

Michigan Department of Community Health
Board of Osteopathic Medicine and Surgery

P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

APPLICATION FOR EDUCATIONAL LIMITED AND CONTROLLED SUBSTANCE LICENSES

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone (313)-234-4300).

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

Educational Limited and Controlled Substance Fee: \$170.00 71 - 5101- 375705

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name Brandi	Middle Name Cherie	Last Name Jones
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Phone Number 248 [REDACTED]
Have you ever held a health professional license in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Michigan Permanent I.D. Number and Expiration Date
All Previous Names and/or Birth Name Used (if applicable)		
Name of Appointing Hospital Providence Hospital	Hospital Street Address 16001 West Nine Mile Road	
City Southfield	State MI	ZIP Code 48075

Tran Info: 510105 13822349-1 05/19/08 Chk#: 1030 Amt: \$85.00 ID: [REDACTED]
Board Use Only
License Number 017674
CS License Number 5315036005
Tran Info: 510107 13822349-2 05/19/08 Chk#: 1030 Amt: \$20.00
Date of Issue 7-1-08

Tran Info: 510137 13822349-3 05/19/08
Chk#: 1030 Amt: \$65.00
ID: [REDACTED]

Check the appropriate answer to each of the following questions. **NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever had a federal or state osteopathic license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privilege involuntarily modified?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name Brandi C. Jones

9. Do you hold or have you held a medical license in any state? If yes, list each state, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) Yes No

State	License Number	Date of Issue	How Obtained (Endorsement or Examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary

Name and Address of Institution	Dates of Attendance		Degree
	From	To	
Hampton University	1996	2000	B.S. Biology
Philadelphia College of Osteopathic Medicine	2004	2008	Doctor of Osteopathic Medicine

NO

Provide a description of your intern training experience. Attach additional sheets if necessary

Name and Address of Hospital	Dates of Practice		Program Title
	From	To	
Providence Hospital	July 1, 2008	June 30, 2009	Osteopathic Internship

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant Brandi C. Jones Date 2/28/08



PHILADELPHIA · COLLEGE · OF · OSTEOPATHIC · MEDICINE

AM

OFFICE OF CLINICAL EDUCATION
215-871-6652
215-871-6781 FAX

March 6, 2008

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MAR 10 2008

BUREAU OF HEALTH PROFESSIONS
LICENSING DIVISION

Michigan Department of Community Health
Board of Osteopathic Medicine & Surgery
P.O. Box 30670
Lansing, MI 48909

RE: Brandi Jones
Class 2008

To Whom It May Concern:

This letter is to certify that **Brandi Jones, Class 2008** is a student in good standing at the Philadelphia College of Osteopathic Medicine, who is expected to graduate in June 2008.

If any additional information is needed, please do not hesitate to contact me.

Sincerely,

Allan M. McLeod, D.O.

Allan McLeod, D.O., J.D., M.B.A.
Director, Undergraduate Clinical Education

Michigan Department of Community Health
Board of Osteopathic Medicine and Surgery

P.O. Box 30192
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

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Page 1 of 2

APR - 2 2008

DEPT. OF LEG

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING PROGRAM

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

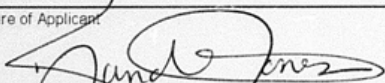
INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Program Director or Superintendent of the Michigan training hospital where you have been appointed. This certification must be completed and submitted to the Board of Osteopathic Medicine and Surgery by the hospital.

SECTION I - APPLICANT INFORMATION

First Name Brandi	Middle Name Cheve	Last Name Jones
Social Security Number [REDACTED]	Date of Birth [REDACTED]	
Hospital Street Address 16001 West Nine Mile Road		
City Southfield	State MI	ZIP Code 48075
Daytime Telephone Number 248 [REDACTED]	All Previous Names and/or Birth Name Used (if applicable)	

Program (Internship or Residency) Osteopathic Internship
Name of Hospital Providence Hospital

Signature of Applicant 	Date 2/28/08
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE PROGRAM DIRECTOR OR SUPERINTENDENT FOR COMPLETION OF SECTION II.

Name Brandi C. Jones

THIS SIDE TO BE COMPLETED BY THE PROGRAM DIRECTOR/SUPERINTENDENT

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board Osteopathic Medicine at the address shown on the reverse side of this form.

SECTION II - CERTIFICATION OF APPOINTMENT

Now

Name of Training Hospital	
Providence Hospital	
Street Address of Training Hospital Medical Education	
4th Floor Fisher	
City	ZIP Code
16001 West Nine Mile Road Southfield, MI 48075	
Is this training program approved by the AOA?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that <u>Brandi C. Jones</u> has been duly	
(Applicant's Name)	
appointed to the position of <u>INTERNSHIP</u>	in <u>ROTATING INTERNSHIP</u>
(Internship or Residency)	(Program)
at the hospital named above beginning <u>07/01/08</u>	and ending <u>06/30/09</u>
(Month/Day/Year)	(Month/Day/Year)
<u>Michael Campbell</u>	<u>03/28/08</u>
Signature of Director or Superintendent	Date of Signature
<u>Michael J. Campbell</u>	
Print or Type Name of Director or Superintendent	
<u>Director, Medical Education</u>	
Title	



