

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA**State Form 29495 (R21 / 8-17)
Approved by State Board of Accounts, 2017**RECEIVED**

MAR 06 2019

Indiana Professional
Licensing Agency**MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY**402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$250.00, payable to the Indiana Professional Licensing Agency, in accordance with 844 IAC 4-2-2.
 2. If applying for a temporary permit, please include your fee of \$100.00 in accordance with 844 IAC 4-2-2.
 3. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 4. All fees are non-refundable and non-transferable.
 5. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee 250.00	Date fee paid (month, day, year) 3/7/19
Receipt number 7520684	Application number
License number 01082088A	License issuance date (month, day, year) 4-12-19
Permit fee	Date fee paid (month, day, year)
Receipt number	Permit number
Permit issuance date (month, day, year)	

**DO NOT WRITE ABOVE THIS LINE****APPLICANT INFORMATION**

Name of applicant (last, first, middle) Gopman, Sarah Beth		Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number * [REDACTED]	
Address of practice (number and street or rural route) 3021 Marble Avenue, NE				
City, state, and ZIP code Albuquerque, NM 87106				
Telephone number (daytime) [REDACTED]	Date of birth (month, day, year) 10-13-68	Ethnicity ** Caucasian	Race ** Caucasian	Gender ** <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing address (number and street, city, state, and ZIP code) [if different from above]				
E-mail address [REDACTED]	National Provider Identifier number 1194798272	ECFMG certificate number		
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input checked="" type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).				
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Please check the box to be included on the Health Care Volunteer Registry established by IC 25-22.5-15. (Optional) <input type="checkbox"/>				

TEMPORARY PERMIT INFORMATIONDo you desire a temporary permit? Yes No**DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY**

A foreign medical school must meet LCME standards at the time of graduation.

Name of school Oregon Health and Science University	Location Portland, Oregon	Date of graduation (month, day, year) 6/9/2000
Specialties Family Medicine, Addictions Medicine	Board certification (list ABMS certification) Family Medicine, Addictions Medicine	

EXAMINATION HISTORY

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below.

State where Board Exam was taken: _____

Examination	Most Recent Date Taken (month/year)	Results		Number of Attempts	Examination	Most Recent Date Taken (month/year)	Results		Number of Attempts
		Passed	Failed				Passed	Failed	
FLEX Pre-1985					NBOME Part II				
FLEX Component 1					NBOME Part III				
FLEX Component 2					COMLEX-USA Level 1				
LMCC - Single					COMLEX-USA Level 2, CE				
LMCC - Part I					COMLEX-USA Level 2, PE				
LMCC - Part II					COMLEX-USA Level 3				
NBME Part I					COMVEX				
NBME Part II					USMLE Step I	6/1998	✓		1
NBME Part III					USMLE Step II, CS	not offered			
SPEX					USMLE Step II, CK	11/1999	✓		1
NBOME Part I					USMLE Step III	6/2003	✓		1

PRE-MEDICAL / OSTEOPATHIC EDUCATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Stanford University	Palo Alto, California	9/1/1987 - 6/17/1991
Portland State University	Portland, Oregon	6/1/1994 - 3/30/1996

MEDICAL / OSTEOPATHIC EDUCATION

A foreign medical school must meet LCME standards at the time of graduation.

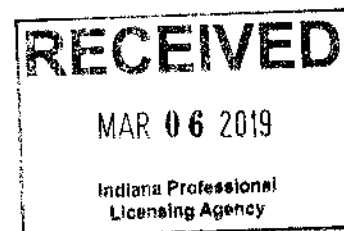
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Oregon Health and Science University	Portland, Oregon	9/1/1996 - 6/9/2000

POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA

(Include ALL internships, residencies and / or fellowships)

All programs must have been ACGME accredited at the time of enrollment.

NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
Family Medicine Residency	University of New Mexico	7/2000	6/2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Maternal and Child Health Fellowship	University of New Mexico	9/2003	11/2005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL
(If necessary, attach separate pages.)

