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Section IV

Medical Education



FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Medical Education



Page 1

Instruction to the Dean

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

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

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

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

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

Institution Name:

Indiana University School of Medicine Indianapolis

Address Line 1: 635 Barnhill Drive

Address Line 2: MS164

City: Indianapolis

State/Province:

Zip Code (Postal Code):

46202-5120

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:

Credential/degree presented by the applicant for admission to your medical school: Entrant met LCME requirements prior to admission.

Enrollment and Participation: Our records indicate that Stutsman, John William

attended our medical school for total of

(type/print individual's name: Last, First, Middle, Suffix) years of medical education on the following dates:

08/31/1987 From:

03/31/1991

Month Day Year

Month Day Year

This individual

Was awarded the degree of

Doctor of Medicine

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

ดก

03/31/1991

Month Day Year

Attestation

Watermark

Name:

Deal Dennis

Affix Institutional Seal Here

notarized.

If no seal is available, this form must be

For FCVS internal use only.

Signature:

Dennis Deal

Title: Director Academic Records

Date of Signature: 07/15/2013

Phone: (317) 274-7895

Fax: (317) 278-4755

TEL(817)868-5000

Email: ksandric@iu.edu

EULESS. TX 76039

287816

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209220003

ELECTRONIC SEAL VERIFIED

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Verification of **Medical Education**



Page 2

Unusual Circumstances

If Yes, please specify the reason(s) for, indicate the date Interruption/extension was approved or unapproved:	of the interruptions(s)	or extension(s) and check whether the	
memuphorizextension was approved or unapproved:	From Date:	To Date:	
Personal/Family	rioni Date.	to Date:	
Academic remediation			
Health			
Financial			
Participation in joint degree Program (e.g., MD/PhD)			
Participation in non-research special study			
(e.g., fellowship, international experience)			
Participation in non-degree research			
Other:			
Other:			
Please Specify:			
Do this individual's official records reflect that helemedical education? If YES, please select the reason(s) for the probation, indirections.	cate the dates of place		No
probation and attach additional documentation to this rep	ort:		
	From Date:	To Date:	
Academic Probation			
Probation for unprofessional conduct/behavioral	• • • ¹		
Other:			
Please specify a reason:			
3. Do this individual's official records reflect that he/s	she was ever disciplla	ned for unprofessional conduct/behavioral reasons	No
by the medical school or parent university?			
f YES, please provide detailed documentation/information	n about the circumstan	ices and outcome(s):	
 Do this individual's official records reflect that hels investigation by the medical school or parent univers 	she was ever the subj	lect of negative reports for behavioral reasons or an	No
f YES, please provide detailed documentation/information	n about the circumstan	ces and outcome(s):	
5. Do this individual's official records reflect that ther	re were any limitation	s or special requirements imposed on the individual	No
pecause of questions of academic incompetence, dis-	ciplinary problems, o	r any other reason?	
f YES, please provide detailed documentation/information	n about the nature of th	e limitations or special requirement:	
	•		



Applicant Reported Unusual Circumstances



Page 1 of 1

Medical School		
Medical Professional Name: John William Stutsman Indiana University School of Medicine Indianapolis		
Jnusual Circumstances		
Did you have any interruption(s) or extension(s) in your medical education?	Yes	No
Were you ever placed on probation?	Yes	No
Were you ever disciplined or placed under investigation?	Yes	No —
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	No

End of report for: John William Stutsman



Indiana University School of Medicine 635 Barnhill Drive Indianapolis, Indiana 46202-5120

