



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://www.tn.gov/health>

Tennessee Board of Medical Examiners
Medical Doctors
1-800-778-4123 or 615-532-4384

November 3, 2020

Vanita Kumar M.D.
200 Cabrini Blvd Apt 91
New York, NY 10033
US

Dear Applicant,

It is my pleasure to inform you that your application for a license to practice as a Medical Doctor in Tennessee has been initially approved by the Board Consultant. Your number shall be 61614. This initial approval must be ratified by the Board of Medical Examiners at its next meeting, scheduled for January 12, 2021, before a license can be issued to you. **If ratified by the Board of Medical Examiners this number will become your permanent license number and a wall certificate will follow.**

However, this letter serves as your authorization to commence your practice, pending the final action by the Board of Medical Examiners. If the Board of Medical Examiners should not ratify the initial approval of your application, you will be notified in writing at which time this authorization shall cease to be effective.

Within 10 working days after the Board of Medical Examiners meeting, you will be sent either your certificate (indicating final approval by the Board of Medical Examiners) or a letter providing (1) an explanation as to why the Board of Medical Examiners failed to ratify issuance of your certificate and (2) specific instructions as to any action you may take to have the decision reviewed. No further action on your part is necessary at this time.

Our best wishes go with you into a new phase of your career.

Sincerely,

Board Administrator
Tennessee Board of Medical Examiners
INITAPRPTX

Important Information Regarding Professional Privilege Tax

T.C.A. §67-4-1701, et seq., requires the payment of an annual professional privilege (occupation) tax. For more information regarding the professional privilege (occupation) tax please go to: <http://www.tn.gov/revenue/topic/professional-privilege-tax.shtml>

Notice to All Prescribers: All prescribers with DEA numbers who prescribe controlled substances in Tennessee for more than fifteen (15) days per year, shall be registered in the controlled substance database. New licensees shall have up to thirty (30) calendar days after notification of licensure to register in the database. For more information, please go to: <http://tn.gov/health/article/CSMD-about.shtml>.

File Number 611614

CHECK SHEET

8/19 Xntd

Xact Number _____

MEDICAL DOCTOR APPLICATION

90-Day Deadline Date

SS# 2384

Vanita Kumar, MD
200 Cabrini Blvd, APT 91
New York, NY 10033

DOB: 6-15-74 Grad Yr: 2000

9/22

→ 4/30 Application online paper ↑

→ ~~4/30~~ Profile Questionnaire ↑

→ ~~4/30~~ Page Corrections: pre-med ed, work by 03-20

→ 4/30 Photograph

→ 4/30 Fee (\$510.00)

→ 4/30 Declaration of Citizenship:

→ 4/30 Legal Entitlement

→ 4/30 LOR (letterhead/date/signed)

→ 4/30 LOR (letterhead/date/signed)

Shannon

Rubino

Question(s) _____ / _____ / _____

Explanation: 9/9 Final Documents: 9/9

→ FCWS Medical School Transcript: * U.S. _____ Canada _____ Mexico _____ Foreign

E.C.F.M.G. (Foreign Medical School Graduates Only) (Notarized copy of ECFMG certificate only)

→ FCWS Postgraduate Training: () 00-03/03/05 removed from profile

→ FCWS Exam Scores: * USMLE _____ FLEX _____ NBME _____ LMCC _____ STATE EXAM _____

→ 6/19 Other Licenses: ~~_____~~ ~~_____~~ _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

→ 3/8 Criminal Background Check (as of 6/1/06) _____ SAVE/USCIS Verification (administrator)

→ 5/8 FSOR Clearance (administrator) _____ FSMB Clearance (administrator)

| | |
|--|---|
| _____ Approved to send INS Letter* | → More Information Needed <u>5/9/2020</u> |
| CONSULTANT REVIEW | <u>9/18/2020</u> |
| → Approved for Licensure | _____ Interview _____ Deny |
| <u>Gene' Saunders MD</u> Consultant Signature | <u>10/29/2020</u> Date |

COMMENTS: _____

*INS ("but for") letters will only be sent for those who are not entitled to live or work in the U.S.

Deficiency Letter(s): 1st 5-19 12nd 9/31 TBC 13th _____ 14th _____ 15th _____ 16th _____

Email(s): 1st _____ 12nd _____ 13th _____ 14th _____ 15th _____ 16th _____

Phone Call(s): 1st _____ 12nd _____ 13th _____ 14th _____ 15th _____ 16th _____

Fed Tax #
File # 61614
License #
Entity # 9876771394

Name KUMAR, VANITA
Rank
Lic Status Appl in process
Expires On

L
Tran

9

| Record Name | Record Content |
|------------------|---|
| ADDRESS | |
| ACTITIONER | NURX, Mission st 2nd Fl, San Francisco, CA, 94103, 800-321-6879 |
| DICAL_SCHOOL | George Washington University School of Medicine, Washington, District of Columbia, United States of America. 08/01/1996, 05/25/2000, 05/25/2000, Doctor of Medicine |
| HER_TRAINING | Beth Israel Medical Center, Family Medicine Residency, Family Practice, New York, New York, United States of America. 07/01/2000, 06/30/2003 |
| OFFICE QUESTIONS | |
| CERTIFY_BODY | American Board of Family Medicine, Family Medicine |
| EXPIRES | 08/05/2020 |

Brandi Allocco

From: Rene Saunders
Sent: Monday, September 21, 2020 9:56 AM
To: vanitakumar@gmail.com
Cc: Brandi Allocco
Subject: RE: [EXTERNAL] Re: TN license for Vanita Kumar

Dr. Kumar,

As long as you list the time as a training program you need to provide a postgraduate training verification form. If you want to claim the time is not a "fellowship" you need to take it off the profile (submit a new one online) and list it as employment on the app.

Ms. Allocco is out of the office but I can have someone send you the page to make corrections on.

Thank you.



Health

Rene Saunders, MD | Medical Consultant
Tennessee Board of Medical Examiners
665 Mainstream Drive, Nashville, TN 37243
p. 615-532-1714
f. 615-253-0715
rene.saunders@tn.gov
tn.gov/health

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Our Mission - To protect, promote and improve the health and prosperity of people in Tennessee.

From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]
Sent: Sunday, September 20, 2020 8:29 AM
To: Brandi Allocco
Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Hi Brandi,

Thank you very much for the update.

I overnight mailed my fingerprint cards last week to identigo. Is there anything else I need to do for that step?

I completed a non ACGME certified faculty development fellowship in 2003-2005 while I was working as an attending at Montefiore medical center after completing my family medicine residency. It was not a certified fellowship recognized by ACGME or AAFP. It was a mentorship program for junior faculty in family medicine.

Please let me know if you need any additional information.

Best,
Vanita Kumar MD

Sent from my iPhone

On Sep 19, 2020, at 5:31 PM, Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

Dr. Kumar,

The consultant reviewed your application file and is not requesting a copy of the complaint. However she noted you listed postgraduate training on the profile that was not included on the application. You will need to add this to the attached application page and provide postgraduate training verification for 2003-2005. We are also still needing your criminal background check.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners
665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

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From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]

Sent: Thursday, September 17, 2020 11:57 AM

To: Rene Saunders

Cc: Brandi Allocco

Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Thank you! I appreciate it.

Kind regards,

Vanita Kumar MD

On Thu, Sep 17, 2020 at 11:21 AM Rene Saunders <Rene.Saunders@tn.gov> wrote:

I am happy to review the application when I am in the office tomorrow.

Have a great day.

Sent from my iPhone

On Sep 17, 2020, at 10:03 AM, Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

Dr. Kumar,

I will submit it to the consultant without the documentation, however she will ask for it before approving your application for licensure. After I receive the requested documentation your file will go back for her review again. I can assure you I am not requesting anything that is unnecessary and I am only trying to minimize the time for you license to be approved.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

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From: Vanita Kumar [mailto:vanitakumar@gmail.com]

Sent: Thursday, September 17, 2020 9:50 AM

To: Brandi Allocco

Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Sorry, this does not make sense to me? Since that time of initial application, my name has been removed from the case which is the current and up to date status of the case.

Vanita Kumar MD

On Thu, Sep 17, 2020 at 9:58 AM Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

A copy of the complaint will be required since at the time you submitted the application the answer was yes.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

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brandi.allocco@tn.gov

tn.gov/health

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From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]

Sent: Thursday, September 17, 2020 8:50 AM

To: Brandi Allocco

Cc: Mary Ry

Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Hi Brandi,

My name has been removed from the case. I submitted a letter documenting the notice of discontinuance.

Please confirm you have it.

I also overnighted my fingerprint cards to IndentoGO yesterday.

Thank you for your help.

Vanita Kumar MD

On Thu, Sep 17, 2020 at 9:27 AM Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

Good Morning,

The file is also missing a copy of the complaint for the pending legal action.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

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From: Vanita Kumar [mailto:vanitakumar@gmail.com]

Sent: Monday, September 14, 2020 12:16 PM

To: Brandi Allocco

Cc: Mary Ry

Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Thank you for the extension. I will explore other options to get the fingerprinting done.

Is everything else complete for the rest of my application?