GENERAL LOCATION	DATE (month, day, year)
Albuquerque, New Mexico	7/1/2000 through current

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL
(If necessary, attach separate pages.)

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE (month, day, year)
University of New Mexico, 2111 Lomas Ave, NE, Albuquerque, NM 87131	resident physician	7/1/2000 - 6/30/2003
University of New Mexico, 2111 Lomas Ave, NE, Albuquerque, NM 87131	fellow and visiting instructor	9/15/2003 - 11/30/2005
University of New Mexico, 2111 Lomas Ave, NE, Albuquerque, NM 87131	Assistant Professor and then Associate Professor	12/1/2005 - current

LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION, REGARDLESS OF STATUS

STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
New Mexico	Medical	2003-0539	8/18/2003	active

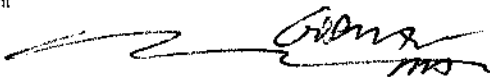


If your answer is "Yes" to any of questions 1 through 12, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country, or surrendered your license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice medicine in a competent and professional manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been the subject of an investigation by a regulatory agency concerning your license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,	
(1) have you ever been arrested;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever been terminated or disciplined by your employer while practicing as a physician or resigned in lieu of discipline?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever been excluded from being a Medicare / Medicaid provider?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or any other reason during your medical education or post graduate training / residency program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you practiced as a MD/DO either clinically or administratively in the last three (3) years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant 	Date signed (month, day, year) 3-2-19
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for medical licensure.

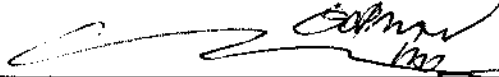
I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.


AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant 	Date signed (month, day, year) 3-2-19
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Page 4 of 4 Licensing Agency

OREGON
HEALTH SCIENCES UNIVERSITY



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Indiana Professional
Licensing Agency

To all to whom this writing may come, Greeting:

Be it known that

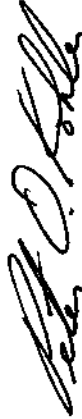
Sarah Beth Gopman

having successfully completed the prescribed course of study and having complied with all other requirements established by the University, has been declared a

Doctor of Medicine

by authority of the State of Oregon and is entitled to all the rights and privileges appertaining to that Degree. In Testimony Whereof the Oregon Health Sciences University Board of Directors, upon recommendation of the Faculty of the School of Medicine have granted this Diploma this 9th day of June, A.D. 2000.

Cum Laude



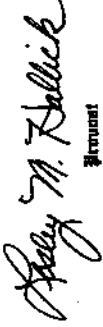
President, Oregon Health Sciences University



Dean, School of Medicine



Chairman of the Board



Registrar

CERTIFIED TO BE A TRUE COPY
Michael J. Bush
Registrar 2/22/19

Record of : Sarah Beth Gopman
 Student No: U00008559

Date Issued: 22-FEB-2019 OFFICIAL

Course Level : Medical

Matriculated: Fall 1996

Current Program:
 College : School of Medicine
 Major: Medicine

Degree Information:
 Degree Awarded: Doctor of Medicine 09-JUN-2000
 Major: Medicine

Subj. No. Title Cred Grade Ps R

INSTITUTION CREDIT:

Fall 1996
 IMED 707A Basic Life Support 0.50
 MSCI 611 Gross Anat/Imag/Emb. 12.00
 MSCI 612 Cell Structure & Function 8.00
 MSCI 711 Principles of Clinical Med I 4.00

Earned Hrs: 24.50
Winter 1997
 MSCI 613 System Processes & Homeostasis 9.00
 MSCI 712 Principles of Clinical Med II 4.00

Earned Hrs: 13.00
Spring 1997
 MSCI 614 Biological Basis of Disease 9.00
 MSCI 713 Principles of Clinical Med III 4.00