The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Community Health
 Board of Osteopathic Medicine and Surgery
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 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH/LOS-010 (04/07)

Page 1 of 2

Tran Info: 510101 15582928-1 01/29/10
 Chk#: 9130 Amt: \$150.00
 ID: 5101017674

APPLICATION FOR LICENSURE

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued

Type or Print Only

I AM APPLYING FOR THE FOLLOWING: <input checked="" type="checkbox"/> License by Examination Fee: 150.00 71-5101-01 <input type="checkbox"/> License by Endorsement Fee: \$150.00 71-5101-09 (Currently Licensed in Another State) <input checked="" type="checkbox"/> Controlled Substance Fee: \$85.00 51 - 01 71-5315			Board Use Only License Number 017674 Date of Licensure 2-17-10		
Your check or money order drawn on a US financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.					
First Name Brandi		Middle Name Cheri		Last Name Jones	
U.S. Social Security Number [REDACTED]		Date of Birth [REDACTED]		Daytime Phone Number (248) [REDACTED]	
Street Address [REDACTED]					
City Wrst Bloomfield			State MI	ZIP Code 48322	
All Previous Names and/or Birth Name Used (if applicable)				E-mail Address b.jones do@yahoo.com	
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Please provide Michigan Permanent I.D./License Number and Expiration Date 5101017674 6/30/2010					

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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Name Brandi C. Jones

9. Have you ever been denied the privilege of taking an examination by any state medical board? Yes No
10. Do you hold or have you held an osteopathic license or registration in any state(s)? If so, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) Yes No

State	License Number	Date of Issue	How Obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	
<u>Notre Dame Academy</u>	<u>1992</u> <u>1996</u>	<u>1996</u> <u>2000</u>	<u>High School Diploma</u>
<u>Hampton University</u>	<u>1996</u>	<u>2000</u>	<u>B.S. - Biology</u>
<u>PCOM - Philadelphia, PA</u>	<u>2004</u>	<u>2008</u>	<u>Doctor of Osteopathic Medicine</u>

Provide a description of your intern/residency training experience. Attach additional sheets if necessary.

Name and address of Hospital	Dates of Practice		Program Title
	From	To	
<u>Providence Hospital</u>	<u>2008</u>	<u>07</u> <u>Present</u>	<u>Obstetrics + Gynecology</u>
Internship:			
<u>Providence Hospital</u>	<u>2008</u>	<u>07</u> <u>2009</u>	<u>06</u> <u>Osteopathic Internship</u>
Residency:			
<u>Providence Hospital</u>	<u>2008</u>	<u>Present</u>	<u>Obstetrics + Gynecology</u>

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant  Date 01 28 2010

Michigan Department of Community Health

Board of Pharmacy

P.O. Box 30670

Lansing, Mi 48909

(517) 335-0918

www.michigan.gov/healthlicense

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you just prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-682-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

DCH/PLH-090 (12/05)

Tran Info: 531537 15582919-1 Chk#: 9132 Amt: \$20.00 ID: 5101017674 Tran Info: 531537 15582919-2 Chk#: 9132 Amt: \$65.00 ID: 5101017674 Board Use Only Date of Licensure 5315044134 License Number 2-17-10
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Type or Print Only