- Vanita Kumar

On Mon, Sep 14, 2020 at 12:50 PM Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

You are able to go anywhere that does fingerprinting that can be mailed into Identogo. I have some people say they go to a UPS store, but I cannot confirm this. The background check is a requirement for licensure. Your file has already been extended. I will hold it open until September 30th but I can't hold it open any longer than that.

<image001.png>

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brandi.allocco@tn.gov

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From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]

Sent: Monday, September 14, 2020 11:40 AM

To: Brandi Allocco

Cc: Mary Ry

Subject: [EXTERNAL] Re: TN license for Vanita Kumar

Hi Brandi,

I am having trouble getting my fingerprints done.

I have been to 3 police stations over the past 2 weeks. One does not have the cards, one will not fingerprint me because I am not a resident of that district and I just went to another station this morning (after calling ahead) and the only officer who is trained to do them is out this week.

Is this step essential for my TN license? If yes, can I please get an extension?

Can I go to a private place for fingerprinting?

Thank you.

Vanita Kumar MD

On Wed, Sep 9, 2020 at 1:32 PM Vanita Kumar <vanitakumar@gmail.com> wrote:

Dear Brandi,

Here is more information regarding the case: Patient came in for office visit. No pregnancy was identified on ultrasound. She was placed on ectopic precautions with Beta HCG follow-up. My care with her ended at that point in time and the follow-up care was to be handled by the clinic staff. It is my understanding that the staff reached out to the patient on 4/13/19 after she failed to show up for 4/11/19 follow-up. She did not respond. On 4/25/19, after experiencing abdominal pain earlier that day, she presented to an outside hospital and was diagnosed with a ruptured ectopic pregnancy.

My name has been removed from this case and this case has been closed completely. I have attached the notice of discontinuance to this email.

I am working on getting my fingerprints to you ASAP. There was a miscommunication, and I was waiting for the TN board to mail me the cards. I hope to get those to you soon!

Thanks for all your help and please let me know if you need anything else.

* Best,

Vanita Kumar MD

<MDApp_EducationExamInformation.pdf>
<Verification of Post Graduate Training.pdf>

Brandi Allocco

From: Mary Ry <mry@nurx.co>
Sent: Monday, September 21, 2020 12:50 PM
To: Brandi Allocco
Cc: Vanita Kumar
Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar
Attachments: Initial Complaint.pdf, Notice of Discontinuance.pdf

Hi Brandi,

Please see attached for a copy of the initial complaint.

Dr. Kumar's name has officially been removed from the case, therefore, there is no current pending case. I have attached the Notice of Discontinuance again for convenience. Please confirm receipt of this and let us know if there's anything else you require.

Thank you kindly.

On Thu, Sep 17, 2020 at 6:50 AM Vanita Kumar <vanitakumar@gmail.com> wrote:

Hi Brandi,

My name has been removed from the case. I submitted a letter documenting the notice of discontinuance. Please confirm you have it.

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Thank you for your help.

Vanita Kumar MD

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Health

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Tennessee Board of Medical Examiners
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brandi.allocco@tn.gov

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Thanks for all your help and please let me know if you need anything else.

Best,

Vanita Kumar MD

--
Mary Ry
Medical Coordinator
mry@nurx.co
www.nurx.co



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

KRISTINA TANASKOVIC AND MICHAEL NIKOLIC,

Index No. 700074/2020

Plaintiffs,

-against-

**NOTICE
DISCONTINUING
ACTION**

VANITA KUMAR, M.D. and PLANNED PARENTHOOD
OF NEW YORK CITY, INC.,

Defendants.

I, JOSEPH MUZIO, ESQ., a member of the law firm of Dell & Dean, PLLC, hereby affirm, in accordance with CPLR Rule 3217(a)(1), that the above-entitled action is hereby discontinued as against defendant, Vanita Kumar, M.D. only, with prejudice and without costs to any party. This Notice may be filed with the Clerk of the Court without any further notice.

Dated: Garden City, New York
July 15, 2020

Yours, etc.

DELL & DEAN, PLLC

By: Joseph C. Muzio (RF)
Joseph C. Muzio, Esq.

Attorneys for Plaintiffs
1225 Franklin Avenue – Suite 450
Garden City, New York 11530
(516) 880-9700



Attorneys at Law
One State Street Plaza
New York, New York 10004-1561
Telephone: 212-732-8700 * Facsimile: 212-227-2903
Firm E-mail: McAF@mcf-esq.com

KENNETH FOX
Telephone Ext: 2267
E-mail: kenfox@mcf-esq.com

April 16, 2020

Re: Tanaskovic (Kristina & Michael Nikolic) v. Kumar
Our File No.: 6764-0059400

To Whom It May Concern:

I represent Vanita Kumar, M.D. in a lawsuit currently pending in the Supreme Court of the State of New York, County of Queens. Briefly, this case, which is in its early stages, alleges a delay in diagnosing an ectopic pregnancy. The patient presented to the clinic where Dr. Kumar was working on April 8, 2019 for gynecologic care. A pregnancy test was positive. A sonogram was performed. The findings did not identify a definitive intrauterine pregnancy. Dr. Kumar, and a resident physician working under her supervision, examined and treated the patient. Due to the fact that the sonogram did not reveal a definitive intrauterine pregnancy, there were concerns over a possible ectopic pregnancy. The patient was then given ectopic precautions, an appointment to follow-up for a repeat Beta Hcg test, and discharged. That concluded Dr. Kumar's role in her care.

Thereafter, the clinic attempted to follow up with the patient for repeat Beta HCG testing on April 11th and April 13th. It is claimed in this lawsuit that the patient had a rupture of an ectopic pregnancy on April 25, 2019.

At this point in time, the case has been stayed secondary to the Covid 19 restrictions on non-essential civil litigation in New York State. Dr. Kumar has not yet appeared in the lawsuit or answered. I have had preliminary discussions with the plaintiff's attorneys concerning Dr. Kumar's role in this matter. Based on the fact that she was supervising a trainee physician and was not involved in the follow-up care concerning the need for repeat Beta HCGs, plaintiff's counsel has indicated he is inclined to dismiss her from the case and only continue against the clinic.

Should you have any questions concerning the above, please feel free to contact me.

Thank you.

Very truly yours,
Kenneth Fox
Kenneth Fox

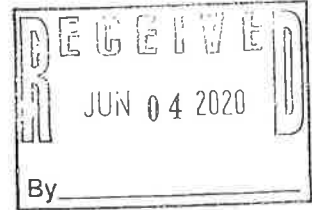
KF:sj



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

May 29, 2020

TENNESSEE BOARD OF MEDICAL EXAMINERS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243



LICENSURE VERIFICATION

This is to certify that the records of the Connecticut Department of Public Health indicate that:

VANITA KUMAR

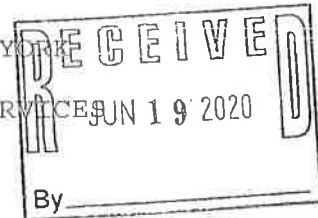
| | |
|------------------------------------|-------------------|
| Was issued a Connecticut: | Physician/Surgeon |
| Date Issued: | August 8, 2018 |
| License Number: | 61740 |
| Basis for Licensure: | Endorsement |
| Expiration Date: | June 30, 2021 |
| Status of License: | ACTIVE |
| Public Disciplinary History | No |
| Subject of a Pending Investigation | No |

Please note that this is the only verification provided by this office. The Connecticut Department of Public Health does not affix a raised seal to this document. Please note that the information contained in this letter can be verified online at <https://www.elicense.ct.gov>.

Sincerely,

Stephen B. Carragher
Public Health Services Manager
Practitioner Licensing and Investigations Section

THE UNIVERSITY OF THE STATE OF NEW YORK
 THE STATE EDUCATION DEPARTMENT
 DIVISION OF PROFESSIONAL LICENSING SERVICES
 89 WASHINGTON AVENUE
 ALBANY, NEW YORK 12234



This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, KUMAR VANITA was issued license/certificate number 228029 for the practice of MEDICINE on 04/10/2003.

Our records also indicate the following information:

Date of birth: 06/15/1974
 School attended: GEORGE WASHINGTON UNIV
 Date of graduation: 05/21/00
 Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

| | | | |
|-------|-------|-------|-------------|
| DATE | COMP1 | COMP2 | |
| 08/02 | | | 00089 OOSCT |
| 10/99 | | 00085 | |
| 06/98 | 00088 | | |

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 05/31/22
 Address: 200 CABRINI BLVD APT 91
 NEW YORK NY 10033-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Sandra Barsallo, Education Credentials Specialist, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Credentials Specialist of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Sandra Barsallo 06/12/20
 Education Credentials Specialist



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243



**DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE**

Pursuant to T.C.A. § 4-58-101 et seq, the Eligibility Verification for Entitlements Act (also known as the "SAVE Act") requires the Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that every *adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) Physician
Healthcare Profession (Please Print) **TN License number if applicable**

Please Print Legibly

1. Name: Kumar, Vanita
Last First Middle Maiden

2. Mailing Address: 200 Cabrini Blvd. # 91, New York, NY: 10033

3. Phone Number: Home: ((646)456-1428 Office: () - Fax: ()

4. I am a United States Citizen: Yes No

5. I am a foreign national not physically present in the United States Yes No. If you answered yes to this question, please sign this form in the presence of a notary and return it with your application. No further documentation is required.

