Always mature, professional, demonstrates genuine humanistic qualities. Meticulous, conscientious in patient care activities. Enthusiastic

learner, demonstrates a genuine interest in patients, their outcomes. Consistently responsible, reliable."

Research and Activities

The summer of 2005, Stephanie was awarded an Arnold P. Gold Foundation Student Summer Research Grant for patient-centered research on community health and cross cultural issues. As the Columbia Student Medical Outreach Clinic Summer Clinic Coordinator, she was the first medical student to institute a research component in the position, examining the literature to create continuity in health education at CoSMO. She helped develop a tool to document and sustain health education in a medical visit.

A leader at P&S, Stephanie is extensively involved in extracurricular activities, particularly in leadership positions regarding community and international health. She co-wrote a report on the status of international health programs and funding support at P&S in comparison with peer schools, a document that was instrumental in strengthening international health opportunities at P&S. Stephanie was Secretary of the Governing Board of CoSMO, chair of the Medical Strategy and Education Group, and is a senior clinician of this student-run free clinic. She was Vice Chair of the Internal Medicine Interest Group, organizing a careers in medicine dinner, and creating the first student advisory board to the Narrative Medicine Program. She is proficient in French and studying Spanish.

Summary

Open, enthusiastic, highly self-motivated and proactive, and a remarkable leader and listener, Stephanie has thrived at P&S both academically and in the extracurricular life of the community. A superb student, after earning Honors in Psychiatric Medicine in the preclinical curriculum, Stephanie blossomed in the clinical setting, her forte, earning Honors in Medicine, Urology, Psychiatry, Pediatrics, and Primary Care. Reliable, dependable and impressively effective, she readily takes on leadership roles in healthcare related ventures, improving services, fostering communication, developing bridges, encouraging voices to be heard. She is a true advocate for patient-centered care. Her report on international health at P&S helped to transform P&S' commitment to global health; her contributions to the student-run clinic are innumerable. Faculty report, "Stephanie is delightful to work with...excellent communication skills, highly professional, enthusiastic, great team player...extremely eager to learn and educate others...extremely thorough, organized, bright/sharp, dedicated and a strong patient advocate"... "left no stone unturned...write ups were detailed, thoughtful, well beyond what one would expect from a student at her level of training...a truly superior student." We are pleased to recommend her as an Outstanding* candidate for postgraduate education.

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

*Outstanding is our highest category of recommendation.

2178416

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

NAME: Stephanie Blair Long
ID# : [redacted]
SCHOOL: COLLEGE OF PHYSICIANS AND SURGEONS: MEDICINE

DEGREE(S) AWARDED: Doctor of Medicine
DATE AWARDED: May 20, 2009
PROGRAM: MEDICINE

SUBJECT	COURSE NUMBER	TITLE	GRADE
		2004 - 2005	
FIRST YEAR COURSES ARE GRADED PASS/FAIL ONLY			
ANAT	M5102	GROSS ANATOMY	P
ANAT	M5103	HUMAN DEVELOPMENT	P
ANPH	M5105	NEURAL SCIENCE	P
INTC	M5010	SCI BASIC/PRAC OF MEDICINE I	P
INTC	M5011	SCI BASIC/PRAC OF MEDICINE II	P
MEDI	M5103	CLINICAL PRACTICE IA	P
MEDI	M5104	CLINICAL PRACTICE IB	P
PSCY	M5101	PSYCHIATRIC MEDICINE I	P
WITHDRAWN: September 27 2005			
		2006 - 2007	
THE FOLLOWING COURSES ARE GRADED HONORS/PASS/FAIL			
INTC	M6404	PATHOPHYSIOLOGY I	P
INTC	M6405	PATHOPHYSIOLOGY II	P
PHAR	M6101	PHARMACOLOGY	P
PSCY	M6102	PSYCHIATRIC MEDICINE II	H
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
DERM	M6110	DERMATOLOGY	P
MEDI	M6103	CLINICAL PRACTICE IIA	P
MEDI	M6104	CLINICAL PRACTICE IIB	P
MEDI	M6106	PHYSICAL DIAGNOSIS	P
RADI	M6101	INTRODUCTION TO RADIOLOGY	P

