

**District of Columbia Board of Medicine
Character Reference Form**

The District of Columbia Board of Medicine (Board), in its consideration of a candidate for licensure, depends on information by persons listed (i.e., references) regarding the candidate's character, employment and observed performance while providing care to patients and working with peers and staff. Please complete this form to the best of your ability and return it to the Board so the information you provide can be given consideration in the processing of this candidate's application.

APPLICANT INFORMATION																																							
First Name: <u>RYAN</u>	MI:	Last Name: <u>MONTUOYA</u>																																					
CHARACTER REFERENCE																																							
<p>1. Date and type of service:</p> <p>The above named individual served with us as <u>RESIDENT</u> from <u>July 2011</u> to <u>June 2014</u>.</p> <p>If you are responding for a training program, please provide the number of months of professional or postgraduate training awarded: <u>36 MONTHS</u>.</p>																																							
<p>2. Please evaluate the following:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #333; color: white;"> <th></th> <th>Poor</th> <th>Fair</th> <th>Good</th> <th>Superior</th> </tr> </thead> <tbody> <tr> <td>Professionalism</td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>Clinical Judgment</td> <td></td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>Relationship w/Patients</td> <td></td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>Ethical/Professional Conduct</td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>Interest in Work</td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>Ability to Communicate</td> <td></td> <td></td> <td></td> <td>✓</td> </tr> </tbody> </table>						Poor	Fair	Good	Superior	Professionalism				✓	Clinical Judgment			✓		Relationship w/Patients			✓		Ethical/Professional Conduct				✓	Interest in Work				✓	Ability to Communicate				✓
	Poor	Fair	Good	Superior																																			
Professionalism				✓																																			
Clinical Judgment			✓																																				
Relationship w/Patients			✓																																				
Ethical/Professional Conduct				✓																																			
Interest in Work				✓																																			
Ability to Communicate				✓																																			
<p>3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a medical school, state regulatory agency or board, employer hospital, or health care facility? If yes, please explain on a separate sheet of paper.</p> <p style="text-align: center; font-size: 1.5em;"><u>NO</u></p>																																							

4. Recommendation (choose one):

- ☒ Recommend high and without reservation.
- ☐ Recommend as qualified and competent
- ☐ Recommend with some reservation (please explain):
- ☐ Do not recommend (please explain):

5. The above report is based on (choose all that apply):

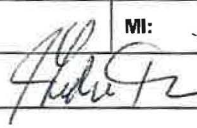
- ☒ Close Personal Observation;
- ☒ General impression;
- ☐ A composite of evaluations;
- ☐ Other:

6. Relationship to applicant:

- ☐ Medical school professor;
- ☒ Program Director, (FORMER)
- ☒ Attending Physician;
- ☐ Other:

ATTESTATION OF REFERENCE

I hereby attest that I am the individual who completed this form and provided the below responses, and that the responses given are true and accurate.

First Name: James	MI: J	Last Name: Ledwith MD
SIGNATURE OF REFERENCE: 		DATE: 10/28/18



AMA Physician Profile

PREPARED FOR

District of Columbia Department of Health, Washington, DC

Name and Mailing Address

RYAN JOSEPH MONTOYA

[REDACTED]

ARLINGTON, VA 22204-4438

Primary Office Address

RJM CONSULTANTS

26 HIGH ROCK WAY

ALLSTON, MA 02134-2415

Phone UNKNOWN

Birth date [REDACTED]

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
1003101973	06/18/2011	NOT RPTD	NOT RPTD	NOT RPTD	08/15/2018

Current and/or historical medical school

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

Degree Awarded: YES

Degree Year: 2011



Certificate type:

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

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

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
Massachusetts	MD	05/05/2016	08/26/2020	ACTIVE	UNLIMITED	08/23/2018
Massachusetts	MD	06/15/2011	07/01/2014	INACTIVE	LIMITED	07/22/2014

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
XXXXXX298	22N 33N 4 5	01/31/2019	09/05/2018	Rma Group, Inc. 26 High Rock Way Allston, MA 02134-2415