6. Applicants Claiming United States Citizenship **MUST** provide one of the following:

- a) Tennessee Driver's License, or photo ID issued by the Tennessee Department of Safety.
- b) A valid driver license or ID issued by another state, provided its issuance requirements meet Tennessee Department of Safety criteria.
- c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not qualify.
- d) A federally issued birth certificate.
- e) A valid, unexpired U.S. passport.
- f) A report of birth abroad of a U.S. citizen.
- g) A certificate of citizenship.
- h) A certificate of naturalization.
- i) A U.S. citizen ID card.
- j) Any successor document to #'s e-i above.
- k) An SSN that is verifiable with the Social Security Administration in accordance with federal law.

7. If you checked "No" in question 4, please indicate from the list below which category applies to you: (circle one)

- a) Permanent Resident
- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158.
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157.
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980.
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

ALL APPLICANTS MUST SIGN AND HAVE NOTARIZED

I affirm under the penalty of perjury that the above is true and correct.

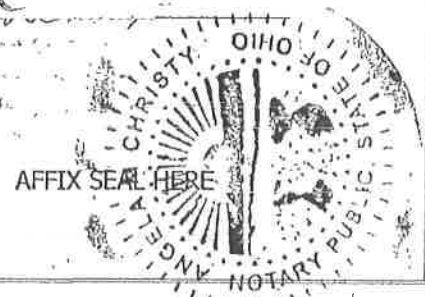
Signed this 20th day of April, 2020.

Vaishali K...
Signature

Sworn to before me this 20th day of April, 2020.

Angela M. Christy
NOTARY PUBLIC

ANGELA M. CHRISTY
NOTARY PUBLIC • STATE OF OHIO
My commission expires July 10, 2021



If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status, state governmental entities and local health departments must also file a criminal complaint with the Office of the Attorney General and/ or the United State Attorney.

PRACTICE AND LICENSURE INFORMATION

YES NO

Are you or have you ever been licensed to practice medicine in another state? _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? _____

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified. Submit a copy of **Attachment 1** to all such states, countries, or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

| STATE | PROFESSION | LICENSE NUMBER | DATE ISSUED | CURRENT STATUS |
|-------|------------|----------------|-------------|----------------|
| CT | Physician | 61740 | 8/8/2018 | Active |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Do you have a DEA Registration? Y N

If yes, please provide: _____

Intended practice location in Tennessee:

Name: _____

Address: _____

Please complete your employment history starting with the most current position first. You may use a separate sheet of paper if you need additional space.

| <u>DATES</u> | <u>LOCATION</u> | <u>POSITION AND DUTIES</u> |
|---|----------------------------|----------------------------|
| PLEASE SEE ATTACHED DOCUMENT FOR FULL WORK HISTORY FROM 2003 - 2020 | | |
| From: _____ To: _____ MM/YY MM/YY | (City) _____ (State) _____ | _____ |
| From: _____ To: _____ MM/YY MM/YY | (City) _____ (State) _____ | _____ |
| From: _____ To: _____ MM/YY MM/YY | (City) _____ (State) _____ | _____ |
| From: _____ To: _____ MM/YY MM/YY | (City) _____ (State) _____ | _____ |

EDUCATIONAL AND EXAMINATION INFORMATION

PRE-MEDICAL EDUCATION

From: 09/1992 To: 05/1996 Columbia University - Columbia College New York, NY.
MM/YY MM/YY Educational Institution Location

From: _____ To: _____ _____ _____
MM/YY MM/YY Educational Institution Location

From: _____ To: _____ _____ _____
MM/YY MM/YY Educational Institution Location

MEDICAL EDUCATION

I have spent _____ years in the study of medicine in the medical educational institutions below

From: _____ To: _____ _____ _____
MM/YY MM/YY Educational Institution Location

From: _____ To: _____ _____ _____
MM/YY MM/YY Educational Institution Location

POSTGRADUATE TRAINING

I have spent _____ years in medical training in the medical educational institutions below:

From: _____ To: _____ _____ _____
MM/YY MM/YY Educational Institution Location

From: _____ To: _____ _____ _____
MM/YY MM/YY Educational Institution Location

From: _____ To: _____ _____ _____
MM/YY MM/YY Educational Institution Location

I have taken the following medical licensure examinations: (Check all applicable)

1. National Boards (NBME) Certificate Number _____
2. FLEX examination administered by the State of _____ on _____
(Date(s))
3. Licensure by the Medical Council of Canada (LMCC)
4. USMLE
5. State Board administered by _____ prior to 1972
(State)

Are you ABMS Board certified? Y N

If yes, identify board of specialty/subspecialty: _____

I intend to perform Level II Office Based Surgery which is integral to a planned treatment regimen and not performed on an urgent or emergent basis. Y N

If you intend to perform Level III Office Based Surgery, you must apply for and obtain a permit prior to engaging in such practice. You may access the application by visiting: <https://tn.gov/assets/entities/health/attachments/PH-3963.pdf>

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

KRISTINA TANASKOVIC AND MICHAEL NIKOLIC,

Index No. 700074/2020

Plaintiffs,

-against-

**NOTICE
DISCONTINUING
ACTION**

VANITA KUMAR, M.D. and PLANNED PARENTHOOD
OF NEW YORK CITY, INC.,

Defendants.

I, JOSEPH MUZIO, ESQ., a member of the law firm of Dell & Dean, PLLC, hereby affirm, in accordance with CPLR Rule 3217(a)(1), that the above-entitled action is hereby discontinued as against defendant, Vanita Kumar, M.D. only, with prejudice and without costs to any party. This Notice may be filed with the Clerk of the Court without any further notice.

Dated: Garden City, New York
July 15, 2020

Yours, etc.

DELL & DEAN, PLLC

By: Joseph C. Muzio (RS)
Joseph C. Muzio, Esq.

Attorneys for Plaintiffs
1225 Franklin Avenue – Suite 450
Garden City, New York 11530
(516) 880-9700

Brandi Allocco

From: Vanita Kumar <vanitakumar@gmail.com>
Sent: Wednesday, September 9, 2020 12:33 PM
To: Brandi Allocco
Cc: Mary Ry
Subject: [EXTERNAL] TN license for Vanita Kumar
Attachments: Notice of Discontinuance (1).pdf

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Dear Brandi,

Here is more information regarding the case: Patient came in for office visit. No pregnancy was identified on ultrasound. She was placed on ectopic precautions with Beta HCG follow-up. My care with her ended at that point in time and the follow-up care was to be handled by the clinic staff. It is my understanding that the staff reached out to the patient on 4/13/19 after she failed to show up for 4/11/19 follow-up. She did not respond. On 4/25/19, after experiencing abdominal pain earlier that day, she presented to an outside hospital and was diagnosed with a ruptured ectopic pregnancy.

My name has been removed from this case and this case has been closed completely. I have attached the notice of discontinuance to this email.

I am working on getting my fingerprints to you ASAP. There was a miscommunication, and I was waiting for the TN board to mail me the cards. I hope to get those to you soon!

Thanks for all your help and please let me know if you need anything else.

Best,

Vanita Kumar MD

Medical Professional Information Profile

This report provides credentialing information for:

Name: Kumar, Vanita
Social Security Number:
Date of Birth: June 15, 1974
FID#: 213938442
Recipient: TN - Tennessee Board of
Medical Examiners
Delivery Date: 04/07/2020

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in the Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release

FEDERATION OF STATE MEDICAL BOARDS

I, the undersigned, hereby certify under oath that I am the person named in this application; that all statements I have or shall make with respect thereto are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records and other information in connection with this application.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary Public: SHAREN EDWARDS



Signature: Vanita Kumar
Applicant's Printed First Name: KUMAR
Applicant's Printed First Name (Full Name): VANITA
Date of Signature: 7/26/18

State of New York, County of Manhattan
I certify that on the date set forth below the individual named above did appear personally before me so that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 24th day of July, 2018.
Notary Public's Signature: Sharen Edwards
My Notary Commission Expires: 10-14-20

Please complete and mail this original document to the Federation of State Medical Boards at
400 FULLER WISER ROAD SUITE 100 CULLSS, TX 76019 TEL: 817-218-5606



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Identity



Biographic Information

Medical professional Name(s). **Kumar, Vanita**

Date of Birth: June 15, 1974

Place of Birth: Royal Oaks, Michigan, UNITED STATES

Contact Information

Home Address: 200 Cabrini Blvd , Apt. 91
New York, NY 10033
UNITED STATES

Mobile Phone: (646) 456-1428

Email: vanitakumar@gmail.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: KUMAR VANITA

FCVS ID Number: 213938442

Notary – Please complete the section below:

State of New York County of Manhattan

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity: Birth Certificate or Passport. I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

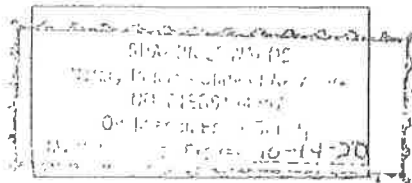
The statements on this document are subscribed and sworn to before me by the applicant on this Day 26th of Month July Year 2018.