SUBJECT	COURSE NUMBER	TITLE	GRADE
		2007 - 2008	
THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL			
INTC	M7010	CLINICAL CLERKSHIP PRIMARY CAR	H
MEDI	M7201	CLINICAL CLERKSHIP IN MEDICINE	H
NEUR	M7201	CLINICAL CLERKSHIP NEUROLOGY	HP
OBSG	M7201	CLINICAL CLERKSHIP OBSTRE GYN	HP
PEDS	M7201	CLINICAL CLERKSHIP PEDIATRICS	H
PSCY	M7201	CLINICAL CLERKSHIP PSYCHIATRY	H
SURG	M7201	CLINICAL CLERKSHIP IN SURGERY	P
THE FOLLOWING COURSES ARE GRADED HONORS/PASS/FAIL			
ANES	M7201	CLNCL CLERKSHIP ANESTHESIOLOGY	P
UROL	M7201	CLINICAL CLERKSHIP IN UROLOGY	H
THE FOLLOWING COURSES ARE GRADED PASS/FAIL			
MEDI	M7205	CLINICAL CLERKSHIP PRACTICEIII	P
NEUR	M7205	CLINICAL CLERKSHIP NEUROSURGRY	P
OPHT	M7201	CLINCL CLERKSHIP OPHTHALMOLOGY	P
ORTS	M7201	CLNCL CLRKSHP ORTHOPDC SURGERY	P
OTOL	M7201	CLNCL CLERKSHIP OTOLARYNGOLOGY	P
		SENIOR ELECTIVES 2008 - 2009	
CPMD	N04P0	CLIN PRAC IV:RETURN TO CLASSRM	P
FM	N05P	LATINO HEALTH	H
MD	N14P	ICU ALLEN PAVILION	H
MD	N700	MEDICINE AWAY	P
MD	N700	MEDICINE AWAY	P
MDMD	N02P0	ADV MED PATHOPHYSIOLOGY/THERAP	P
MIMD	N02P0	BIOMEDICAL INFORMATICS	P
OB	N036	OBSTETRICS/GYNECOLOGY PRECEPT	H
OB	N950	OBSTETRICS & GYNECOLOGY RES	H
PE	N08P	PEDIATRIC EMERGENCY MEDICINE	H

SEAL VERIFIED

This official transcript was produced on NOVEMBER 09, 2011 and released to:

FEDERATION CRED ENTIALS VERIFICATION SERVICE
400 FULLER WISER ROAD
SUITE 300
EULESS TX 76039 USA

217846 268

MORNINGSIDE CAMPUS
OFFICE OF THE REGISTRAR
TRANSCRIPTS/CERTIFICATION DEPARTMENT
1150 AMSTERDAM AVENUE, MAIL CODE 9202
NEW YORK, NEW YORK 10027
(212) 854-4330

Columbia University
in the City of New York

HEALTH SCIENCES CAMPUS
COLUMBIA UNIVERSITY
TRANSCRIPT DEPARTMENT
141 BLACK BUILDING
NEW YORK, NEW YORK 10032
(212) 305-3992