Earned Hrs: 13.00
Fall 1997
 MSCI 622 Circulation 8.00
 MSCI 624 Metabolism 5.00
 MSCI 714 Principles of Clinical Med IV 4.00

Earned Hrs: 17.00
Winter 1998
 MSCI 621 Neuroscience & Behavior 8.00
 MSCI 623 Blood 4.00
 MSCI 715 Principles of Clinical Med V 4.00

Earned Hrs: 16.00

Subj. No. Title Cred Grade Ps R

INSTITUTION CREDIT:

Spring 1998
 JCON 717A Transition to Clerkship 3.00
 MSCI 626 Human Development 6.00
 MSCI 716 Principles of Clinical Med VI 4.00

Earned Hrs: 13.00
Summer 1998
 IMED 721 Internal Medicine I 9.00
 JCON 722 Primary Care 9.00

Earned Hrs: 18.00
Fall 1998
 PSYC 720 Psychiatry 9.00
 SURG 720 Surgery I 9.00

Earned Hrs: 18.00
Winter 1999
 FAMP 720 Family Medicine 9.00
 IMED 720 General Internal Medicine I 9.00

Earned Hrs: 18.00
Spring 1999
 GMED 709C Community Volunteer Med Clinic 0.00
 JCON 719 Colloquia in Medical Science 2.00
 JCON 720 Child Health I 9.00
 OBGY 720 Obstetrics/Gynecology 9.00

Earned Hrs: 20.00
Summer 1999
 GMED 709C Community Volunteer Med Clinic 0.00
 INFED 709A Infectious Disease - OHSU 6.00
 JCON 721 Child Health II 6.00
 PULM 709A Pulmonary ICU - OHSU 6.00

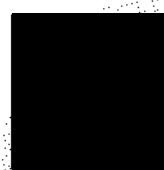
Earned Hrs: 18.00
Fall 1999
 CARD 791A Electrocardiography 1.00
 GMED 709C Community Volunteer Med Clinic 0.00
 JCON 709T PCM Peer Teaching 3.00
 NEUR 721 Neurology 6.00
 RADD 709A Radiographic Diagnosis 6.00

Earned Hrs: 15.00



Michelle S. Bud
 Mickias S. Bush
 Registrar

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Record of : Sarah Beth Gopman
Student No: U00008559

Date Issued: 22-FEB-2019 OFFICIAL

Subj No.	Title	Cred	Grade	Pts	R
INSTITUTION CREDIT:					
Winter 2000					
DERM 709A	Clinical Dermatology	6.00			
GMED 709C	Community Volunteer Med Clinic	0.00			
SURG 721	Surgery (I)	6.00			
Earned Hrs: 12.00					
Spring 2000					
CARD 709A	Cardiology Consult - Univ Hosp	6.00			
GMED 709C	Community Volunteer Med Clinic	0.00			
JCON 718	Transition to Residency	3.00			
Earned Hrs: 9.00					
Transcript Totals					
TOTAL INSTITUTION					
TOTAL TRANSFER					
OVERALL					

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OREGON HEALTH & SCIENCE UNIVERSITY



Mickie S. Bush
Registrar

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FROM: OREGON HEALTH & SCIENCE UNIVERSITY



2234.D
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TO: PROFESSIONAL LICENSING AGENCY
MEDICAL LICENSING BOARD OF INDIANA
402 W WASHINGTON ST RM W072
INDIANAPOLIS, IN 46204-2298

IMPORTANT: DO NOT DISCARD THIS PAGE.
Oregon Health & Science University's most current grade scale is listed on the back of this page and must stay with the transcript.