Notary Public Signature: Sharon Schneider

Commission Expiration Date: Month 12 Day 31 Year 2020

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
100 Fuller Wiser Rd., Suite 300
Dallas, TX 75209-3856



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Chronology of Activities



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

| Start Date | End Date | Activity Type | Location |
|------------|------------|-----------------------|---|
| 08/01/1996 | 05/30/2000 | Medical Education | George Washington University School of Medicine and Health Sciences Washington District Of Columbia UNITED STATES |
| 07/01/2000 | 06/30/2003 | Postgraduate Training | Icahn School of Medicine at Mount Sinai (Downtown) Urban Program New York New York UNITED STATES |
| 04/15/2019 | | Work | Nurx 1125 Mission st. 2nd Fl. San Francisco, California UNITED STATES |

End of Chronology of Activities report for Kumar, Vanita



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Education



Medical Education

Medical School: George Washington University School of Medicine and Health Sciences
Location: Washington, DC
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified



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: George Washington University School of Medicine and Health Sciences

Address Line 1: 2300 Eye Street NW Suite 708

Address Line 2:

City: Washington

State/Province: DC

Zip Code (Postal Code): 20037

Country: US

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

N/A

Premedical Education:

Years of education required for admission to your medical school 4

Credential/degree presented by the applicant for admission to your medical school Bachelor's Degree

Enrollment and Participation: Our records indicate that Kumar, Vanita

(type/print individual's name Last, First, Middle, Suffix)

attended our medical school for total of 144 weeks of medical education on the following dates **From:** 08/21/1996 **To:** 05/05/2000

Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine on 05/21/2000

Was NOT awarded a degree because (please explain - additional page if necessary) Month Day Year

| | | |
|--|--|--|
| <p>Attestation</p> <p>Affix Institutional Seal Here</p> <hr/> <p>If no seal is available, this form must be notarized</p> | <p>Watermark For FCVS internal use only</p> <p>ELECTRONIC SEAL VERIFIED</p> | <p>Name: Michelle Armstrong</p> <p>Signature: <i>Michelle Armstrong</i></p> <p>Title: Executive Coordinator & Registrar</p> <p>Date of Signature: 08/15/2018 Phone: (202) 994-2987</p> <p>Fax: (202) 994-0926 Email: marmstrong@gwu.edu</p> |
|--|--|--|

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? No
If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved

| | | |
|---|------------|----------|
| | From Date: | To Date: |
| Personal/Family _____ | | |
| 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 _____ | | |

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? No
If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report

| | | |
|---|------------|----------|
| | From Date: | To Date: |
| Academic Probation _____ | | |
| Probation for unprofessional conduct/behavioral _____ | | |
| Other _____ | | |
| Please specify a reason _____ | | |

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? No
If YES, please provide detailed documentation/information about the circumstances and outcome(s)

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? No
If YES, please provide detailed documentation/information about the circumstances and outcome(s)

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? No
If YES, please provide detailed documentation/information about the nature of the limitations or special requirement



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Applicant Reported Unusual Circumstances



Medical School

Medical Professional Name: Kumar, Vanita

George Washington University School of Medicine and Health Sciences

Unusual Circumstances

| | |
|---|----|
| Did you have any interruption(s) or extension(s) in your medical education? | No |
| Were you ever placed on probation? | No |
| Were you ever disciplined or placed under investigation? | No |
| Were any negative reports for behavioral reasons ever filed by instructors? | No |
| Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? | No |

End of Applicant Reported Unusual Circumstances report for: Kumar, Vanita

November 1, 1999

Dean's Letter of Evaluation for

Vanita Kumar

Class of 2000

In addition to a solid foundation of clinical knowledge and skills, Vanita Kumar has consistently demonstrated strong organizational and leadership skills throughout her medical education. Combined with her interest in community health, her sensitivity to psychosocial and cultural issues in health care, her patient advocacy, and her interest in longitudinal patient care and health promotion/disease prevention, these skills should prepare her well to become a very good member of her residency training program in the field of family medicine.¹

Vanita was born in Michigan, but raised predominantly in Dayton, Ohio which she considers home. She attended Columbia University in New York from 1992 to 1996 graduating with a Bachelor of Arts degree in woman and gender studies. As an undergraduate, she had opportunities to work at Planned Parenthood in Dayton, Ohio as well as a student intern at the New York City Department of Health. She also served as a peer counselor at Columbia's Rape Crisis Center.

Vanita matriculated at the George Washington University School of Medicine and Health Sciences in the fall of 1996. She had a solid performance during the first two preclinical years passing all courses without difficulty and receiving honors grades in the first year neurobiology, microscopic anatomy, immunology, and biochemistry courses. The Practice of Medicine (POM) is a longitudinal course spanning all four years of the curriculum. During the first two years, POM meets three half days per week and includes small group instruction in the doctor/patient relationship and physical diagnosis skills, the office-based primary care apprenticeship program, and a problem-based learning group that integrates basic science topics with concepts of clinical reasoning and the biopsychosocial approach to patient care. Vanita

¹ For academic data on this student and all members of the Class of 2000, as well as information on our grading system and policies, we recommend that you read the attached.

performed well in this important core course receiving an honors grade in one of the four semesters. She showed rapid progression in her participation and the development of her patient communication and physical diagnosis capabilities. She developed into an excellent member of her problem-based learning small group tutorial who could research learning objectives effectively and help keep the group focused and moving forward. She was an extremely effective self-directed learner. During her primary care apprenticeship, she had an opportunity to work in a local free clinic providing one of her first opportunities to experience the rewards and challenges of providing care in underserved settings.

Vanita has been involved in a wide variety of extracurricular activities over the past several years. She was a member of the ISCOPEs program, an interdisciplinary student-faculty community outreach and education effort. She worked at a local Hispanic free clinic to improve attention to women's health issues. She also helped co-found and lead George Washington University's chapter of Medical Students for Choice and served as co-coordinator for the American Medical Women's Association Chapter at G.W. In addition, she has served as a national associate coordinator for the American Medical Student Association's Women in Medicine group assisting with the organization of national conferences and newsletter preparation. Finally, she had an opportunity to work as a reproductive health intern during the summer between her first and second years through the Medical Students for Choice program.

Vanita has continued her very good performance into the required clinical clerkships of the third year. She began the year with a "high pass" grade in psychiatry followed by a passing grade in pediatrics, "high pass" grades in medicine and primary care, an honors grade in obstetrics and gynecology, and a passing grade in surgery. Vanita has shown a good to very good knowledge base across these disciplines and has continued to demonstrate her skill in self-directed learning and eagerness for pursuing additional information. She is an energetic and active learner who readily researches important clinical issues related to her patients. She has shown good clinical skills and is able to obtain an effective history from a broad range of patients. She has effective medical Spanish skills which have helped her interact with the Hispanic population in the District of Columbia. She is adept at interacting with patients of all ages and their families and has shown an excellent sensitivity to the psychosocial and cultural issues that overlay many medical problems. She has been able to prepare well organized histories and physicals and progress notes and has continued to develop increasing poise and organization in her oral presentations. She has shown good development of her cognitive skills with an ability to organize clinical information effectively and reach appropriate assessments. She has improved her ability to put together therapeutic and diagnostic plans for her patients. She has shown good technical skills and an interest in procedural interventions during her surgical and ward clerkships. She has shown a good level of efficiency and a high level of interest in her ambulatory rotations.²

² Synopses of narrative evaluations from third year clerkships are attached.

Vanita will have a diverse and busy senior year. She will complete a required acting internship in medicine, and required clerkships in anesthesiology, emergency medicine, ophthalmology, urology, and a pharmacology didactic course. She has scheduled elective course work to include cardiology, a women's health elective at Columbia University, a family practice elective, and a chest radiology course. She is also enrolled in the innovative Clinician as Medical Educator course during which she will be instructed in teaching skills and trained as a standardized patient for the teaching and evaluation of patient interviewing and physical diagnosis skills among first and second-year medical students. Vanita has recently completed a required acting internship in internal medicine, a four-week emergency medicine elective, and a two-week cardiology elective receiving "high pass" grades in all courses.³

Vanita has been excited about all of her clinical experiences during the past year. She enjoys interacting with patients from a wide range of ages as well as their families and is interested in a variety of preventive issues as well as issues of therapeutic intervention and technical procedures. Consequently, it is not surprising that family medicine has gained her attention. The opportunity to interact with families and patients of all age ranges and the ability to focus on women's health and procedural and interventional activities of family practice provides the balance that Vanita is looking for. She is extremely interested in continuing to serve in an urban environment, particularly to underserved patients and establishing continuity relationships over time. Her outgoing personality, leadership skills, and strong commitment should carry her forward to a successful performance in her postgraduate training and help her to develop into a competent and caring physician.

W. Scott Schroth, M.D., M.P.H.
Associate Professor of Health Care Sciences
and Medicine
Assistant Dean for Student Affairs

³ Synopses of narrative evaluations from fourth year courses received to date, and a summary of the student's schedule at this time, are attached.

THIRD YEAR EVALUATIONS

Primary care:

Family Medicine: "She was very personable with a strong interest and enjoyment in many aspects of medicine. She had very good patient skills. She had an above-average fund of knowledge. She needed to develop differential diagnoses which will come with more experience. She had a great attitude."

Pediatrics: "She had an outstanding fund of knowledge and clinical skills. She was interested in pediatrics. She had very good interpersonal skills with patients and staff. Even though she was slightly reserved, she had a wonderful manner with patients. She was very reliable."