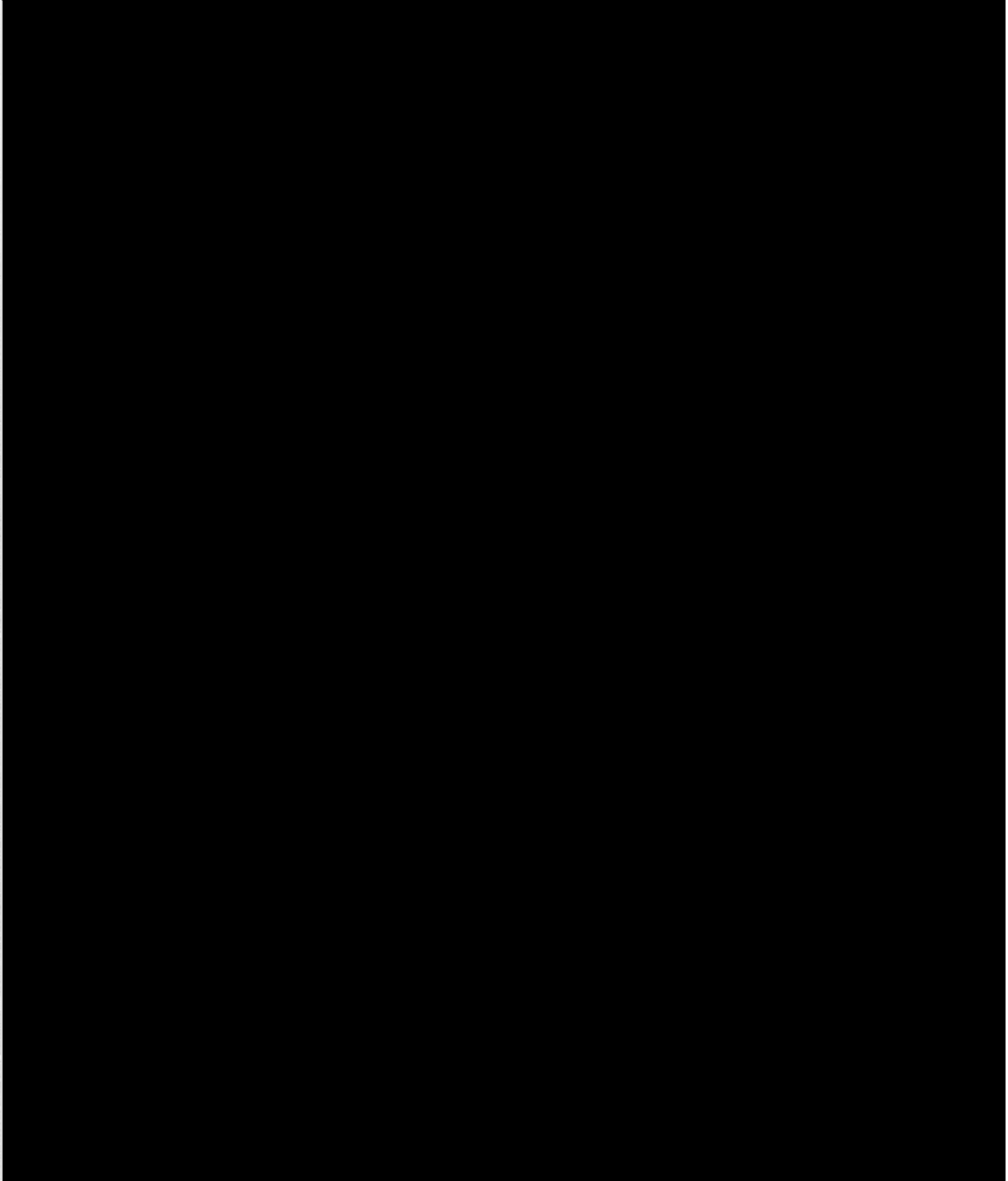
INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license - \$85.00.
If you already hold a professional license and your professional license expires in:
0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name Brandi	Middle Name Cherie	Last Name Jones
Street Address [REDACTED]		Telephone Number (248) [REDACTED]
City West Bloomfield	State MI	ZIP Code 48322
TYPE OF PROFESSIONAL LICENSE (Please Check One)		STATUS:
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315 Regular or Educational Limited <input type="checkbox"/> 59 - 01 D.P.M. 71-5315 or <input type="checkbox"/> 69 - 01 D.V.M. 71-5315 or <input type="checkbox"/> 43 - 01 M.D. 71-5315 or <input checked="" type="checkbox"/> 51 - 01 D.O. 71-5315 or <input type="checkbox"/> 49 - 01 O.D. 71-5330 <input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301 <input type="checkbox"/> 53 - 02 R.Ph. 71-5302 <input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain on separate sheet. 2. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Michigan Permanent I.D. Number (as shown on your pocket card) 5101017674		Social Security Number [REDACTED]
Expiration Date of License 6/30/2010		
I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.		
Signature [Signature]		Date 1/20/2010

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.





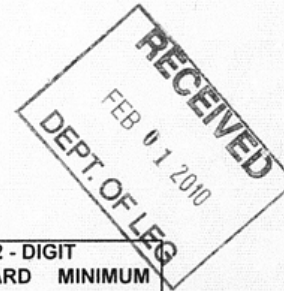
COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION-USA

Official Transcript

Michigan Board of Osteopathic Medicine
P.O. Box 30670
Lansing, MI 48909

Examinee: Jones, Brandi C
NBOME ID: 784755

Date of Birth [REDACTED]



EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT		2 - DIGIT		NOTE
			STANDARD SCORE	MINIMUM PASSING	STANDARD SCORE	MINIMUM PASSING	
Level 1							
	30-May-2006	Pass					
Level 2 Cognitive Evaluation (CE)							
	31-Aug-2007	Pass					
Level 2 Performance Evaluation (PE)							
	24-May-2007	Pass	---	---	---	---	
Level 3							
	29-Apr-2009	Pass					

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: January 29, 2010

100109181

-- please see reverse for information and description of notes --
National Board of Osteopathic Medical Examiners, Inc.
8765 West Higgins Road Suite 200 Chicago IL 60631
Phone: 773/714-0622 Fax: 773/714-0631

S - Administered after 7/1/07 under standard conditions
N - Administered after 7/1/07 under non-standard conditions

Key to Notes

I - Irregular Conduct on part of candidate resulting in non-scoring of examination
O - Other condition(s) resulting in non-scoring of examination

COMLEX-USA Score Interpretation

COMLEX-USA Level 1, Level 2 Cognitive Evaluation, & Level 3

Level 1, Level 2, and Level 3 examinations of the Comprehensive Osteopathic Medical Licensing Examination - USA (COMLEX-USA) replaced the Part I, Part II, and Part III examinations in 1998, 1997, and 1995 respectively. These three examinations are written examinations of the COMLEX-USA. Level 2 was renamed as Level 2 Cognitive Evaluation (CE) in June 2004. COMLEX Level 2-CE and Level 3 were computer delivered after June 2005. Level 1 was computer delivered after April 2006. The scores reported here for COMLEX-USA written examinations are 3-digit standard scores and 2-digit standard scores for the whole examinations.