Official Academic Transcript from:
Oregon Health & Science University
Office of the Registrar
3181 S.W. Sam Jackson Park Rd
Portland, OR 97239-3098
FICE: 004882

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FEB 27 2019

Delivered by:
Credentials Solutions, LLC
436 W Frontage Road, Suite 200
Northfield, IL 60093
(847) 716-3005

Name: SARAH GOPMAN
Order Number: 9BX783005-1

This academic transcript was prepared and mailed by Credentials Solutions, LLC of Northfield, IL acting as agent for Oregon Health & Science University located in Portland, OR. In addition to printing and mailing academic transcripts, Credentials Solutions, LLC provides the following related services: transcript ordering, order processing using advanced automation, electronic transcript rendering, PDF transcript rendering and 12 hour-a-day telephone customer service.

Questions regarding the content of this transcript should be directed to the issuing institution at the contact number shown in the institution's grade scale.



OREGON HEALTH & SCIENCE UNIVERSITY

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3181 SW Sam Jackson Park Road, Portland, Oregon 97239

Under the provisions of Public Law 93-380 (as amended), the information contained in this document is not to be released to others without the written consent of the student named herein.

Grading System

Beginning August 1, 2013 for all Schools: Dentistry, Medicine and Nursing

A = Honors or Excellent
B = Near Honors or Good
C = Satisfactory or Fair
D = Marginal or inferior
F = Failure
P = Pass
NP = No Pass

IP = In Progress
I = Incomplete
I/Final Grade = Incomplete/Final Grade
AUD = Audit
W = Withdraw
WP = Withdrew Passing
WNP = Withdrew Non-Passing
WU = Withdrew from Audit

* or - may be used with letter grades

School of Medicine - MID Program - Prior to September 16, 1981: I=91-100%, II=86-90%, III=81-85%, IV=76-80%, V=75% (barely passing). **Beginning September 16, 1981:** A=Exceptional, B=Superior, C=Average, D=Interior, E=Conditional, F=Failure. **Beginning September 12, 1977:** H=Honors, Acc=Acceptable, M=Marginal, F=Failure, P=Pass, NP=No Pass, AU=Audit, I=Incomplete, W=Withdraw. Courses listing two grades, i.e. Acc/H are for knowledge/skills. **Beginning June 12, 1988:** H=Honors, NH=Near Honors, S=Satisfactory, M=Marginal, F=Failure, X=No Grade Received/No Basis for Grade, P=Pass, NP=No Pass, AU or AUD=Audit, I=Incomplete, W=Withdraw. The mark "W" necessitates remedial work with a mark of at least "S" or better on the academic record. The mark of "F" would require repeating the course. **Beginning January 2006:** I/(Grade)=Incomplete grade changed to final grade.

School of Medicine - Graduate and Allied Health Programs - Prior to September 16, 1981: I=91-100%, II=86-90%, III=81-85%, IV=76-80%, V=75% (barely passing). **Beginning September 16, 1981:** A=Exceptional, B=Superior, C=Average, D=Interior, E=Conditional, F=Failure. **Beginning September 18, 1961:** 1989: 4.0=Exceptional, 3.0=Superior, 2.0=Average, 1.0=Interior, 0.0=Failure, P=Pass, NP=No Pass, AUD=Audit, I=Incomplete, X=No Grade Received/No Basis for Grade, W=Withdraw. **Beginning September 2003 (for Graduate Programs only):** A=Exceptional, B=Superior, C=Average, D=Interior (+ or - may be used with letter grades), F=Failure, P=Pass, NP=No Pass, AU or AUD=Audit, I=Incomplete, X=No Grade Received/No Basis for Grade, W=Withdraw, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory. **Beginning January 2006:** I/(Grade)=Incomplete grade changed to final grade.