Clinical grade: "High Pass" Exam grade: Pass Overall grade: "High Pass"

Medicine: "Her fund of knowledge was good. She stayed late to follow up on her patients and was enthusiastic about reading up on all of them. She was always bringing in appropriate articles to the group. Her patient assessments and plans were also very good. Her histories and physicals and daily progress notes were accurate and succinct. She showed marked improvement in her write-ups and presentations. She responded well to constructive criticism and eagerly participated on rounds. She delved into the medical literature and had a good understanding of all of her patients. Her interpersonal skills were excellent."

Clinical grade: "High Pass" Exam grade: Pass Overall grade: "High Pass"

Psychiatry: Vanita demonstrated a good understanding of the most common psychiatric disorders and their treatment. Her clinical judgement is good and she understands and can use the DSM-IV. Vanita's interviewing skills were good and reliable. She established good rapport and her interpersonal skills were good. She showed excellent clinical judgement. She was very cooperative and friendly and showed great interest in the patients assigned to her. She was professional, punctual, diligent, and likable."

Clinical grade: "High Pass" Exam grade: Pass Overall grade: "High Pass"

Pediatrics: "Her fund of knowledge was average and improved throughout the rotation. Her ability to synthesize information and interpret data to arrive at a differential diagnosis and management plan was limited by her knowledge base, but this will no doubt improve as her knowledge base and experience increase. Her histories and physical exams were good and reliable. Her oral and written presentations improved dramatically throughout the rotation. Her interpersonal skills were good. She was warm and thoughtful and conducted herself professionally with the patients. She had a wonderful rapport with the families and patients. She went out of her way to help them. She worked well with residents and other students. She needed to be more consistent at following up on patient issues. Her questions were appropriate. This student is especially good at interpersonal skills, rapport with patients and families, and having improved oral presentations. She needs to work on pushing herself to read more, fleshing out her histories and physicals, and consistency with following through with patient issues." *Clinical grade: Pass Exam grade: Pass Overall grade: Pass*

Obstetrics and gynecology: "Her cognitive skills were appropriate for a third-year student. Her ability to interpret clinical data and extract pertinent information were at an expected level."

She had a good grasp of basic concepts of OB/GYN. She uses resources effectively. Her oral case presentations were good. Vanita took a strong interest in OB/GYN clinic and was very attentive to patient needs. Her histories and physicals were very thorough despite language barriers. She exhibited professional interaction with her colleagues and interacted well with patients. She showed enthusiasm and interest in her work. She was reliable and helpful. She was especially good at her interactions with patients and peers."

Clinical grade: "High Pass"

Exam grade: Honors

Overall grade: Honors

Surgery: "She had an average to above-average fund of knowledge. She had an excellent ability to synthesize data. She had very comprehensive differential diagnoses. She had well-rounded, thorough presentations and was generally well prepared. She had excellent attention to detail in her preparation of her histories and physicals. She had solid skills and sterile technique. She had a superb maturity and was very punctual and enthusiastic. She was very well liked by peers and patients."

Clinical grade: "High Pass"

Exam grade: Pass

Overall grade: Pass

FOURTH YEAR EVALUATIONS⁴

Extramural Ophthalmology at Wright State University in Ohio: "She worked very well with patients and was reliable and sensitive."

Grade: Honors

Cardiology Clerkship: "She was hard working and reliable with a good knowledge base."

Grade: "High Pass"

Emergency Medicine: "She had an average to above-average fund of knowledge. She was very inquisitive and eager to learn. She had good ability to synthesize and interpret data. She has very good case presentations and excellent histories and physical exams and was attentive to details. She was a quiet hard-working student. She is diligent, kind, and caring."

Grade: "High Pass"

Acting Internship in Medicine: "Her fund of knowledge was very good. She had a good ability to generate appropriate differential diagnoses and management plans on all of her patients. She took care of several difficult patients including those that were in and out of the ICU and CCU. She did a thorough, efficient job. She was motivated, interested, and quite participatory on rounds. Her interpersonal skills were excellent as was her dedication to her patients and the medical team. Her daily progress notes were very good as were her interviewing skills."

Grade: "High Pass"

⁴ An asterisked⁴ course is less than four weeks in duration.

Dean's Letter for Vanita Kumar

Page 6

PROPOSED FOURTH YEAR SCHEDULE

REQUIRED COURSE WORK:

Acting Internship in Medicine
Emergency Medicine*
Anesthesiology*
Ophthalmology*
Urology*
Pharmacology Didactic Course*
Practice of Medicine IV*

ELECTIVE COURSE WORK:

Cardiology
Women's Health Elective at Columbia
University
Family Practice Elective
Chest Radiology*
Clinician as Medical Educator*

deanltr\class00\Kumar.cri

THE GEORGE WASHINGTON UNIVERSITY

OFFICE OF THE REGISTRAR

SSN :
 GWid : G14852612
 Date of Birth: 15-JUN

Date Issued: 22-AUG-2018

Page: 1

Record of: Vanita Kumar M.D.

Student Level: Medicine
 Admit Term: Fall 1996
 Re-Admit Term: Summer 1997

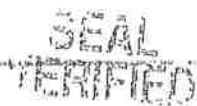
Issued To: FCVS
 40 Fuller Wiser Road
 Suite 300
 Euless, TX 76039

Current College(s): School of Med & Health Sc
 Current Major(s): Medicine

Degree Awarded: M D 21-MAY-2000
 Major: Medicine

| SUBJ NO | COURSE TITLE | CRDT | GRD | PTS |
|---|----------------------------------|-------|-----|------|
| Fall 1998 | | | | |
| IDIS 230 | The Practice Of Medicine | 2.00 | P | 0.00 |
| MED 305 | Inpatient Clerkship | 10.00 | P | 0.00 |
| PCHI 302 | Clinical Clerkship | 10.00 | P | 0.00 |
| PED 303 | Required Pediatric Clerkship (| 10.00 | P | 0.00 |
| Ehrs 32.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| CUM 109.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| Good Standing | | | | |
| Spring 1999 | | | | |
| HCS 301 | Clerkship In Primary Care | 8.00 | P | 0.00 |
| IDIS 231 | The Practice Of Medicine | 2.00 | P | 0.00 |
| OB&G 303 | Clincl Obstetrics & Gynecology | 10.00 | H | 0.00 |
| SURG 303 Clinical Clerkship | | | | |
| Ehrs 30.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| CUM 139.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| Good Standing | | | | |
| Fall 1999 | | | | |
| EMED 312 | Emergency Medicine Elective | 5.00 | P | 0.00 |
| MED 356 | Cardiovascular Diseases | 5.00 | P | 0.00 |
| MED 390 | Extramural Internal Med Elective | 5.00 | H | 0.00 |
| OB&G 390 Extramural OB&G Elective | | | | |
| OPHT 390 Extramrl Ophthalmology Elective | | | | |
| URDL 302 Clinical Clerkship | | | | |
| Ehrs 26.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| CUM 165.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| Good Standing | | | | |
| Spring 2000 | | | | |
| HCS 400 | Medical Decision Making | 2.00 | P | 0.00 |
| Ehrs 2.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| CUM 167.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| Fall 1997 | | | | |
| School of Med & Health Sc | | | | |
| Medicine | | | | |
| IDIS 220 | The Practice Of Medicine | 3.00 | P | 0.00 |
| IDIS 301 | Intro To Clinical Medicine | 2.00 | P | 0.00 |
| MICR 201 | Medical Microbiology | 5.00 | P | 0.00 |
| PATH 201 | Pathology | 3.00 | P | 0.00 |
| PCHI 301 | Psychopathology/Conceptl Models | 2.00 | P | 0.00 |
| Ehrs 15.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| CUM 53.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| Good Standing | | | | |
| Spring 1998 | | | | |
| IDIS 221 | The Practice Of Medicine | 5.00 | P | 0.00 |
| IDIS 302 | Intro To Clinical Medicine | 12.00 | P | 0.00 |
| PATH 202 | Pathology | 4.00 | P | 0.00 |
| PHAR 202 | R-Pharmacology | 3.00 | P | 0.00 |
| Ehrs 24.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| CUM 77.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00 | | | | |
| Good Standing | | | | |
| ***** CONTINUED ON NEXT COLUMN ***** | | | | |

PHAR 201 Pharmacology 5.00 In Progress
 Credits In Progress: 5.00
 ***** CONTINUED ON PAGE 2 *****



OFFICIAL TRANSCRIPTION OF THE RECORDS OF THE UNIVERSITY AND THE
 REGISTRAR'S OFFICE
 TRANSCRIPTION BY: [Name]
 HE WITNESSETH THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE
 RECORDS MAINTAINED BY THE REGISTRAR'S OFFICE AND THE
 RECORDS SECTION OF THE UNIVERSITY OF THE GEORGE WASHINGTON UNIVERSITY

THE GEORGE WASHINGTON UNIVERSITY

Office of the Registrar

A. S. B. 100.00

SSN :
GWid : G14862612
Date of Birth: 15-JUN

Date Issued: 22-AUG-2018

Page: 2

Record of: Vanita Kumar M.D.