GRADING SYSTEMS IN USE AT COLUMBIA UNIVERSITY SINCE SPRING 1982

SCHOOL / PROGRAMS	GRADING SYSTEM
Columbia College Continuing Education, Dental and Oral Surgery, Engineering and Applied Science, GeneralStudies, Graduate School of Arts and Sciences, International and Public Affairs, Library Service, Human Nutrition, Nursing, Occupational Therapy, Physical Therapy, Special Studies Program, Summer Session	A, B, C, D, F (excellent, good, fair, poor, failing). NOTE: Plus and minus signs and the grade of P (Pass) are used in some schools. The grade of D is not used in the D.D.S. Program, the Post-doctoral Programs in Dental Specialties, Graduate Nursing, Occupational Therapy and Physical Therapy.
American Language Program, Journalism, Center for Psychoanalytic Training and Research	P (pass), F (failing)
Architecture	HP (high pass), P (pass), LP (low pass), F (failing), and A, B, C, D, F - used June 1991 and thereafter; P, pass, F (failing) - used prior to June 1991
Arts, College of Physicians and Surgeons	H (honors), P (pass), F (failing)
Business	H (honors), HP (high pass), P (pass), LP (low pass), F (failing)
Law (Any student may at any time, request that he or she be graded on the basis of Credit-Unsatisfactory. A student electing this option may revoke it at any time and receive or request a copy of his or her transcript with grades recorded in accordance with the policy listed in the school bulletin.)	E (excellent), VG (very good), G (good), P (pass), U (unsatisfactory), CR (credit). A+ through C (no plus or minus with C) is used beginning with the class which entered Fall 1994.
Public Health	A, B, C, D, F - used Summer 1985 and thereafter; H (honors), P (pass), F (failing) - used prior to Summer 1985.
Social Work	E (excellent), VG (very good), G (good), MP (minimum pass), F (failing). A through C (plus or minus with C) is used beginning with the class which entered Fall 1997.

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

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

OTHER GRADES USED IN THE UNIVERSITY

AB = Excused absence from final examination.

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

F* = Course dropped unofficially.

IN = Work incomplete.

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

R = Registered for course, no qualitative grade assigned.

UW = Unofficial Withdrawal.

W = Withdrew from course.

YC = Year Course. Assigned at the end of the first term of a year course. A single grade for the entire course is given upon completion of the second term.

AU = Audit (Auditing Division Only).

The Cumulative Index, if shown, does not reflect courses taken before the Spring of 1982.

KEY TO COURSE LISTINGS

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

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

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

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

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

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

The term designations are as follows:
X=Autumn Term, Y=Spring Term, S=Summer Term

To all persons to whom these presents may come

Salutem

The Trustees of Columbia University

in the City of New York

College of Physicians and Surgeons

attest by this decree that

Stephanie Blair Long

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

Doctor of Medicine

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

Dean of the Faculty of Medicine

President

ROSELEN GONZALEZ
REGISTRAR SERVICES REPRESENTATIVE

I CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT WHICH I HAVE EXAMINED

SEAL VERIFIED

217846

208

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Postgraduate Training

Federation of STATE MEDICAL BOARDS

Postgraduate Training

Accreditation ID: **1201511097**

Institution: **Family Medicine Residency of Idaho Program**

Location: Boise, ID
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

Federation of STATE MEDICAL BOARDS

Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Road, Suite 300, Euless, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Graduate Medical Education

Institution: Family Medicine Residency of Idaho

Address: Family Medicine
Boise, ID

Attention: **Program Director**

Affiliated University: ____

Verification For:

Name: **Long, Stephanie**

DOB: **07/15/1982**

Individual's Name on Record (if different from above): ____

Program Participation:

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.

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.

Training Level: 1 (e.g., 1, 2, 3, etc.)
☒ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty/Subspecialty: Family Medicine
From: 07/01/2009 To: 06/30/2010
Successfully Completed?: ☒ Yes ☐ No ☐ In Progress
Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Training Level: 2 (e.g., 1, 2, 3, etc.)
☐ Internship ☒ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty/Subspecialty: Family Medicine
From: 07/01/2010 To: 06/30/2011
Successfully Completed?: ☒ Yes ☐ No ☐ In Progress
Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Training Level: 3 (e.g., 1, 2, 3, etc.)
☐ Internship ☒ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty/Subspecialty: Family Medicine
From: 07/01/2011 To: 06/30/2012
Successfully Completed?: ☒ Yes ☐ No ☐ In Progress
Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ 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:

____

____

Certification:

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

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: Ted Epperly, MD

Signature: Ted Epperly, M.D.