Only the last three characters of active DEA numbers are displayed

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

University of Massachusetts Medical School
55 Lake Ave. North Worcester, Massachusetts 01655

Name: Montoya, Ryan Joseph
Degree: Doctor of Medicine

Current Status:
Academic Program: Medical Degree Program
Degree Award Date: 6/5/2011

Academic Year 2005 - 2006

Course Description	Notes	Location	Grade	End Date
XX 105 Human Genetics			CR	12/20/2005
NT 100 Nutrition			CR	06/09/2006
XX 106 Physician, Patient & Society - I			CR	06/09/2006

Academic Year 2006 - 2007

Course Description	Notes	Location	Grade	End Date
CB 100 Human Anatomy			H	12/21/2006
BI 101 Introduction to Biochemistry			CR	12/21/2006
PY 102 Physiology			CR	06/01/2007
CB 103 Cell Biology/Histology			CR	06/01/2007
XX 108 Mind, Brain And Behavior - I			CR	06/01/2007

Academic Year 2007 - 2008

Course Description	Notes	Location	Grade	End Date
MI 200 Microbiology			CR	05/16/2008
XX 206 Physician, Patient And Society - II			CR	05/16/2008

Academic Year 2008 - 2009

Course Description	Notes	Location	Grade	End Date
PH 200 Pharmacology			CR	05/22/2009
PA 202 Biology of Disease Path/Pathophysiology			CR	05/22/2009
XX 208 Mind, Brain And Behavior - II			CR	05/22/2009

Academic Year 2009 - 2010

Course Description	Notes	Location	Grade	End Date
FC 300 Clerkship In Family Medicine		Worcester Area South	AEP	09/25/2009
XX 305 Interclerkship on US Healthcare System		UMASS, Worcester	CR	12/18/2009
PE 300 Clerkship In Pediatrics		UMMHC-University Campus	AEP	12/18/2009
XX 301 Interclerkship on Domestic Abuse		UMASS, Worcester	CR	12/21/2009
XX 320 Interclerkship on Medical Error & Patient Safety		UMASS, Worcester	CR	12/21/2009
ME 300 Clerkship In Medicine		University/Memorial Campuses	EP	03/26/2010
XX 317 Interclerkship Multiculturalism		UMASS, Worcester	CR	05/28/2010
XX 318 InterClk Geriatrics		UMASS, Worcester	CR	05/28/2010

University of Massachusetts Medical School
55 Lake Ave. North Worcester, Massachusetts 01655

Name: Montoya, Ryan Joseph
Degree: Doctor of Medicine

Current Status:
Academic Program: Medical Degree Program
Degree Award Date: 6/5/2011

XX	321	Taking the Pain out of Pain Mgmt: Improve your Competence & Confidence	UMASS, Worcester	CR	05/28/2010
XX	322	Interclerkship Oral Health	UMASS, Worcester	CR	05/28/2010
SU	300	Clerkship In Surgery	UMMHC-University Campus	EP	06/24/2010
XX	313	Interclerkship Developmental Disabilities	UMASS, Worcester	CR	06/25/2010

Academic Year 2010 - 2011

<u>Course Description</u>	<u>Notes</u>	<u>Location</u>	<u>Grade</u>	<u>End Date</u>
ME 406 Clinical Cardiology		UMMHC-University Campus	O	07/30/2010
ME 404 Emergency Medicine		UMMHC-University Campus	AEP	08/27/2010
ME 301 Subinternship In Medicine		Memorial Campus Hospitalist	EP	09/24/2010
OB 300 Clerkship In Ob/Gyn		St Vincent Hosp.	AEP	11/04/2010
PS 300 Clerkship In Psychiatry		UMMHC-University Campus	EP	02/10/2011
NU 300 Clerkship In Neurology		Lahey Hospital/Medical Ctr	AEP	03/25/2011
XX 465 Clinical Skills Elective (C)		UMMHC-University Campus	CR	04/29/2011
XX 316 Interclerkship Palliative Care/End of Life		UMASS, Worcester	CR	05/27/2011
AN 400 Anesthesiology		UMMHC-University Campus	O	05/27/2011

Comments: ## optional enrichment course - no grade

***** End of Record *****

NOT VALID WITHOUT SEAL

REGISTRAR



Michael F. Baker, Registrar

Date: 08/23/2018

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this document may not be released to others without the written consent of the student.