| SUBJ NO | COURSE TITLE | CRDT | GRD | PTS |
|-------------|--------------------------------|-------|-------------|-----|
| Spring 1999 | | | | |
| NSUR 302 | Clinical Clerkship In Neurosur | 3.00 | In Progress | |
| | Credits In Progress: | 3.00 | | |
| Fall 1999 | | | | |
| MED 335 | Acting Internship In Medicine | 5.00 | In Progress | |
| MED 351 | Infectious Disease | 5.00 | In Progress | |
| | Credits In Progress: | 10.00 | | |
| Spring 2000 | | | | |
| HCS 390 | Extramural Hcs Elective | 5.00 | In Progress | |
| IDIS 351 | Clinician As Medical Educator | 3.00 | In Progress | |
| PHYL 502 | Structural-Functional Correlat | 3.00 | In Progress | |
| RAD 402 | Reading Chest Films | 3.00 | In Progress | |
| | Credits In Progress: | 14.00 | | |

***** TRANSCRIPT TOTALS *****
Earned Hrs GPA Hrs Points GPA

TOTAL INSTITUTION 167.00 0.00 0.00 0.00
OVERALL 167.00 0.00 0.00 0.00

END OF DOCUMENT

SEAL
VERIFIED

ORIGINAL TRANSCRIPTS MUST BE PRESENTED TO THE REGISTRAR'S SIGNATURE.
TRANSCRIPT KEY REPORTED ON 08/22/18
THE WORD "ADD" APPEARS WHEN A KEY IS PAID.
A RECORD MAY BE HELD FOR 90 DAYS WITHOUT THE STUDENT'S
INSERTION OF THE STUDENT'S NAME BY THE REGISTRAR'S OFFICE.

MEDICAL SCHOOL DIPLOMA

**PROVIDED BY
APPLICANT**

I cannot provide FCVS a legible/complete photocopy of my medical school diploma for the following reason:

I do not have a copy of my medical school diploma.

I am unable to produce a legible/complete photocopy of my medical school diploma.

Name: Vanita Kumar

Packet #: _____

Signature

Vanita Kumar

Date

8/2/18

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Postgraduate Training



Postgraduate Training

Accreditation ID: 1203532538
Institution: Icahn School of Medicine at Mount Sinai (Downtown) Urban Program
Location: New York, NY
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

| Verification of Postgraduate Medical Education | |
|--|---|
| Institution: <u>State University of New York Downstate Medical Center</u> Specialty: <u>Family Medicine</u> Address: <u>New York, NY</u> | Attention: <u>Program Director</u> Accredited University: _____ |
| Verification For: | Name: <u>Vanita Kumar</u> DOB: <u>06/15/1974</u> Individual's Name on Record (if different from above): _____ |
| Program Participation: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress, report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/ Specialty. If the Department/ Specialty is rotating or transitional, please provide a schedule of rotations. | PGY: <u>1</u> Specialty/Subspecialty: <u>Family Medicine</u> From: <u>7/1/2000</u> To: <u>6/30/2001</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSG <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research |
| PGY: <u>2</u> Specialty/Subspecialty: <u>Family Medicine</u> From: <u>7/1/2001</u> To: <u>6/30/2002</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSG <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research | PGY: <u>3</u> Specialty/Subspecialty: <u>Family Medicine</u> From: <u>7/1/2002</u> To: <u>6/30/2003</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSG <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research |
| Unusual Circumstances: Check the correct response. Omitted responses require their explanation. If necessary, you may continue your explanation on a separate sheet of paper. | 1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: |
| Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized. | Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D. only). Name: <u>Vanita Kumar</u> Signature: _____ Title: _____ Date of Signature: <u>6/15/03</u> Tel: _____ Fax: _____ E-Mail: _____ |

Graduate Medical Education

| | |
|---------------------------|---|
| Medical Professional Name | Kumar, Vanita |
| Accreditation ID | 1203532538 |
| Institution | Icahn School of Medicine at Mount Sinai (Downtown) Urban Program |
| Specialty: | Family Medicine |

Unusual Circumstances

Training Period: 7/1/2000 - 6/30/2003 Residency

| | |
|---|----|
| Did you have any interruption(s) or extension(s) in your medical education? | No |
| Were you ever placed on probation? | No |
| Were you ever disciplined or placed under investigation? | No |
| Were any negative reports for behavioral reasons ever filed by instructors? | No |
| Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? | No |

End of Applicant Reported Unusual Circumstances report for: Kumar, Vanita

Certificate of Award for Successful Completion of
Residency Training Program from
Beth Israel Residency in Urban Family Practice

2000-2003

Presented to:

Vanita Kumar, M.D.

Robert Schiller, M.D.

Robert Schiller, M.D.
Chairman, DFM

Rick O'Keefe, M.D.

Rick O'Keefe, M.D.
Program Director

Nikli Glover

Nikli Glover
Residency Administrator

21st DAY OF
JUNE, 2003

PRESENTED THIS



FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations



Licensure / Examinations

Exam. USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



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

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

Date: 04/07/2020

Federation Credentials Verification Service
ATTN FCVS

FCVSIID: 518050

Examinee: Kumar, Vanita
Alt Name(s):

Examinee ID: 5-039-562-3
Date of Birth: 06/15/1974

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 | 220 | (179) | |

USMLE STEP 2

Clinical Knowledge (CK)

| Test Date | Pass/Fail | Score | Minimum Pass | Comments |
|------------|-----------|-------|--------------|----------|
| 10/21/1999 | Pass | 213 | (170) | |

USMLE STEP 3

| Test Date | Pass/Fail | Score | Minimum Pass | Comments |
|------------|-----------|-------|--------------|----------|
| 08/14/2002 | Pass | 219 | (182) | |

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

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

Examinee: Kumar, Vanita

Examinee ID: 5-039-562-3
Date of Birth: 06/15/1974

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below.

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 4/7/2020

PRACTITIONER INFORMATION

Name: Kumar, Vanita
 DOB: 6/15/1974
 Medical School: George Washington University School of Medicine and Health Sciences
 Washington, District Of Columbia, UNITED STATES
 Year of Grad: 2000
 Degree Type: MD
 NPI: 1639249832

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

| NPI | NPI Type | Deactivation Date | Reactivation Date | Last Reported |
|------------|------------|-------------------|-------------------|---------------|
| 1639249832 | Individual | | | 06/04/2018 |

LICENSE HISTORY

| Jurisdiction | License Number | Issue Date | Expiration Date | Last Updated |
|--------------|----------------|------------|-----------------|--------------|
| CONNECTICUT | 061740 | 08/08/2018 | 06/30/2020 | 03/20/2020 |
| GEORGIA | 80889 | 06/19/2018 | 06/30/2021 | 03/19/2020 |
| NEW YORK | 228029 | 04/10/2003 | 05/31/2022 | 04/01/2020 |

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

| DEA Number | Schedule | Address | Expiration Date | Last Reported |
|------------|-------------|----------------------|-----------------|---------------|
| FK7677707 | 22N 33N 4 5 | ATLANTA, GA 30309 | 12/31/2020 | 03/13/2020 |
| BK8410122 | 22N 33N 4 5 | BRONX, NY 10469 | 12/31/2020 | 03/13/2020 |

PRACTITIONER PROFILE

Prepared for: FCVS As of Date 4/7/2020
 Practitioner Name: Kumar, Vanita

ABMS® CERTIFICATION HISTORY

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

| Status | Duration | Effective Date | Expiration Date | Reverification Date | Occurrence | Last Reported |
|---------|--------------|----------------|-----------------|---------------------|-----------------|---------------|
| Active | MOC | 04/10/2013 | | 02/15/2021 | Recertification | 03/26/2020 |
| Expired | Time Limited | 07/11/2003 | 12/31/2013 | | Initial | 03/26/2020 |

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AOA® CERTIFICATION HISTORY

No AOA Certifications found

Physician Data Center, Inc. ("PDC") is a service mark of the Federation of State Medical Boards ("FSMB"). PDC is not affiliated with any state medical board and other boards listed in this directory. PDC is not responsible for any errors or omissions in this directory. PDC is not responsible for any damages, including consequential damages, arising from the use of this directory. PDC is not responsible for any damages, including consequential damages, arising from the use of this directory. PDC is not responsible for any damages, including consequential damages, arising from the use of this directory.