Title of Signatory: Program Director and CEO (e.g., Program Director)

Date of Signature: 10/10/2012

Tel: 208-367-6040 Fax: 208-367-6123 E-Mail: ted.epperly@fmridaho.org

ELECTRONIC SEAL VERIFIED

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FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Graduate Medical Education

Medical Professional Name:	Long, Stephanie Blair
Accreditation ID:	1201511097
Institution:	Family Medicine Residency of Idaho Program
Specialty:	Family Medicine

Unusual Circumstances

Training Period: 7/1/2009 - 6/30/2010 **Internship**

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: 7/1/2010 - 6/30/2011 **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: Long, Stephanie Blair

FAMILY MEDICINE RESIDENCY
OF IDAHO

Hereby certifies that

Stephanie Long, M.D.

has satisfactorily completed

Residency Training in Family Medicine

CHIEF RESIDENT

July 1, 2009 - June 30, 2012

Chairman, Department of Family Medicine

President, Board of Directors

Program Director and C.E.O.

Through affiliation with:
Department of Family Medicine, University of Washington School of Medicine
Saint Alphonsus Regional Medical Center | St. Luke's Regional Medical Center | Veterans Administration Hospital

Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.

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

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

Date: 07/12/2018

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: 404637

Examinee: Long, Stephanie Blair **Examinee ID:** 51742096

Alt Name(s): **Date of Birth:** 07/15/1982

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

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/5/2007	Pass	219	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
10/20/2008	Pass	232	(184)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
9/10/2008	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
9/30/2010	Pass	232	(187)	

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

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

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

Examinee ID: 51742096

Examinee: Long, Stephanie Blair

Date of Birth: 07/15/1982

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.

RECEIVED

AUG 13 2018

MEDICAL COMMISSION

Washington State Department of Health

Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
360-236-2750

PostgraduateTraining Program Director Verification and Evaluation of Training

Applicant Demographics		
First Name: Stephanie	Middle: Blair	Last Name: Long
Credential # (If available): MD.MD.60879867	Date of Birth: 07/15/1982	
Facility Name: FAMILY MEDICINE ~~FAMILY RESIDENCY OF IDAHO~~	Address: 777 N. RAYMOND ST	
City: BOISE	State: IDAHO	Zip Code: 83701-9251

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address shown above. All questions must be answered.

Applicant Signature: [signature] Date: 07/31/2018

To be completed by the facility/agency/program

The above named applicant is or was engaged in postgraduate training in our program:

Start Date: 07/01/2009 End Date: 06/30/2012 Specialty: Family Medicine

At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada?	☒ Yes ☐ No
If no, does this program qualify the applicant to become board certified?	☐ Yes ☐ No
Was the participant ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program?	☐ Yes ☒ No
If yes, please explain	
Did this applicant successfully complete this training program?	☒ Yes ☐ No

☐ In process Expected date of completion: _____

Authorized Representative Signature

Name	Title	Email
Holly Taniguchi	Program Coordinator	holly.taniguchi@fmridaho.org
Address: 777 N Raymond St	Phone (enter 10 digit #): 2085-954-8740	
City: Boise	State: ID	Zip Code: 83704
Authorized Signature: Holly Taniguchi	Date: 08/10/2018	

DOH 657-121 March 2017

State of Alabama

Medical Licensure Commission

James H. Walburn, M.D., Chairman/Executive Officer Karen Silas, Executive Assistant

RECEIVED

07/11/2018

JUL 17 2018

MEDICAL COMMISSION

Washington Medical Commission E MAIL
PO Box 47866
Olympia , WA 98504-7866

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

Stehanie Blair Long

Date of Birth:	**07/15/1982**
License Number:	**MD.34759**
Current Status:	**Active**
Date Issued:	**01/01/2016**
Basis of License:	**USMLE/ID**
Expiration Date:	**12/31/2018**
Medical School:	**Columbia University College of Physicians & Surgeons**
Location:	**New York**
Date From/To:	**8/04-5/09**

Disciplinary Actions:

[X] No

[ ] Yes, visit Public Actions at www.albme.org for documents.

Signature: James H Walburn, MD

James H. Walburn, M.D.
Chairman
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at http://www.albme.org.