**CATEGORICAL FAMILY PRACTICE RESIDENCY PROGRAM
CONFIDENTIAL VERIFICATION AND REFERENCE FOR:**

NAME: **RYAN JOSEPH MONTOYA, MD**

SOCIAL SECURITY NUMBER: [REDACTED]
NPI NUMBER: 1003101973

The University of Massachusetts-Fitchburg Family Medicine Residency Program provides to you this confidential document relating to a former resident. We submit this document in response to your request for verification of Family Medicine residency training and reference information instead of other forms. The original notarized signature of the current program director will verify its authenticity. The contents of this document are provided with the permission of the above named physician and should not be released to any other party without the consent of that physician.

I. Verification of Training:

Dr. Montoya successfully completed family medicine residency training at University of Massachusetts-Fitchburg Family Medicine Residency as follows:
Residency: **July 1, 2011 - June 30, 2014**

II. Disciplinary Action:

During the dates of training at this institution, Dr. Montoya was not subject to any institutional disciplinary action.

III. Professional Liability:

To the best of our knowledge, Dr. Montoya was not investigated by any governmental or other legal body and was not the defendant in any malpractice suit during residency training.

IV. Ability to Practice Medicine:

To the best of our knowledge, no conditions exist that would impair Montoya's ability to practice Family Medicine.

V. Clinical Privileges/Procedures Requested.

The education Dr. Montoya received from our training program was sufficient for the practice of Family Medicine. Dr. Montoya was recommended for the certifying examination administered by the American Board of Family Medicine.

At the conclusion of Dr. Montoya's Family Practice residency training, he was judged capable of performing the following procedures independently. Current clinical competence should be assured before granting these privileges.

Skin punch biopsy
Cryotherapy (skin lesion)
Excision of lesion (including excisional biopsy)
Incision and drainage of abscess
Suturing/laceration repair—simple/complex
Toenail removal
Anoscopy
Circumcision—neonatal
Endometrial biopsy
IUD insertion/removal
Lumbar puncture
Spontaneous vaginal delivery
Repair of obstetrical lacerations and episiotomies
Labor augmentation and induction
Amniotomy
Casting
Joint/bursa/cyst aspiration and injection
Cerumen removal
Epistaxis management
Nasal / endotracheal intubation
Thoracentesis
EKG interpretation
Microscopy (Urine/Vaginal)
Central Venous Catheter

I am unable to comment on requested clinical privileges/procedures outside the scope of a family medicine residency training program.

VI. Evaluation:

The following table is based on the demonstrated performance of Dr. Montoya during residency training, personal observation by members of the UMass-Fitchburg Family Medicine Residency Faculty and a composite of multiple evaluations by supervisors.

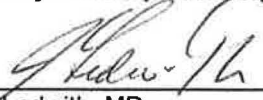
	Unsatisfactory	Satisfactory	Superior	Unable to evaluate
Patient Care		X		
Medical Knowledge		X		
Practice-Based Learning and Improvement		X		
Interpersonal and Communication Skills			X	
Professionalism			X	
Systems-Based Practice			X	
Ethical Conduct			X	
History-taking skills			X	
Physical Examination Skills		X		
Differential Diagnosis/Problem List Formulation			X	
Diagnostic Test Planning			X	
Therapeutic Program Planning		X		
Chart Documentation			X	
Computer Literacy			X	
Patient Education Skills			X	
Dependability and Attendance			X	
Initiative/Work Ethic			X	
	Recommend against this privilege	Recommend for this privilege only with mandatory consultation	Recommend for this privilege with appropriate consultations as needed	
Primary Care Admissions to Intensive Care Unit			X	

- VII. Comments:** Dr. Montoya completed residency with high level competence in primary care and hospital based family medicine. He led a successful project in developing digital and mobile access to curriculum records.