Standard scores (3-digit). The mean of the 3-digit standard scores of all three written examinations are 500, regardless of when the examinations are given. The minimum passing 3-digit standard score for Level 1 and Level 2-CE is 400; for Level 3 is 350, regardless of when the examinations are taken.

The standard deviations of the COMLEX-USA written examination 3-digit scores are Level-specific and time-specific. For Level 1 examinations given between 1998 and 2001, the standard deviation is 71; from 2002 to October 2005, the standard deviation is 79; from May 2006 to present, the standard deviation is 79. For Level 2-CE examinations given between 1997 and 2000, the standard deviation is 85; from 2001 to June 2005, the standard deviation is 73; from July 2005 to present, the standard deviation is 83. For Level 3 examinations given between 1995 and 1999, the standard deviation is 111; from 2000 to June 2005, the standard deviation is 120; from September 2005 to present, the standard deviation is 123.

Standard scores (2-digit). The minimum passing 2-digit standard scores for all three written examinations are 75, regardless of when the examinations are taken.

The standard deviations of the COMLEX-USA written examinations 2-digit scores are Level-specific and time-specific. For Level 1 examinations given between 1998 and 2001, the standard deviation is 3.55; from 2002 to June 2005, the standard deviation is 3.95. For Level 2-CE examinations given between 1997 and 2000, the standard deviation is 4.25; from 2001 to June 2005, the standard deviation is 3.65. For Level 3 examinations given between 1995 and 1999, the standard deviation is 3.70; from 2000 to June 2005, the standard deviation is 4.00.

Part I, Part II, & Part III

The scores reported for Parts I, II, and III after 1986 are 3-digit standard scores for the whole examinations. Scores reported for Parts I and II before 1987 are the minimum scaled scores (2-digit) among all the component scores of the examinations. Scores reported for Part III are scaled scores (2-digit) for the whole examination.

Standard Scores (3-digit). The standard scores for all three Part examinations are reported on a scale with a mean of 500 and a standard deviation of 100. The minimum passing score for Part I and Part II is 400. The minimum passing score for Part III is 350.

Scaled Scores (2-digit). Scaled scores are reported on a scale with a mean of 80. The minimal passing score for Parts I and II is 75 for any of the components of the examinations. The minimal passing score for Part III is 75 for the whole examination.

The minimum passing scores reflect the standards recommended by the COMLEX-USA and/or NBOME. Individual licensing authorities may accept the recommended pass/fail standard or may set a different passing score for their own jurisdictions.

COMLEX-USA Level 2-Performance Evaluation

The Level 2-PE examination is required for all candidates graduating in 2005 or thereafter and those who graduated before July 1, 2004 and have not passed Level 2-CE by June 30, 2005. Candidates graduating in 2004 who passed Level 2-CE by June 30, 2005 are not required to take Level 2-PE.

Scores for Level 2-PE are reported as PASS or FAIL as one overall score. In order to receive a passing score, candidates must perform adequately in two separate domains. These are the Humanistic Domain (doctor-patient communication, interpersonal skills and professionalism), and the Biomedical/Biomechanical Domain (medical history-taking, physical examination, osteopathic principles and osteopathic manipulative treatment, and written SOAP notes, which assess synthesizing information garnered in the clinical encounter, clinical problem-solving and integrated differential diagnosis.) A passing score requires demonstration of minimum competence in clinical skills required for entry in graduate medical education.

Annotations/Notes:

S - Administered after July 1, 2007 under standard conditions. For examinations administration before then, the NBOME did not annotate scores to indicate whether the examination was administered under standard or non-standard time-extended conditions.

N - Administered after July 1, 2007 under non-standard timed conditions. This annotation is included, beginning July 1, 2007, because the NBOME cannot certify that a score produced by an extended-time accommodated examination is comparable to a score produced for the same examination administered under standard conditions.

I - Irregular conduct occurred on the part of the candidate. Candidate conduct which may be "Irregular Conduct" is described in the NBOME Bulletin of Information (see www.nbome.org). Further information regarding this annotation may be obtained by authorized persons by contacting the NBOME.

O - Other condition(s) which occurred during the administration of an examination beyond the control of the candidate (e.g., candidate illness, computer malfunction, etc.) which resulted in the examination not being scored. Further information regarding this annotation may be obtained by authorized persons by contacting the NBOME.

TO TEST FOR AUTHENTICITY: The face of this document has a blue background. Also note this security paper is produced with the highest level of security available today. Verification of some of these security features can be accomplished by:

- Holding the SafeImage™ security paper up to transit light to verify the words "SAFE and VERIFY FIRS" in the true fourdrinier watermark.
- Identifying visible blue and red fibers embedded into the paper.
- Applying fresh liquid bleach to activated color stain chemical protection reaction.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm.
- Photocopying this document produces the word "COPY" across the face.