Academic Record

Name: John William Statsmi

Date: 07/15/2013

Graduated with Doctorate in Medicine - March 31, 1991

Academic Year	Center	. Course/Credit					% Di	uniburio	n of Gru	des
1 Aug 31 87-May 6 88			Title		Crade	Enrollment	н	HP	*	
Tring of Granity of as	BLOOMINGTON	C380/-	BIOCHEMISTRY		+	22	31	43	24	-
		C583/6	MEDICAL BIOCHEMISTRY	1	P	22	32	45	23	
		A530/	GROSS ANATOMY			21	33	43	24	
	V.	A531/8	GROSS ANATOMY	. Р		21	33	43	24	
		- · A560/4	INSTOLOGY	, p		23	14	50	36	
		M555/5	NEUROBIOLOGY	н	P	24	39	39	22	
		P53 1/-	PHYSIOLOGY			22	14	57	24	
		P532/8	PITYSIOLOGY 1 4	н	P	22	14	59	23	•
		M540/5	MICROBIOLOGY	. н		22	27	68	3	
		M506/1	BEHAVIORAL SCIENCE	Р		23	48	39	13	
		M501/1	EMERGENCY MEDICINE	н	P	23 .	65	33	"	
1 Aug 29 88-May 16 89	BLOOMINGTON	C601/6	GENERAL PATHOLOGY	н	Р	23	9	52	39	
		C602/6	SYSTEMIC PATHOLOGY	н		22	18	36	45	
		F605/-	PHARMACOLOGY			22	14	33	52	
		F606/8	FHARMACOLOGY	н	P	22	14	36	50	
		M505/-	INTRODUCTION TO MEDICINE	*0		22	23	36	41	
		M506/10	INTRODUCTION TO MEDICINE	9		72	23	36	41	
		M305/2	MEDICAL GENETICS	н	P	12	45	45	0	
		X603/1	BIOSTATISTICS	н		28	36	50	14	
II Jun 21 89-May 25 90	hmiss.nesse						20	30	14	
ven ar ar-may 25 50	INDIANAPOLIS	L704/2	ANESTHESIA CLERKSHIP	н	P	245	20	39	42	
		G733/6	ORSTETRICS AND GYNECOLOGY	н	•	248	14	50	36	
		K710/8	PEDIATRICS CLERKSHIP	P		243	18	37	44	
		1702/2	ORTHOPAEDIC SURG CLKSHP	* 11	P .	246	15	57	27	
		M720/12	MEDICINE CLERKSHIP	P		244	13	38	49	
		X700/4	NEUROSENSORY CLERKSHIP	P		249	14	54	31	
		NE30/1	CHILD/ADOL PSYCHIATRY	. н		245	7	38	56	
		N730/3	PSYCHIATRIC CLERKSHIP	P		246	10	33	35	
		\$700/8	SURGERY CLÉRKSHIP	P	- 1	246	10	38	32	
		1.700/2	UROLOGY CLERKSHIP	P		246	B	35	58	
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V Jun 1 90-May 31 91		49CA744/4	SURGICAL PATH	н		11	36	35	0	
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^{*} Percentage totals may not sum to 100 because of rounding Courses X600 (first year) and X802 and 977H820 (fourth were) are applied

E ECTRONIC SEN VERIEED

THE NAME OF THE UNIVERSITY APPEARS IN HED ACKUSS TREFACE OF THIS B-1/2 A-11 DOCUMENT

INDIANA UNIVERSITY SCHOOL OF MEDICINI

Indiana University School of Medicine

This Academic Record serves as an official record of student performance at the Indiana University School of Medicine.

The Indiana University School of Medicine is a statewide system of medical education. First and second year instruction is conducted at nine (9) different sites. Most required third year clinical rotations are taken at the Indianapolis campus. The fourth year program allows for clinical and advanced science instruction in School-approved programs at various sites.

The Indiana University School of Medicine evaluation program is based on Honors, High Pass, Pass, Incomplete, and Fail. The percentage distribution of grades provided on this Academic Record is based on the grade distribution for each course at each site.