KUMAR, VANITA

DCN: 5500000159026421

FOR AUTHORIZED USE BY: Tennessee Board of Medical Examiners

Process Date: 4/7/2020

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

KUMAR, VANITA

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: KUMAR, VANITA

Date of Birth: 6/15/1974

Gender: FEMALE

Work Address: MMG - WILLIAMSBRIDGE
3448 BOSTON RD
BRONX, NY 10469

Home Address: 200 CABRINI BLVD , APT. 91
NEW YORK, NY 10033

Social Security Numbers (SSN):

National Provider Identifiers (NPI): 1639249832

Drug Enforcement Administration (DEA) Numbers: BK8410122
FK7677707

License(s): Physician (MD), 061740, CT
Physician (MD), 228029, NY
Physician (MD), 80889, GA

Professional School(s): GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
AND HEALTH SCIENCES (2000)

B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E

Query Type: This is a One-Time query response Your organization will only receive future reports on this practitioner if another query is submitted

Entity Name: Tennessee Board of Medical Examiners

Authorized Agent: Federation of State Medical Boards, (817) 868 - 4000

Customer Use: 213938442

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 4/7/2020

The following report types have been searched:

| | | | |
|---------------------------------------|------------|---------------------------------|------------|
| Medical Malpractice Payment Report(s) | No Reports | Health Plan Action(s) | No Reports |
| State Licensure Action(s) | No Reports | Professional Society Action(s) | No Reports |
| Exclusion or Debarment Action(s) | No Reports | DEA/Federal Licensure Action(s) | No Reports |

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



FEDERATION CREDENTIALS
VERIFICATION SERVICE

NPDB Report



KUMAR, VANITA

DCN: 5500000159026421

FOR AUTHORIZED USE BY: Tennessee Board of Medical Examiners

| | | | |
|--------------------------------------|------------|-------------------------------------|------------|
| Government Administrative Action(s): | No Reports | Judgment or Conviction Report(s) | No Reports |
| Clinical Privileges Action(s): | No Reports | Peer Review Organization Action(s): | No Reports |

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Georgia Composite Medical Board

Executive Director
LaSham Hughes, MBA

Deputy Director
Lisa R. Norris, MPH



Chairperson
Gretchen Collins, MD

Vice Chairperson
Barby Simmons, DO

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913
www.medicalboard.georgia.gov

April 07, 2020

RE: **Vanita Kumar**

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is **80889** and was issued on **June 19, 2018**

The current license status is **Active**

The license expiration date is **June 30, 2021**.

Board Actions A review of public records indicates that no public board orders have been docketed.

Certified this day Tuesday, 7 April, 2020

Sincerely,

A handwritten signature in cursive script that reads "LaSham Hughes".

LaSham Hughes
Executive Director

LLH/

File Number 101614

CHECK SHEET

8/19

Xact Number _____

90- Day Deadline Date _____

SS# _____

Vanita Kumar, MD
200 Cabrini Blvd Apt # 91
New York, NY 10033

Grad Yr: _____

4/30 Application Online Paper _____

~~Profile Questionnaire~~

Page Corrections: Add PreMed; WK HY 03-2020; list CT license

4/30 Photograph _____

4/30 Fee (\$510.00)

~~Declaration of Citizenship:~~

4/30 Legal Entitlement

4/30 LOR (letterhead/date/signed)
Shannon - MD

4/30 LOR (letterhead/date/signed)
Rubinc - MD

Question(s) Pending / /

Explanation _____ Final Documents _____

FWS Medical School Transcript: * U.S. _____ Canada _____ Mexico _____ Foreign _____

n/a E.C.F.M.G. (Foreign Medical School Graduates Only) (Notarized copy of ECFMG certificate only)

FWS Postgraduate Training: () 00-03 / / / / / /

FWS Exam Scores: * USMLE / FLEX / NBME _____ LMCC _____ STATE EXAM _____

~~Other Licenses:~~ CT ✓ / GA ✓ / NY ✓ / / / / / /

Criminal Background Check (as of 6/1/06)

n/a SAVE/USCIS Verification (administrator)

5/19 TSOR Clearance (administrator)

5/19 FSMB Clearance (administrator)

| | | |
|-------------------|------------------------------------|-------------------------------|
| CONSULTANT REVIEW | _____ Approved to send INS Letter* | _____ More Information Needed |
| | _____ Approved for Licensure | _____ Interview _____ Deny |
| | _____ Consultant Signature | _____ / / _____ Date |

COMMENTS: _____

*INS ("but for") letters will only be sent for those who are not entitled to live or work in the U.S.

Deficiency Letter(s): 1st 5/19 / 2nd _____ / 3rd _____ / 4th _____ / 5th _____ / 6th _____

Email(s): 1st _____ / 2nd _____ / 3rd _____ / 4th _____ / 5th _____ / 6th _____

Phone Call(s): 1st _____ / 2nd _____ / 3rd _____ / 4th _____ / 5th _____ / 6th _____

Brandi Allocco

From: Brandi Allocco
Sent: Tuesday, May 19, 2020 9:18 PM
To: 'vanitakumar@gmail.com'
Subject: MD Application Deficiency Notice-Vanita Kumar, MD
Attachments: MDApp_EducationExamInformation.pdf; MDApp_PracticeLicensureInformation.pdf; FINGERPRINT-CARD-INSTRUCTIONS-out-of-state.pdf



TENNESSEE BOARD OF MEDICAL EXAMINERS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

Today's Date: 05.19.20
Initial Deficiency Letter: 05.19.20
Application Deadline Date: 08.19.20

This letter is prepared to notify you of deficiencies remaining in order to complete your application for licensure as a medical doctor in the state of Tennessee. Pursuant to Board rule, applications not complete within ninety days of the initial deficiency letter will be closed. An applicant seeking licensure after the closure of his or her application file will be required to submit a new application and fee. ****Please Note- additional items/corrections must be uploaded to the online application or sent via mail to the address above.**

Review of your application on the above date revealed the items checked below are required to complete your file:

- Completed Mandatory Practitioner Profile Questionnaire (this is a separate document from the application). You may complete the online profile at: <https://lars.tn.gov/datamart/mainMenu.do> ****Please include Board Certifications if you are Board Certified, all education with a start and end date and all postgraduate training with a start and end date.**
- Please provide your undergraduate education information on the attached application page. Be sure to sign and date the top of the page.
- Please provide license information for your CT license on the attached application page. Be sure to sign and date the top of the page.
- Please provide your work history for 2003-2020 with no gaps in the timeline on the attached page of the application. If you were not working provide what you were doing during that time. Be sure to sign and date the top of the page.
- Declaration of Citizenship – the one uploaded to your application is not legible.

- Application indicates pending legal action. **Please have a copy of the complaint sent to this office.**
- Please submit a written explanation for an affirmative answer to the pending legal action question(s) on the application. This should be a description of the circumstances in your own words.
- Verification of licensure directly from each state, country or province in which you hold or have ever held a license. Clearance form has not been received from: **CT, GA, NY**
- Applicants for **initial** licensure in Tennessee **must** obtain a criminal background check. Please follow the directions that are attached. **OCA #1606** ***If you are outside the state of Tennessee you will be fingerprinted at a local sheriff/police station. You will most likely not need a fingerprint card however if you would like one mailed to you please let me know.***



Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

Connect with TDH on [Facebook](#) and [Twitter](#) @TNDeptofHealth!

Our Mission – To protect, promote and improve the health and prosperity of people in Tennessee.



TENNESSEE BOARD OF MEDICAL EXAMINERS
 665 MAINSTREAM DRIVE
 NASHVILLE, TENNESSEE 37243
www.tennessee.gov/health

Today's Date:

Vanita Kumar, MD
 200 Cabrini Blvd Apt # 91
 New York, NY 10033

DEFICIENCY LETTER
 (Two Sided Document)

This letter is prepared to notify you of deficiencies remaining in order to complete your application for licensure as a medical doctor in the state of Tennessee. Pursuant to Board rule, applications not complete within ninety days of the initial deficiency letter will be closed. An applicant seeking licensure after the closure of his or her application file will be required to submit a new application and fee.

Date of your initial deficiency letter:

Date your application will be closed:

Review of your application on the above date revealed the items checked below are required to complete your file:

- We are in receipt of your application; however, page(s) _____ is incomplete and/or incorrect.
- \$ _____ is required to complete payment of licensure fees. **Please remit this amount now.**
- A recent passport-type photograph, passport-type.
- Official graduate transcript, indicating courses taken, grades, and M.D. (or equivalent) degree. **Transcripts must be submitted directly from the University to our office.** International graduates must also submit an official English translation of the transcript and curriculum if original is not in English.
- If you are an international medical school graduate, please provide proof that your medical school's admission standards meet or exceed those of the Liaison Committee on Medical Education (LCME). Please consult the Board's rules and policy for further clarification on this matter: Tenn. Comp. R. & Regs. 0880-02-.04(3) https://www.tn.gov/content/dam/tn/health/documents/Foreign_Medical_School_Policy.pdf
- A notarized copy of your E.C.F.M.G. certificate.
- Verification of successful completion of qualifying postgraduate medical education (Attachment 2) must be completed by program director, notarized, and sent directly from the training program to this office. **ALL TRAINING** completed in the US (including Internships, Residencies, and Fellowships) **must be verified** for every applicant. Any training listed below has **not** been received:
 _____ / _____ / _____ / _____ / _____ / _____
- NBME, FLEX, LMCC, USMLE or State Board exam scores. This information must come to this office **directly from the testing agency.**
- Verification of licensure directly from each state, country or province in which you hold or have ever held a license. Clearance form has not been received from:
 _____ / _____ / _____ / _____ / _____ / _____

One Two individual letter(s) of professional recommendation from licensed physicians on professional letterhead. Please make sure the letters have been dated and written within the last six (6) months. One (1) letter has been received from _____

Applicants for initial licensure in Tennessee must obtain a criminal background check. Please follow the directions that are enclosed. (However if you have already submitted your Criminal Background Check to the appropriate reporting agency please feel free to contact the office at (615) 532-4384).

Notarized copy of legal entitlement to live or work in the United States (for U.S. Citizens, birth certificate or current passport only). For non-U.S. citizens, if your current visa is expired please notify us in writing and submit proof of waiver, H1B visa, or other pending visa application request.