School of Nursing - Prior to June 21, 1971: A=Exceptional, B=Superior, C=Average, D=Interior, F=Failure. **From June 21, 1971 to August 13, 1982:** A=Exceptional, B=Superior, C=Average, P=Satisfactory or better, N=Unsatisfactory. **Beginning September 27, 1982:** 4.0=Exceptional, 3.0=Superior, 2.0=Average, 0.0=Failure, P=Pass, NP=No Pass, AUD=Audit, I=Incomplete, W=Withdraw, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory, X=No Grade Received/No Basis for Grade, IP=In Progress. **Beginning January 2006:** I/(Grade)=Incomplete grade changed to final grade. **OHSU students on the Southern Oregon University (SOU) campus (formerly Southern Oregon State College (SOSC):** valid grades include A, B, C, D, F (with or without plus/minus), from September, 1993 through June, 1994 only.

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Under the provisions of Public Law 93-380 (as amended), the information contained in this document is not to be released to others without the written consent of the student named herein.

OIG School of Science & Engineering - Beginning Fall 1993: A=High Pass, B=Pass, C=Low Pass, (+ or - may be used with letter grades), F=Fail, P=Pass, NP=No Pass, W=Withdrawn, I=Incomplete, PI=Permanent Incomplete, AU=Audit, NG=No Grade Submitted. **2008:** OIG School of Science & Engineering merged in to the School of Medicine. **Beginning Fall 2008:** Refer to School of Medicine - Graduate and Allied Health Programs.

School of Dentistry - Beginning Fall 1979: Grades of 4.0, 3.5, 3.0, 2.5, 2.0, 1.5, 1.0, 0.0 also designate quality points per credit hour. Other grades are F=Fail, P=Pass, NP=No Pass, EX=Exempt, AUD=Audit, I=Incomplete, W=Withdraw, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory, * = no grade (for a continuing term course). **Beginning Summer 2007:** I/(Grade) - Incomplete grade changed to final grade.

Former Names

1887: the University of Oregon established a medical school in Portland Oregon. 1926: the University of Oregon established a program in nursing. 1945: the University of Oregon established a dental school by incorporating the North Pacific College of Oregon (formerly known as the North Pacific Dental College). 1974: the Oregon Legislature established the University of Oregon Health Sciences Center as a free-standing institution within the Oregon State System of Higher Education. 1987: the health sciences center was renamed Oregon Health Sciences University. 2007: the Oregon Health Sciences University merged with the Oregon Graduate Institute of Science and Technology (formerly known as the Oregon Graduate Center prior to 1989) and was renamed Oregon Health & Science University.

Accreditation

Oregon Health & Science University is accredited by the Northwest Commission on Colleges and Universities. In addition, all appropriate health care programs are accredited by specialized accrediting associations.

Calendar

Oregon Health & Science University operates on the term or quarter system.

Course Numbering System

200-299 Lower division level
300-499 Upper division level
500-599 Graduate courses offered primarily in support of master's level programs
600-699 Graduate courses offered primarily in support of doctoral level programs
700-799 Professional courses which may be applied to a professional degree

OIG School of Science & Engineering (Prior to September 2003)
700 Master-Thesis Research
800 Post-Qualifying Ph.D. Research

School of Dentistry (Prior to June 2006)

DMD courses:
610-619 Professional courses offered primarily in support of first year curriculum
620-629 Professional courses offered primarily in support of second year curriculum
630/730-639/739 Professional courses offered primarily in support of third year curriculum
640/740-649/749 Professional courses offered primarily in support of fourth year curriculum

Graduate courses:
500-599 Graduate courses offered primarily in support of master's level programs
600-699 Graduate courses offered primarily in support of the Orthodontics program
700-799 Graduate courses offered primarily in support of master's level programs

Repeated Courses

A course followed by an E indicates the course has been repeated and has been excluded from the GPA calculation, the total earned credits and the degree requirements.

Special Subject Codes: IPE = Interprofessional education and collaborative practice.

UNI = University course taught in a multiprofessional manner.

This Academic Transcript from Oregon Health & Science University located in Portland, OR is being provided to you by Credentials Inc. Under provisions of, and subject to, the Family Educational Rights and Privacy Act of 1974. Credentials Inc. of Northfield, IL is acting on behalf of Oregon Health & Science University in facilitating the delivery of academic transcripts from Oregon Health & Science University to other colleges, universities and third parties using the Credentials TranscriptsNetwork™.