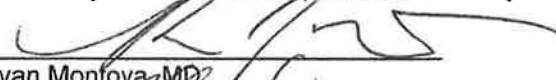
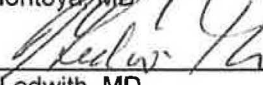
VII. Recommendation:

This resident has successfully completed his residency training program and has demonstrated sufficient professional ability to practice Family Medicine competently and independently.

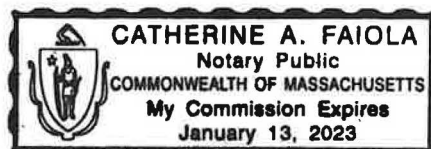
Based on a composite evaluation by University of Massachusetts-Fitchburg Family Medicine Residency faculty, **Ryan Joseph Montoya, MD** is recommended to you this **June 30, 2014**.


James Ledwith, MD

I have reviewed this evaluation with the program director or designee. I understand that this form will be utilized as the confidential verification and reference form instead of other forms when requests for verification of resident training and/or reference are received by UMass Fitchburg Family Medicine Residency or the UMass Department of Family Medicine and Community Health.


Ryan Montoya, MD

James Ledwith, MD
Program Director

"I attest that the foregoing information supplied is true in every respect"		Date: <u>Beth Mazyck</u> <u>8/27/2018</u>	Signature: <u>Beth Mazyck</u>
Notary Public Seal	Commonwealth of Massachusetts	Worcester County United States	Name:
	Subscribed and Sworn Before me on this day: <u>8-27-18</u>		University of Massachusetts Fitchburg Family Medicine Residency 275 Nichols Road Fitchburg, MA 01420
	Notary Public Signature <u>Catherine A. Faiola</u>		
	Notary Public Name (type or printed) <u>Catherine A. Faiola</u>		Commission Expires: <u>1-13-2023</u>





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

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

Recipient: DISTRICT OF COLUMBIA BOARD OF
MEDICINE

Date: 08/25/2018

Examinee: Montoya, Ryan Joseph
Alt Name(s):

Examinee ID: 5-191-121-2
Date of Birth: [REDACTED]

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

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/03/2009	Pass	■	(185)	
07/30/2009	Fail	■	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/22/2010	Pass	■	(189)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
11/15/2010	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/28/2012	Pass	■	(190)	

End of Exam History

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

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

5500000137911703

Process Date: 08/22/2018

Page: 1 of 1

MONTOYA, RYAN JOSEPH - SELF-QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: MONTOYA, RYAN JOSEPH
Date of Birth: [REDACTED] **Gender:** MALE
Delivery Address: [REDACTED]
Social Security Number: [REDACTED] **DEA:** FM6148298
NPI: 1003101973
License: PHYSICIAN (MD), 266460, MA, GENERAL PRACTICE/FAMILY PRACTICE
Professional School(s): UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL (2011)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$8.00 **NPDB Bill Reference Number:** N58911214
Transaction Date: 08/22/2018 **Additional Paper Copies Requested:** 1

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 08/22/2018**The following report types have been searched:**

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

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceeding cover page.

----- No Reports Found Based on the Subject Information Submitted -----

805493 92 091018



9/19

Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

CANDACE LAPIDUS SLOANE, MD
Chair, Physician Member

ROBIN S. RICHMAN, MD
Physician Member

GEORGE ABRAHAM, MD
Physician Member

WOODY GIESSMANN, LADC-I, CADC, CIP, CAI
Public Member

JULIAN N. ROBINSON, MD
Physician Member

MICHAEL D. MEDLOCK, MD
Physician Member

PAUL G. GITLIN, ESQ
Public Member

GEORGE ZACHOS
Executive Director

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

www.mass.gov/massmedboard
Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

8/31/2018

To Whom It May Concern:

This certifies that Ryan J Montoya, M.D., a 2011 graduate of University of Massachusetts Medical School, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 266460 was issued to Dr. Montoya on 05/05/2016. The license status is: Active. The expiration date is 8/26/2020.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

Francee L Mulero

Staff Member, Board of Registration in Medicine

Francee Mulero

SEAL