Beginning with the 2004/05 academic year, a grade of "ID" or "isolated deficiency" may also be assigned to clinical rotations. A grade of "ID" indicates that the student was deficient in one of the School's nine competency areas. The particular competency area in which the student is deficient will be noted as a number appended to the ID grade. The nine competency areas and their respective numbers are:

- 1 Effective Communication
- 2 Basic Clinical Skills
- 3 Using Science to Guide Diagnosis, Management, Therapeutics, and Prevention
- 4 Lifelong Learning
- 5 Self-Awareness, Self-Care, and Personal Growth
- 6 Social and Community Context of Health Care
- 7 Moral Reasoning and Ethical Judgment
- 8 Problem Solving
- 9 Professionalism and Role Recognition

- Honors is to distinguish students who excel in meeting the Hcourse objectives.
- High Pass is to identify students who are very good in HPmeeting the course objectives.
- Pass is for those students who satisfactorily meet the course objectives.
- Fail is for students who clearly did not meet course objectives.
- Fail/Pass indicates the student initially failed but F/Psuccessfully remediated the course.
- Incomplete is to signify that extenuating circumstances have prevented the student from completing the course requirements. 'The incomplete must be removed before the student may proceed into the next year of study.
- Isolated Deficiency designates student is deficient in one IDspecific area of course.
- Withdraw is to signify that the student withdrew or was dismissed before completing course objectives.
- Exemption is to indicate that the student has been FX. exempted from the course because of prior academic

DISCLOSURE OF INFORMATION CONTAINED IN THIS ACADEMIC RECORD MAY NOT BE MADE TO ANOTHER PARTY WITHOUT THE PRIOR WRITTEN CONSENT OF THE STUDENT WHOSE NAME APPEARS HEREIN. THIS INFORMATION MAY BE USED SOLELY BY THE INDIVIDUAL OR INSTITUTION TO WHICH IT WAS ORIGINALLY RELEASED FOR THE PURPOSE FOR WHICH THE DISCLOSURE WAS MADE.

TO TEST FOR AUTHENTICITY: Translucent globe icons MUST be visible from both sides when held toward a light source. The face of this transcript is printed on red SCRIP-SAFE® paper with the name of the institution appearing in small print over the face of the entire document.

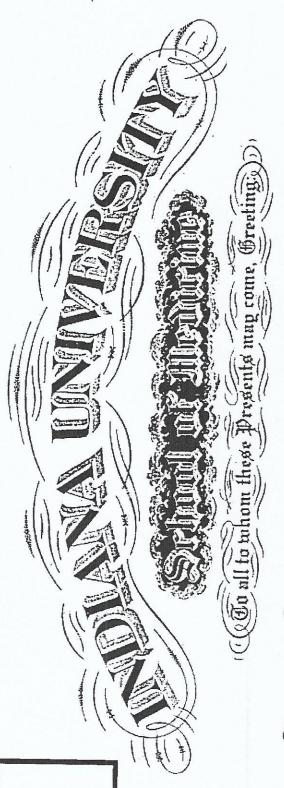
INDIANA UNIVERSITY SCHOOL OF MEDICINE INDIANA UNIVERSITY SCHOOL OF MED

ADDITIONAL TESTS: When photocopied, a latent security statement containing the words COPY COPY COPY appears over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office at (317) 274-1970. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

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ELECTRONIC SEAL VERIFIED

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By vote of the Tacadiy and with the sensent of the Board of Trustees. Indiama University hereby , confers , upon

John William Stutsman

who has compliced with all the requirements of the University and has successfully sompleted. The studies prescribed for graduation in the School of Modicino the degree of

with all the rights and privileges therainte apportuning The Desident of the University, The Desident and by the Dean of the School of Medicine and Done at Indiana University . Purches University at Indianapoles Indiana. this thirty-first day of March 1991. allasted by the Secretary of the Justines.



Thomas Mills

ELECTRONIC SEAL VERIFIED



Section V

Graduate Medical Education

STATE MEDICAL BOARDS

Federation Credentials Verification Service (FCVS)

400 Faller Wiser Road, Suite 300, Euless, TX 76239 Tel: 1017, 859-5030 Fax (817) 879-5099

Institution: 1 Instrumently or	Ver	ification of Gredus	te Madical Educati	on	
4000001. OFTIVE ISSUED	Callomia/University Me	dical Center	Attention Program	Director	
Specialty: Transitional	£.		Alification Limited Street, Line 1915		
Address: Fresno, CA	The state of the s				
Verification For:	Name: Stutsman, John DOB: Manager on Rec		bova):		
Program Participation: Important: Report interrption Visioning Levels (years) Reported from those that were successfully completed.	Training Level:	From: 6 /64/ Com Successfully Com Accredited by: 6	Ploted 7: El Yes	One I Internstruction of the Color of the Co	`
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FID: 209220003 CODE: 113506