MEDICAL BOARD OF CALIFORNIA

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382 FAX (916) 263-2944
www.mbc.ca.gov

July 10, 2018

Washington Board of Osteopathic Medicine and
Surgery
P O Box 47860
Tumwater, WA 98501

To Whom It May Concern:

This is to certify that as of July 5, 2018, the records of the Medical Board of California (Board) indicate the following information:

Physician:	STEPHANIE BLAIR LONG
License Number:	A128190
Issued Date:	December 20, 2013
Exam Type:	A Written Examination
Expiration Date:	July 31, 2019
License Status:	CURRENT
Board Discipline and/or Administrative Action:	No

If Board Discipline and/or Administrative Action is indicated, public records may be available at http://www.mbc.ca.gov; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Kimberly Kirchmeyer
Executive Director

STATE OF IDAHO

BOARD OF MEDICINE

1755 Westgate Dr. Ste 140
Boise, Idaho 83704
(208) 327-7000
FAX (208) 327-7005
E-Mail info@bom.idaho.gov

July 10, 2018

CERTIFICATION

This is to certify that a search of the available records of the Idaho State of Medicine indicates the following:

STEPHANIE BLAIR LONG, MD

LICENSE NUMBER:	M-11169
LICENSE TYPE:	PHYSICIAN AND SURGEON
DATE ISSUED:	12/08/2010
LICENSE STATUS:	Current
LAST ACTION:	Renewed
MEDICAL SCHOOL:	COLUMBIA UNIV COLL OF PHYSICIANS AND SURGEONS, NEW YORK NY 10032
DISCIPLINARY ACTION:	No
EXPIRATION DATE:	06/30/2020

OTHER LICENSES

MRM-1054

This license information was last updated on: 07/09/2018

If other information is needed, please contact the individual or the agency or institution which generated the information.

If disciplinary action is indicated details will be made available by photocopy from the public file upon written request.

Angela J. Wickham, MPA
Associate Director
Idaho State Board of Medicine
angela.wickham@bom.idaho.gov
PO Box 83720
Boise, ID 83720-0058
Phone (208) 327-7000
Fax (208) 327-7005

New Mexico Medical Board
2055 S. Pacheco Street, Bldg. 400
Santa Fe, New Mexico 87505
505-476-7220

LICENSE VERIFICATION

July 10, 2018

This is to certify that the records of the New Mexico Medical Board indicate the following information regarding the below mentioned physician.

Name: Stephanie Blair Long, M.D.

Date of Birth: 07/15/1982

School Name	Graduation Date
College Of Physicians And Surgeons Bosto	05/30/2009

Specialties

License #	Issue Date	Expiration Date	Status	License Type
MD2012-0224	04/20/2012	07/01/2015	Lapsed	Medical Doctor

Our records indicate there is No Derogatory Information and the license is in good standing.

This license information was last updated on: 07/02/2018

Barbara Orender

Barbara L. Orender, Licensing Manager

Date: July 10, 2018

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SEP 10 2018

MEDICAL COMMISSION

MD

Department of Health

Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
A-L 360-236-2765
M-Z 360-236-2767

Hospital Privileges Verification

(Excluding postgraduate training hospital privileges)

To be completed by the applicant:

Hospital Name ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL

Address 1001 POTRERO AVENUE, SAN FRANCISCO, CA 94110

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am authorizing the release of and would appreciate you providing the information directly to the address shown above at your earliest convenience. **All questions must be answered.**

Applicant Name (Print or type)	Birth date (mm/dd/yyyy)
STEPHANIE LONG	07/15/1982
Signature of applicant	

To be completed by the licensing agency:

1. Stephanie Long MD (has/had) admitting or specialty privileges at
   Applicant Name (Print or type)
   this hospital from 12/16/2014 (mm/yyyy) to present (mm/yyyy).

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?
   ☐ Yes ☒ No If yes, please explain _____

3. Has the applicant every been asked to resign? ☐ Yes ☒ No If yes, please explain _____

4. Did the applicant ever resign in lieu of or to avoid adverse action? ☐ Yes ☒ No If yes, please explain

5. Has a report concerning the applicant ever been sent to the National Practitioner Data Bank or the Health Care Integrity and Protection Data Bank by this hospital? ☐ Yes ☒ No

No Seal Available

Signature _____ MD

Title Family & Community Med Svc Chief

Email [redacted] teresa.villela@ucsf.edu

Address 1001 Potrero Ave Bldg 80-83

Return to address listed above.