Any questions regarding the validity of the information you are receiving should be directed to: Office of the Registrar, Oregon Health & Science University, 3181 SW Sam Jackson Park Road, Portland, OR 97239, Tel: (503) 494-7800.



March 14, 2019

Indiana Professional Licensing Agency
Attn: Medical Licensing Board of Indiana
402 W. Washington Street, W072
Indianapolis, Indiana 46204
Att: Mr. Paul Moody

Re: Sarah Gopman, MD

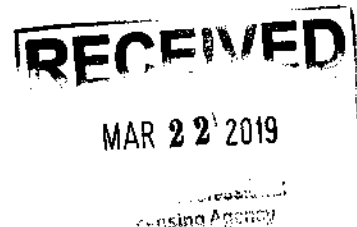
To Whom It May Concern:

This letter is to confirm that Sarah Gopman, MD successfully completed the Family Medicine Residency Program at the University of New Mexico. Dr. Gopman graduated from Oregon Health Sciences University School of Medicine in June of 2000. She began her residency training on June 28, 2000 and finished her training on June 30, 2003. Dr. Gopman took no leave of absences during her residency training.

If we can provide any further information regarding Dr. Gopman, please do not hesitate to contact us at [REDACTED]

Sincerely,

Daniel Waldman, MD
Program Director
University of New Mexico
Family Medicine Residency Program





**SCHOOL OF
MEDICINE**
DEPARTMENT OF FAMILY
& COMMUNITY MEDICINE

April 4, 2019

Re: Fellowship Verification – Sarah Gopman, MD

To whom it may concern,

I am the Fellowship Director for the Maternal, Child and Reproductive Health Fellowship at the University of New Mexico. Please be advised that Sarah Gopman, MD was a Maternal and Child Health fellow and graduated the program in good standing. Dr. Gopman started fellowship on 09/15/2003 and successfully completed the program on 11/30/2005.

Please feel free to contact me at [REDACTED] if you require further information.

Sincerely,

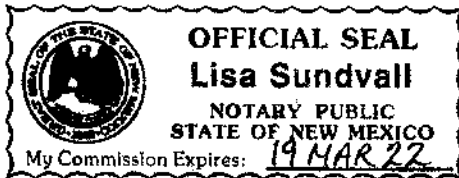
A handwritten signature in black ink, appearing to read 'Lawrence Leeman'.

Lawrence Leeman, MD, MPH
Director, Maternal Child and Reproductive Health
Co-Medical Director, UH Mother Baby Unit
Medical Director, Milagro Program
Professor, Family and Community Medicine
Professor, Obstetrics and Gynecology



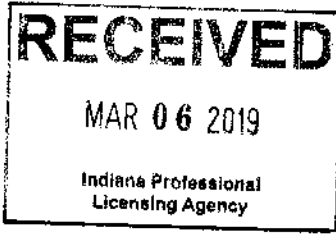


THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
 SCHOOL OF MEDICINE



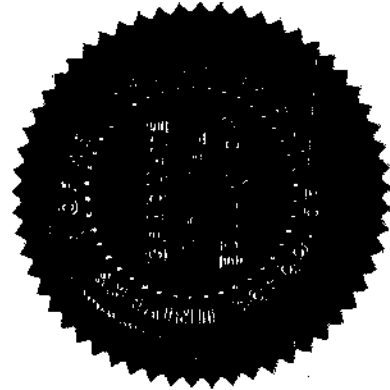
On this 20th day of February, 2019, I attest that this is a true, exact, complete, and unaltered copy made by me of the original certificate of completion of Lisa Sundvall, State of New Mexico County of Bernalillo.