U.S. Security Patent: 6,602,030

WWW.ISPVFT.COM

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

4170 City Avenue, Philadelphia, PA 19131

Page: 1

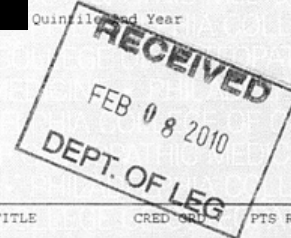
Student ID: [REDACTED]

Date Issued: 02-FEB-2010

Record of: Brandi Cheri Jones, DO

Class Standing: [REDACTED] Quinilled Year

Issued To: Board of Osteopathic Medicine
Medicine and Surgery
PO Box 30670
Lansing, MI 48909



Course Level: Professional SUBJ NO. C COURSE TITLE CRED GRD PTS R

Current Program
College : Phila Coll of Osteopathic Med
Campus : Philadelphia
Major : Osteopathic Medicine

Institution Information continued:
Fall 2005
DO 211 P Medicine and Society 1.00 [REDACTED] 93.00
DO 212 P Gastroenterological Sciences 1.00 [REDACTED] 85.00
DO 213 P Repro GENITOURI & OB, GYNMed 1.00 [REDACTED] 85.00
DO 239A P Osteo Principles & Prac IV 1.00 [REDACTED] 0.00
DO 240A P Primary Care Skills IV 1.00 [REDACTED] 0.00
Ehrs: 5.00 GPA-Hrs: 3.00 QPts: 264.00 GPA: [REDACTED]

Degrees Awarded Doctor of Osteopathic Medicine 01-JUN-2008
Primary Degree
Campus : Philadelphia
Major : Osteopathic Medicine

INSTITUTION CREDIT:
Fall 2004
DO 100 P Struc. Princ. of Osteo. Med. 1.00 [REDACTED] 84.00
DO 111 P Primary Care Skills I 1.00 [REDACTED] 0.00
DO 141 P Osteo. Prin. & Practice I 1.00 [REDACTED] 0.00
Ehrs: 3.00 GPA-Hrs: 1.00 QPts: 84.00 GPA: [REDACTED]

Winter 2005
DO 221 P Clinical Endocrinology 1.00 [REDACTED] 96.00
DO 223 P Clin & Bas Neuro-Neurbl/Psy 1.00 [REDACTED] 89.00
DO 232 P Dermatology 1.00 [REDACTED] 0.00
DO 239B P Osteo Principles & Practice V 1.00 [REDACTED] 0.00
DO 240B P Primary Care Skills V 1.00 [REDACTED] 0.00
Ehrs: 3.00 GPA-Hrs: 2.00 QPts: 175.00 GPA: [REDACTED]

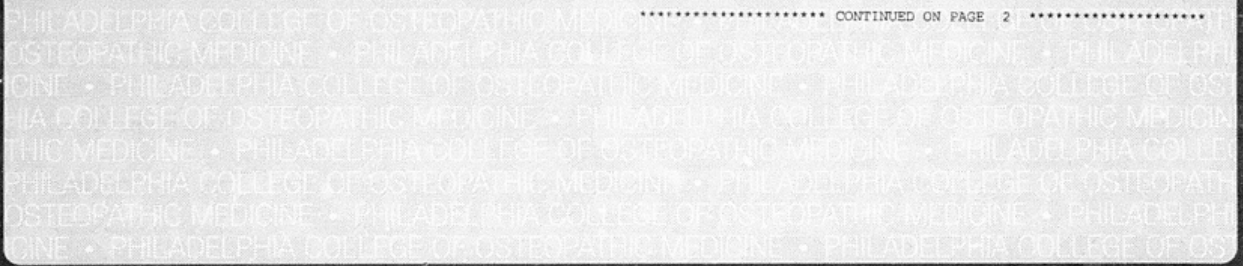
Winter 2004
DO 123 P Cell and Tissue 1.00 [REDACTED] 93.00
DO 132 P Primary Care Skills II 1.00 [REDACTED] 0.00
DO 142 P Osteo. Prin. & Practice II 1.00 [REDACTED] 0.00
Ehrs: 3.00 GPA-Hrs: 1.00 QPts: 83.00 GPA: [REDACTED]

Spring 2006
DO 231 P General Surgery 1.00 [REDACTED] 94.00
DO 233 P Life Stages: Geriatrics & Peds 1.00 [REDACTED] 93.00
DO 235 P Emergency Medicine II 1.00 [REDACTED] 91.00
DO 236 P Eyes, Ears, Nose, & Throat 1.00 [REDACTED] 0.00
DO 239C P Osteo Principles & Practice VI 1.00 [REDACTED] 83.00
DO 240C P Primary Care Skills VI 1.00 [REDACTED] 85.00
Ehrs: 6.00 GPA-Hrs: 5.30 QPts: 446.00 GPA: [REDACTED]

Spring 2005
DO 133 P Primary Care Skills III 1.00 [REDACTED] 90.00
DO 143 P Osteo Prin. & Practice III 1.00 [REDACTED] 82.00
DO 151 P Cardiovascular Medicine 1.00 [REDACTED] 81.00
DO 152 P Renal/Pulmonary Medicine I 1.00 [REDACTED] 92.00
DO 161 P Emergency Medicine I 1.00 [REDACTED] 0.00
Ehrs: 5.00 GPA-Hrs: 4.00 QPts: 345.00 GPA: [REDACTED]

Summer 1 2006
DO 315 P Obstetrics & Gynecology 17.00 [REDACTED] 0.00
Osteopathic Inst of the South
DO 317 P Psychiatry 17.00 [REDACTED] 0.00
Osteo Institute of the South
DO 391 P Elective-OB/GYN 17.00 [REDACTED] 0.00
James Perez, D.O.
Ehrs: 51.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