Rotation Schedule for John Stutsman

Transitional year resident 6/24/1991 – 6/21/1992

6/24/1991	7/21/1991	Trauma Surgery
7/22/1991	8/18/1991	Elective Surgery
8/19/1991	9/15/1991	Emergency Medicine
9/16/1991	10/13/1991	Medicine (Wards)
10/14/1991	11/10/1991	OB/GYN
11/11/1991	12/08/1991	Burns/Plastics
12/9/1991	1/5/1992	Medicine Clinics
1/6/1992	2/2/1992	OB/GYN
2/3/1992	3/1/1992	NICU
3/2/1992	3/29/1992	Trauma Surgery
3/30/1992	4/26/1992	OB/GYN
4/27/1992	5/24/1992	MICU
5/25/1992	6/21/1992	Elective Anesthesiology



Applicant Reported Unusual Circumstances



Page 1 of 1

ledical Professional Name: John William Stutsman Iniversity of California/University Medical Center Iransitional		
Inusual Circumstances		
Did you have any interruption(s) or extension(s) in your medical education?	Yes	No
Were you ever placed on probation?	Yes	No
Were you ever disciplined or placed under investigation?	Yes	No
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?		
2.,, 3	Yes	No

End of report for: John William Stutsman

PROVIDED BY APPLICANT

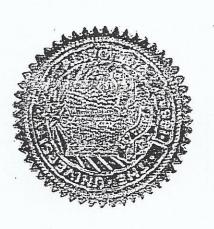
UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE

SAN FRANCISCO

Fresno-Central San Joaquin Valley Medical Education Program

John William Stutsman M.D.
HAS SERVED AS.

Transitional Resident June 24, 1991 - June 21, 1992



Franch Clerucan M. ASSOCIATE DEAN, FRESNO

> fold h. Hillyman h PROGRAM.CHAIRMAN

28716

113506

STATEZ MEDICAL BOARDS

Federation Credentials Verification Service (FCVS)

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

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	Anention:	Program Director
Specialty, Obstetrics	and Gynecology	
- 6	Affiliated	11 10
Address Phoenix, A	Z Uriversity:	U. of arizona
Verification For:	Name: Stutsman, John William	DDATE
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ircumstances:	Did this individual ever take a leave of absence or break from Was this individual ever placed on probation?	n his/her training?
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FCVS ID: 287816

FID: 209220003

CODE: 109600



Applicant Reported Unusual Circumstances



Page 1 of 1

Graduate Medical Education		-
Medical Professional Name: John William Stutsman Phoenix Hospitals/Maricopa Medical Center Obstetrics and Gynecology		
Jnusual Circumstances		
Did you have any interruption(s) or extension(s) in your medical education?	Yes	No
Were you ever placed on probation?	Yes	No
Were you ever disciplined or placed under investigation?	Yes	No
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	No

End of report for: John William Stutsman

PROVIDED BY APPLICANT

Maricopa Medical Center and St. Joseph's Hospital and Medical Center Phoenix Integrated Residency In Obstetrics and Gynecology at



Phoenix, Arizona

Be it known that

John William Stutsman, M.D.



has successfully completed 48 months of Graduate Medical Education in an

Obstetrics and Gynecology Residency

from June 23, 1994 to June 30, 1998

in Testimony Whereof the undersigned have bereto affixed their signatures this 30th day of June 19 98

Program Director Fibbury Just Brusseller Mountey

Fresident, Maricopa Medical Center

Associate Program Director

Director, Medical Education St. Joseph's Hospital and Medical Center

President, Mercy Healthare Arzana

28 刊6

109600



Medical Professional Information Profile



Section VI

Licensure Examination History

(State Licensing Authorities Only)



NATIONAL BOARD OF MEDICAL EXAMINERS (NBME®)

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