Certificate Awarded to
Sarah B Gopman, MD
 In recognition of successful completion
 of the accredited program as
 Resident in Family Practice
 June 2000 - June 2003



Jane H. Wilma
 Associate Dean for Graduate
 Medical Education

Paul B. Coats
 Dean, School of Medicine



[Signature]
 Program Director

[Signature]
 Department Chair



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

LICENSE VERIFICATION

February 19, 2019

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

Name: Sarah B. Gopman, M.D.

Date of Birth: 10/13/1968

School Name Oregon Hlth & Sc Univ SOM
Graduation Date 06/09/2000

Specialties
 Family Practice

License #	Issue Date	Expiration Date	Status	License Type
2003-0539	08/18/2003	07/01/2021	Active	Medical Doctor

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

This license information was last updated on: 02/05/2019

Barbara L. Orender

Barbara L. Orender, Licensing Manager

Date: February 19, 2019



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

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

Recipient: MEDICAL LICENSING BOARD OF INDIANA

Date: 02/20/2019

Examinee: Gopman, Sarah Beth
Alt Name(s):

Examinee ID: 5-044-993-3
Date of Birth: 10/13/1968

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		
06/09/1998	Pass					
USMLE STEP 2						
<i>Clinical Knowledge (CK)</i>						
Test Date	Pass/Fail	Score	Minimum Pass	Comments		
11/23/1999	Pass					
USMLE STEP 3						
Test Date	Pass/Fail			Score	Minimum Pass	Comments
06/27/2003	Pass					

End of Exam History

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



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

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Examinee: Gopman, Sarah Beth

Examinee ID: 5-044-993-3

Date of Birth: 10/13/1968

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"

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PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.



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Recipient: MEDICAL LICENSING BOARD OF
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Date: 02/20/2019

Examinee: Gopman, Sarah Beth
Alt Name(s):

Examinee ID: 5-044-993-3
Date of Birth: 10/13/1968

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06/09/1998	Pass	[REDACTED]	[REDACTED]			
USMLE STEP 2						
<i>Clinical Knowledge (CK)</i>						
Test Date	Pass/Fail			Comments		
11/23/1999	Pass					
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03/2015

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AMA Physician Profile

PREPARED FOR
Professional Licensing Agency, Indianapolis, IN

Name and Mailing Address

SARAH BETH GOPMAN
3021 MARBLE AVE NE
ALBUQUERQUE, NM 87106-2042

Primary Office Address

3RD FL
UNIV OF NEW MEXICO HSC
2400 TUCKER NE
ALBUQUERQUE, NM 87131-0001

Birth date 10/13/1968

Phone [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
1194798272	02/09/2006	NOT RPTD	NOT RPTD	NOT RPTD	02/15/2019

Current and/or historical medical school

OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 2000



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

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

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

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

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

Sponsoring Institution: UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
Sponsoring State: NEW MEXICO
Specialty: FAMILY MEDICINE
Training Type:
Dates: 6/2000 - 6/2003 (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 PREVENTIVE MEDICINE
Certificate: ADDICTION MEDICINE*
Certificate type: SUB-SPECIALTY



Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	01/01/2018	01/31/2028		INITIAL	03/07/2019	Y

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
TIME LIMITED	Active	07/13/2010	12/31/2020		RE-CERT	03/07/2019	Y
TIME LIMITED	Expired	12/05/2003	12/31/2010		INITIAL	03/07/2019	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.

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

Current and/or historical medical licensure

License No.	MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
2003-0539	MD	NM	08/18/2003	07/01/2021		ACTIVE	UNLTD	03/05/2019
2000R40	MD	NM	06/23/2000	08/18/2003		INACTIVE	RES	03/05/2019

Action Notifications

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

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

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



U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
[REDACTED]	22N 33N 4 5	09/30/2021	02/25/2019	2400 Tucker NE 3rd Floor University Of New Mexico Hsc Albuquerque, NM 87131-0001

Only the last three characters of active DEA numbers are displayed

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

ECFMG Certification

Applicant Number:

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