***** CONTINUED ON NEXT COLUMN *****
***** CONTINUED ON PAGE 2 *****



Deborah A. Castellano
Deborah A. Castellano, Registrar



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PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
 4170 City Avenue, Philadelphia, PA 19131

Student ID: [REDACTED]
 Date Issued: 02-FEB-2010
 Record of: Brandi Cheri Jones, DO

SUBJ NO.	C	COURSE TITLE	CRED GRD	PTS R	SUBJ NO.	C	COURSE TITLE	CRED GRD	PTS R
Institution Information continued:					Institution Information continued:				
Fall 2006					DO 422	P	Ambulatory Surgery Genitourinary Surgeons	8.50	0.00
DO 319	P	General Surgery Franklin Square Hosp Ctr	17.00	0.00	DO 491	P	Elective FAM MED Dr. Maribel Rodriguez-Scott	8.50	0.00
DO 320	P	Surgery ORTHO Franklin Square Hospital Ctr	8.50	0.00	Ehrs: 51.00 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00				
DO 322	P	Advanced Clinical Skills PCOM	17.00	0.00	Fall 2007				
Ehrs: 42.50 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00					DO 411	P	Rural Health Care Center Sullivan County Medical Center	17.00	0.00
Winter 2006					DO 422	P	Ambulatory Surgery ENT Doctors Hospital	8.50	0.00
DO 313	P	General Internal Medicine Frankford Health System	17.00	0.00	DO 491	P	Elective OB/GYN Doctors Hospital	8.50	0.00
DO 314	P	Internal Medicine/Cardiology Frankford Health System	17.00	0.00	DO 492	P	Elective OB/GYN St John's Detro Riverview Hosp	17.00	0.00
DO 320	P	Surgery Urology Franklin Square Hospital Ctr	8.50	0.00	Ehrs: 51.00 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00				
DO 321	P	IM/Selective-Inf Dis St. John Riverview Hosp	17.00	0.00	Winter 2007				
Ehrs: 59.50 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00					DO 416	P	Medicine Sub-I Chestnut Hill Hospital	17.00	0.00
Spring 2007					DO 491	P	Elective FAM MED Cambria Health Care Center	8.50	0.00
DO 310	P	Family Medicine St. Joseph's Hospital	17.00	0.00	DO 492	P	Elective OB/GYN SUB-I UMDNJ-SOM	17.00	0.00
DO 311	P	Medical Law	2.00	0.00	DO 493	P	Elective RADIOLOGY Einstein/Northern Division	17.00	0.00
DO 312	P	OMM/Family Medicine Selective A. Nicholas, D.O.	17.00	0.00	Ehrs: 59.50 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00				
DO 316	P	Pediatrics City Line Pediatrics	17.00	0.00	Spring 2008				
Ehrs: 53.00 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00					DO 415	P	Emergency Medicine Northeastern Hospital	17.00	0.00
Summer 1 2007					DO 491	P	Elective E.M. Northeastern Hospital	8.50	0.00
DO 412	P	Urban Health Care Center I Cambria Health Care Center	17.00	0.00	Ehrs: 25.50 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00				
DO 413	P	Urban Health Care Center II Cambria Health Care Center	17.00	0.00	***** CONTINUED ON PAGE 3 *****				
***** CONTINUED ON NEXT COLUMN *****									

Deborah A. Castellano
 Deborah A. Castellano, Registrar



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PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

TRANSCRIPT EXPLANATION

In the Fall of 2005, Philadelphia College of Osteopathic Medicine opened a branch campus in Suwanee, Georgia herein referred to as GA Campus. GA Campus-PCOM is located at 625 Old Peachtree Road NW, Suwanee, Georgia 30024. The campus attended will be listed at the top of the transcript. All processing of transcripts takes place in Philadelphia.

Doctor of Osteopathic Medicine (D.O.) (Philadelphia and GA Campus)

Effective in Fall 1991: PCOM revised the grading scale for the D.O. program.

First and Second year courses are graded on a 0-100 numerical scale. Minimum passing grade is 70.

Other Grade Values:

I	Incomplete
NG	No Grade-issued in first and second terms of year long courses. These courses are graded in third term only.
P	Pass
F	Fail
W	Withdrawal before the midpoint of a course
WP	Withdrawal after the midpoint of a course while passing
WF	Withdrawal after the midpoint of a course while failing or unauthorized withdrawal
RP	Remediated Pass - When a grade of "F" is recorded for any course or clinical rotation and it is subsequently successfully remediated, a regrade of "RP" is assigned. The failure is not expunged and remains the value computed in the grade point average for first and second year courses.
RF	Remediated Failure - If the remediated course is a failure, a regrade of "RF" is assigned. The course is then repeated in its entirety and the grade earned shall replace the original grade for purposes of GPA and class rank.
P*	Pass not counted in GPA. Used for courses that are registered each term, however, the final grade is cumulative and not given until the last term. Will be issued if cumulative grade is passing.
F*	Failure not counted in GPA. Used for courses that are registered each term, however, the final grade is cumulative and not given until the last term. Will be issued if cumulative grade is failing.