San Francisco CA 94110

DOH 657-123 May 2015

Date 9/6/2018 Phone 415-206-5252

MD

Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
A-L 360-236-2750
M-Z 360-236-2747

Hospital Privileges Verification
(Excluding postgraduate training hospital privileges)

To be completed by the applicant:

Hospital Name UNIVERSITY OF NEW MEXICO HOSPITAL

Address 2211 LOMAS BLVD NE, ALBUQUERQUE, NM 87106

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am authorizing the release of and would appreciate you providing the information directly to the address shown above at your earliest convenience. All questions must be answered.

Applicant Name (Print or type)	Birth date (mm/dd/yyyy)
STEPHANIE LONG	07/15/1982
Signature of applicant	

To be completed by the licensing agency:

1. Frederic Hoppe, MD (Applicant Name (Print or type)) has/had admitting or specialty privileges at this hospital from 6/26/2012 (mm/dd/yyyy) to 12/14/2013 (mm/dd/yyyy)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?
☐ Yes ☑ No If yes, please explain _____

3. Has the applicant ever been asked to resign? ☐ Yes ☑ No If yes, please explain _____

4. Did the applicant ever resign in lieu of or to avoid adverse action? ☐ Yes ☑ No If yes, please explain

5. Has a report concerning the applicant ever been sent to the National Practitioner Data Bank or the Health Care Integrity and Protection Data Bank by this hospital? ☐ Yes ☑ No

(Seal)

Signature Roberta Henderson
Title Manager Medical Staff Affairs
Email RHenderson1@salud.unm.edu
Address 2211 Lomas Avenue
Albuquerque, NM 87106
Date 8/29/18 Phone 505 272 6472

Return to address listed above.

DOH 667-123 May 2018

AMA Physician Profile

PREPARED FOR

Washington State Department of Health, Tumwater, WA

Name and Mailing Address

STEPHANIE BLAIR LONG
225 SAN ANTONIO RD
MOUNTAIN VIEW, CA 94040-1209

Birth date 07/15/1982

Primary Office Address

STE 415
501 2ND ST
SAN FRANCISCO, CA 94107-4132
Phone (415) 529-4567

Physician's major professional activity OFFICE BASED PRACTICE

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

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
1043448236	06/25/2009	NOT RPTD	NOT RPTD	NOT RPTD	06/15/2018

Current and/or historical medical school

COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS

Degree Awarded: YES
Degree Year: 2009

AMA
AMERICAN MEDICAL ASSOCIATION

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: FAMILY MEDICINE RESIDENCY OF IDAHO
Sponsoring State: IDAHO
Specialty: FAMILY MEDICINE
Training Type:
Dates: 7/2009 - 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: AMERICAN BOARD OF FAMILY MEDICINE
Certificate: FAMILY MEDICINE
Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC+	Active	07/01/2012	n/a	02/15/2019	INITIAL	07/02/2018	Y

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.

+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
Idaho	MD	12/08/2010	06/30/2020	ACTIVE	UNLIMITED	07/02/2018
California	MD	12/20/2013	07/31/2019	ACTIVE	UNLIMITED	07/03/2018
Alabama	MD	01/01/2016	12/31/2018	ACTIVE	UNLIMITED	04/18/2018
New Mexico	MD	04/20/2012	07/01/2015	INACTIVE	UNLIMITED	07/03/2018
Idaho	MD	05/12/2009	06/30/2012	INACTIVE	RESIDENT	01/04/2011

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
XXXXXX434	22N 33N 4 5	03/31/2020	06/25/2018	One Medical Group Ste 415

DEA number	Schedule	Expiration Date	Last Reported Date	Address
				501 2nd St San Francisco, CA 94107-4132

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 Certfication

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.ecfmg.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.