Students entering prior to Fall 2003: All courses are weighted on the basis of credit hours. One credit hour is equal to 10 hours of lecture, small group conference, and practice session, laboratory work or non-classroom equivalent work.

Students entering Fall of 2003 and Fall of 2004: While all didactic courses are defined on the basis of credit hours with one credit hour equal to 14 credit hours of lecture, small group conference, and practice session, laboratory work or non-classroom equivalent work for the purpose of GPA calculation all didactic courses carried an equal weight of 1 unit. Credit hours earned for first two years of didactic course work for students entering in 2003 are 162 credits; credit hours earned for first two years for students entering in 2004 are 155.

Students entering Fall of 2005 and after: All courses are weighted on the basis of credit hours with one credit hour equal to 14 hours of lecture, small group conference, and practice session, laboratory work or non-classroom equivalent work. GPA calculation for all didactic courses are based on credit hours of the course and are no longer equally weighted.

Grade point averages are computed each term. Class standing is calculated at the end of the first and second years and is cumulative. Effective in 2002-2003 class standing is calculated as a quintile.

Both grade point average and class standing represent the pre-clinical portion of the program only.

Third and Fourth year clinical rotations are recorded as follows:

Honors Pass (HP) - Superior work, above expected competency
 High Pass (H) - Above average work (Category was added effective Fall 1999 Term)
 Pass (P) - Expected competency demonstrated
 Fail (F) - Below expected competency (Prior to Fall 2003, this may also be noted by 'FC')

Previous to 1991: PCOM used a semester based academic calendar and a system of letter grading as follows:

Grade point average is based on a 3.0 scale as indicated above. One credit hour is equal to 15 hours of lecture, small group conference, and practice session, laboratory work or non-classroom equivalent work.

A	3.0	Excellent
B	2.0	Good
C	1.0	Satisfactory
F	0.0	Failure
P		Remediated Course

Graduate Programs:

Minimum passing grade is C. A 3.00 average is required for continuance. All courses are weighted on the basis of credit hours. One credit is equal to 14 hours of lecture, small group conference, and practice session, laboratory work or non-classroom equivalent work.

Doctor of Psychology in Clinical Psychology (PsyD.) (Philadelphia Campus)

The program commenced in Fall 1995.

Grading Scale:
 Effective Fall 1997: See Table 1
 Previous to Fall 1997: See Table 2

Effective Fall 1998, practicum and internship are graded as follows:
 Honors Pass (HP) - Superior work, above expected competency
 Pass (P) - Expected competency demonstrated
 Fail (F) - Below expected competency

Previous to Fall 1998, Satisfactory/Unsatisfactory (S/U) was issued for practicum and internship.

Doctor of Psychology in School Psychology (PsyD.) (Philadelphia Campus)

The program commenced in Fall 2002.

Grading Scale: See Table 1

Master of Science in Biomedical Sciences (M.S.) (Philadelphia and GA Campus)

The program commenced in Fall 1993 in Philadelphia; Fall 2007 at GA Campus

Grading Scale:
 Effective Fall 1999: See Table 1
 Previous to Fall 1999: Graded on a 0-100 numerical scale. Minimum passing grade is 70.

Master of Science in Health Sciences - Physician Assistant Studies (M.S.) (Philadelphia Campus)

The program commenced in Summer 1998.

Grading Scale:
 Effective Fall 1997: See Table 1
 Previous to Fall 1997: Graded on a 0-100 numerical scale. Minimum passing grade is 70.

Master of Science in Counseling and Clinical Health Psychology (M.S.) (Philadelphia Campus)

The program commenced in Fall 1999.

Grading Scale:
 Effective Fall 1997: See Table 1
 Previous to Fall 1997: See Table 2

Master of Science in Organizational Development and Leadership (M.S.) (Philadelphia Campus)

The program commenced in Winter of 2001.

Grading Scale: See Table 1

Master of Science in Forensic Medicine (M.S.) (Philadelphia Campus)

The program commenced in Fall 2002.

Grading Scale: See Table 1

Certificate of Biomedical Sciences (Philadelphia and GA Campus)

The program commenced in Fall 1993 in Philadelphia; Fall 2006 at GA Campus

Grading Scale: See Table 1

Certificate of Advanced Graduate Studies (Philadelphia Campus)

Concentrations in Cognitive Behavior Therapy and Professional Psychology

Grading Scale: See Table 1

GRADING SCALE:

TABLE 1:

A	4.00	AU	Audit	I	Incomplete
A-	3.67	S	Satisfactory	W	Withdrawal before the midpoint of a course
B+	3.33	U	Unsatisfactory	WP	Withdrawal after the midpoint of a course while passing
B	3.00	P	Pass	WF	Withdrawal after the midpoint of a course while failing or unauthorized withdrawal
B-	2.67	F	Fail		
C-	2.33	NG	No Grade		
C	2.00				
F	0.00				

TABLE 2:

A	4.00
B	3.00
C	2.00
F	0.00
AU	Audit

For more information about each program please visit www.pcom.edu or contact the Office of the Registrar
 4190 City Avenue, Rowland Hall 203
 Philadelphia, PA 19131
 215-871-6704 (Phone)
 215-871-6649 (Fax)
registrar@pcom.edu

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 burgundy SCRIP-SAFE® paper with the name of the institution appearing in white type over the face of the entire document.

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE • PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE • PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE • PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE • PHILADELPHIA COLLEGE

ADDITIONAL TESTS: When photocopied, a latent security statement containing the abbreviated institutional name and the words COPY COPY COPY appear over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain. 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 consent of the 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 215-871-6704. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

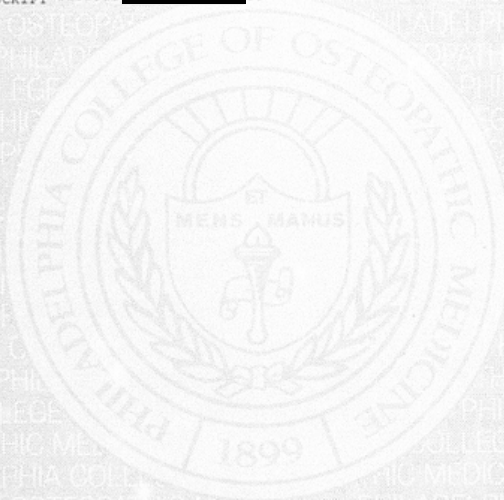
4170 City Avenue, Philadelphia, PA 19131

Page: 3

Student ID: [REDACTED]
Date Issued: 02-FEB-2010
Record of: Brandi Cheri Jones, DO

CumulativeGPA: [REDACTED]
Total Credits Earned: 418.00

***** TRANSCRIPT TOTALS *****				
	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	418.00	16.00	1397.00	[REDACTED]
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	418.00	16.00	1397.00	[REDACTED]
***** END OF TRANSCRIPT *****				



Deborah A. Castellano
Deborah A. Castellano, Registrar

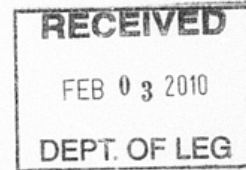


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Michigan Department of Community Health
Board of Osteopathic Medicine and Surgery

P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense



CERTIFICATION OF INTERNSHIP

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

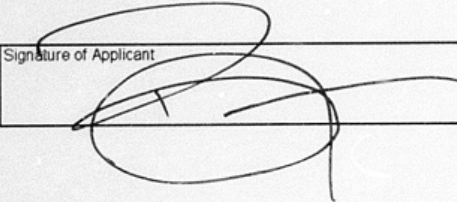
INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Medical Director or Superintendent of the training hospital where you served your internship. This certification must be submitted directly to the Michigan Board of Osteopathic Medicine and Surgery by the Director of the training program.

SECTION I - APPLICANT INFORMATION

First Name Brandi	Middle Name Cherie	Last Name Jones
Social Security Number [REDACTED]	Date of Birth [REDACTED]	
Hospital Street Address 16001 West 9 mile Rd.		
City Southfield	State MI	ZIP Code 48322
Daytime Telephone Number (248) [REDACTED]	All Previous Names and/or Birth Name Used (if applicable)	

Name of Hospital ✓ Providence Hospital

Signature of Applicant 	Date 1/28/2010
---	-------------------

Applicant: Upon completion of Section I, send this form to the Medical Director or Superintendent of the training hospital where you served your internship for completion of Section II.

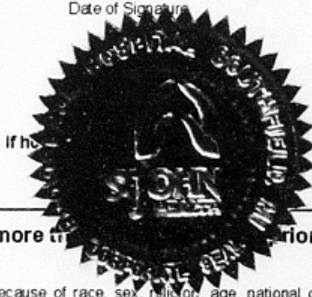
Name Brandi Jones

THIS SIDE TO BE COMPLETED BY THE MEDICAL DIRECTOR OR SUPERINTENDENT

SECTION II - CERTIFICATION OF INTERNSHIP

Please complete the following information. Return this completed certification directly to the Michigan Board of Osteopathic Medicine and Surgery at the address shown on the reverse side of this form.

Name of Hospital <u>Providence Hospital</u>		
Street Address of Hospital <u>16001 West 9 mile Rd</u>		
City <u>Southfield</u>	State <u>MI</u>	Zip Code <u>48322</u>
Is this internship AOA approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that <u>BRANDI JONES</u> <small>(Applicant's Name)</small>		
has completed one year of internship at the above named hospital beginning <u>7/1/08</u> <small>(Month/Day/Year)</small>		
and ending <u>6/30/09</u> <small>(Month/Day/Year)</small>		
I certify that this internship is one year in duration; of a rotating type, with at least 6 months of exposure in basic core disciplines, 2 months of general internal medicine, 1 month of emergency medicine, and 1 month of family practice, and that this Hospital is currently approved for the training of interns by the American Osteopathic Association. I further certify that the above named physician has served an apportioned time in each of the named rotations and has satisfactorily performed his/her duties.		
<p><u>Michael Campbell</u> Signature of Medical Director or Superintendent</p> <p><u>MICHAEL J. CAMPBELL</u> Print or Type Name</p> <p><u>DIRECTOR OF MEDICAL EDUCATION</u> Title</p> <p><u>1/27/10</u> Date of Signature</p>		



IMPORTANT: This certification may not be dated and submitted more than 30 days prior to the completion of a full year's internship.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.