PDC PHYSICIAN DATA CENTER

Federation of STATE MEDICAL BOARDS

PRACTITIONER PROFILE

Prepared for:	Washington Medical Quality Assurance Commission	As of Date:7/13/2018

PRACTITIONER INFORMATION

Name:	Long, Stephanie Blair
DOB:	7/15/1982
Medical School:	Columbia University College of Physicians & Surgeons New York, New York, UNITED STATES
Year of Grad:	2009
Degree Type:	MD
NPI:	1043448236

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	00034759	01/01/2016	12/31/2018	07/02/2018
CALIFORNIA	A-128190	12/20/2013	07/31/2019	07/11/2018
IDAHO	M-11169	12/08/2010	06/30/2020	07/02/2018
NEW MEXICO	MD2012-0224	04/20/2012	07/01/2015	06/14/2018

PRACTITIONER PROFILE

Prepared for: Washington Medical Quality Assurance Commission

As of Date:7/13/2018

Practitioner Name: Long, Stephanie Blair

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
Certificate: Family Medicine
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2012		02/15/2019	Initial	06/28/2018

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Tuesday, August 07, 2018 8:41 AM
To: 'dr.steph.long@gmail.com'
Subject: missing items Long
Attachments: Hospital verification.pdf

August 7, 2018

Dear Dr. Long,

This is to acknowledge receipt of your application for your physician and surgeon licensure in the state of Washington.

MISSING ITEM(S)
HOSPITAL VERIFICATION (Zukerberg San Fran and University of New Mexico)
PHOTO — Please send me a photo signed and date taken within the last year.

If you choose to use email as your way of checking on your application, that may be done at any time.

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, send an email me at joe.mihelich@doh.wa.gov .

Sincerely,

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Joe Mihelich
Health Services Consultant 2
Washington Medical Commission
phone: 360-236-2767

Work Hours Monday-Friday 6:00AM-2:30PM

UA UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

Affidavit and Authorization for Release of Information

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

Applicant:

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

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

Sign this form with attached photo in the presence of a notary public.

Send this notarized affidavit to the board you are applying to for licensure. See http://www.fsmb.org/policy/contacts for a directory of state medical boards.

DO NOT SEND THIS FORM TO FCVS/FSMB. Doing so will delay your licensure process.

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.

Stephanie Long
Applicant's signature (must be signed in the presence of a notary)

Long
Applicant's printed last name

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

07/13/2018
Date of signature (must correspond to date of notarization)

DANIEL LARSON DOEBLER
ELECTRONIC NOTARY PUBLIC
REG # 7633122
EXPIRES 2/28/2019
COMMONWEALTH OF VIRGINIA

-fold up- -fold up-

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

Notary

State of Virginia, County of Bedford

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 13th day of July, 2018.

Notary Public Signature: Daniel Larson Doebler

(NOTARY PUBLIC SEAL)

My Notary Commission Expires: 02/28/2019

ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

RECEIVED
SEP 10 2018
MEDICAL COMMISSION

September 06, 2018

Jill Thomas
Credentialing Liaison
FCM

RE: Stephanie B. Long, MD

We have received your inquiry regarding the above named practitioner. A review of our records indicates the following:

Current Staff Status:	Courtesy
Department:	Family & Comm. Medicine
Division/Clinic:	
Specialty:	Family Medicine
Affiliation Dates:	12/16/2014 to Present

Information regarding clinical issues may be addressed to:

Service Chief, Family & Comm. Medicine
Zuckerberg San Francisco General Hospital & Trauma Center
1001 Potrero Avenue
San Francisco, CA 94110
(415) 206-8000

Sincerely,

Alan Gelb, MD
Chair, Credentials Committee

By utilizing this site, you are attesting that your organization is a healthcare entity that utilizes this information for protected peer review purposes only. Additionally, you are confirming that you have a current release from the practitioner on file granting you permission to obtain information regarding his/her affiliation and privileges from our facility.

Medical Staff Services Department
1001 Potrero Avenue, Bldg 20, Rm 2300
San Francisco, CA 94110
Phone (415) 206-2342 Fax (415) 206-2360

Redaction Date: 8/7/2020 10:51:28 AM

Redaction Log

Total Number of Redactions in Document: 6

Redaction Reasons by Page

Page	Reason	Description	Occurrences
3	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	2
4	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
11	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
13	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	1
24	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	4(1) 11(1) 24(1)
23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	3(2) 13(1)