Declaration of Citizenship must accompany all applications for initial licensure or reinstatement of licensure. The "SAVE ACT" requires the Tennessee Department of health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that every adult applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out of 8 U.S.C. 1621.

- Answer question # 5 on page 1
- Remove license number
- List profession
- Complete mailing address on line 2
- TN license number

Completed Mandatory Practitioner Profile Questionnaire (this is a separate document from the application). You may complete the online profile at: <https://lars.tn.gov/datamart/mainMenu.do> or download it from the website and fax the completed form (6 pages) to 615-253-4484, or mail it to this office.

We received your profile; however, the following is incomplete/incorrect: _____

Notarized copy of your specialty certificate.

Application indicates pending legal action, malpractice judgment, or settlement. Please have a copy of the complaint, answer, and/or final action sent to this office concerning your response to question # _____.

Please submit a written explanation for an affirmative answer to Question(s) # _____ on the application.

Affirmative responses require final documents or orders from the issuing states, courts and/or agencies. Please submit these for affirmative response to question(s) # _____.

Please submit documentation showing proof of _____ hours of continuing education.

Please submit court documents in regards to the arrest date(s) _____

Other: _____

It can take up to fourteen (14) days for documents sent by U.S. Mail to reach this office. U.S. mail is delivered to our State Post Office, then distributed. Overnight and special courier mail may reduce your mailing time; however, you must use the Zip Code 37228 for all overnight or special courier mail.

Board Administrator ,

Brandi Allocco
(3/2018)

Georgia Composite Medical Board



Executive Director
LaSharn Hughes, MBA

Deputy Director
Lisa R. Norris, MPH

Chairperson
Gretchen Collins, MD

Vice Chairperson
Barby Simmons, DO

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913
www.medicalboard.georgia.gov

May 20, 2020

RE **Vanita Kumar**

TO WHOM IT MAY CONCERN

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board

It is further certified that

The license number is **80889** and was issued on **June 19, 2018**

The current license status is **Active**

The license expiration date is **June 30, 2021**

Board Actions A review of public records indicates that no public board orders have been docketed

Certified this day Wednesday, 20 May, 2020

Sincerely,

A handwritten signature in cursive script, appearing to read "LaSharn Hughes".

LaSharn Hughes
Executive Director

LLH/



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

May 1, 2020

Received By:
MAY 11 2020
BME Unit

TENNESSEE BOARD OF MEDICAL EXAMINERS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

LICENSURE VERIFICATION

This is to certify that the records of the Connecticut Department of Public Health indicate that:

VANITA KUMAR

| | |
|------------------------------------|-------------------|
| Was issued a Connecticut: | Physician/Surgeon |
| Date Issued: | August 8, 2018 |
| License Number: | 61740 |
| Basis for Licensure: | Endorsement |
| Expiration Date: | June 30, 2020 |
| Status of License: | ACTIVE |
| Public Disciplinary History | No |
| Subject of a Pending Investigation | No |

Please note that this is the only verification provided by this office. The Connecticut Department of Public Health does not affix a raised seal to this document. Please note that the information contained in this letter can be verified online at <https://www.elicense.ct.gov>.

Sincerely,

Stephen B. Carragher
Public Health Services Manager
Practitioner Licensing and Investigations Section

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Kumar, Vanita**

Social Security Number:

Date of Birth: **June 15, 1974**

FID#: **213938442**

Recipient: **TN - Tennessee Board of
Medical Examiners**

Delivery Date: **04/07/2020**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release

Federation of STATE MEDICAL BOARDS

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

SHARON EDWARDS Notary Public - State of New York NO. 01ED5194267



10-14-20

Vanita Kumar

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

KUMAR

Applicant's Printed Last Name

VANITA

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

7/26/18

Date of Signature (must correspond to date of notarization)

State of New York County of Manhattan

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 26th day of July, 20 18.

Notary Public Signature: Sharon Edwards

My Notary Commission Expires: 10-14-20

Please complete and mail this original document to the Federation of State Medical Boards at

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 848-5000 | © 2014 Federation of State Medical Boards

213 936 492

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FEDERATION CREDENTIALS
VERIFICATION SERVICE

Identity



Biographic Information

Medical professional Name(s). **Kumar, Vanita**

Date of Birth: June 15, 1974

Place of Birth: Royal Oaks, Michigan, UNITED STATES

Contact Information

Home Address: 200 Cabrini Blvd., Apt. 91
New York, NY 10033
UNITED STATES

Mobile Phone: (646) 456-1428

Email: vanitakumar@gmail.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Chronology of Activities**

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

| Start Date | End Date | Activity Type | Location |
|------------|------------|-----------------------|---|
| 08/01/1996 | 05/30/2000 | Medical Education | George Washington University School of Medicine and Health Sciences Washington District Of Columbia UNITED STATES |
| 07/01/2000 | 06/30/2003 | Postgraduate Training | Icahn School of Medicine at Mount Sinai (Downtown) Urban Program New York New York UNITED STATES |
| 04/15/2019 | | Work | Nurx 1125 Mission st. 2nd Fl. San Francisco, California UNITED STATES |

End of Chronology of Activities report for: Kumar, Vanita

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Education

fsmb

Medical Education

Medical School: George Washington University School of Medicine and Health Sciences

Location: Washington, DC
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

Date
April 07, 2020

Kumar, Vanita

FID
213938442

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: George Washington University School of Medicine and Health Sciences

Address Line 1: 2300 Eye Street NW Suite 708

Address Line 2:

City: Washington

State/Province: DC

Zip Code (Postal Code): 20037

Country: US

If name of institution was different when this individual attended, please note this name below
N/A

Premedical Education:

Years of education required for admission to your medical school 4

Credential/degree presented by the applicant for admission to your medical school Bachelor's Degree

Enrollment and Participation: Our records indicate that Kumar, Vanita
(type/print individual's name Last, First, Middle, Suffix)

attended our medical school for total of 144 weeks of medical education on the following dates
From: 08/21/1996 **To:** 05/05/2000
Month Day Year Month Day Year

This individual Was awarded the degree of Doctor of Medicine on 05/21/2000
Month Day Year
Was NOT awarded a degree because (please explain - additional page if necessary)

| | | |
|---|--|---|
| <p>Attestation</p> <p>Affix Institutional Seal Here</p> <p>If no seal is available, this form must be notarized.</p> | <p>Watermark For FCVS internal use only</p> <p>ELECTRONIC SEAL VERIFIED</p> | <p>Name: Michelle Armstrong</p> <p>Signature: Michelle Armstrong</p> <p>Title: Executive Coordinator & Registrar</p> <p>Date of Signature: 08/15/2018 Phone: (202) 994-2987</p> <p>Fax: (202) 994-0926 Email: marmstrong@gwu.edu</p> |
|---|--|---|

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Unusual Circumstances**1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?**

No

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

From Date:

To Date:

Personal/Family _____

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

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

No

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

From Date:

To Date:

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other

Please specify a reason

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

No

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

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

No

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

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

No

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

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FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

**Applicant Reported
Unusual Circumstances**

Federation of
**STATE
MEDICAL
BOARDS**

Medical School

Medical Professional Name. Kumar, Vanita

George Washington University School of Medicine and Health Sciences

Unusual Circumstances

| | |
|---|----|
| Did you have any interruption(s) or extension(s) in your medical education? | No |
| Were you ever placed on probation? | No |
| Were you ever disciplined or placed under investigation? | No |
| Were any negative reports for behavioral reasons ever filed by instructors? | No |
| Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? | No |

End of Applicant Reported Unusual Circumstances report for. Kumar, Vanita

November 1, 1999

Dean's Letter of Evaluation for

Vanita Kumar

Class of 2000

In addition to a solid foundation of clinical knowledge and skills, Vanita Kumar has consistently demonstrated strong organizational and leadership skills throughout her medical education. Combined with her interest in community health, her sensitivity to psychosocial and cultural issues in health care, her patient advocacy, and her interest in longitudinal patient care and health promotion/disease prevention, these skills should prepare her well to become a very good member of her residency training program in the field of family medicine.¹

Vanita was born in Michigan, but raised predominantly in Dayton, Ohio which she considers home. She attended Columbia University in New York from 1992 to 1996 graduating with a Bachelor of Arts degree in woman and gender studies. As an undergraduate, she had opportunities to work at Planned Parenthood in Dayton, Ohio as well as a student intern at the New York City Department of Health. She also served as a peer counselor at Columbia's Rape Crisis Center.

Vanita matriculated at the George Washington University School of Medicine and Health Sciences in the fall of 1996. She had a solid performance during the first two preclinical years passing all courses without difficulty and receiving honors grades in the first year neurobiology, microscopic anatomy, immunology, and biochemistry courses. The Practice of Medicine (POM) is a longitudinal course spanning all four years of the curriculum. During the first two years, POM meets three half days per week and includes small group instruction in the doctor/patient relationship and physical diagnosis skills, the office-based primary care apprenticeship program, and a problem-based learning group that integrates basic science topics with concepts of clinical reasoning and the biopsychosocial approach to patient care. Vanita

¹ For academic data on this student and all members of the Class of 2000, as well as information on our grading system and policies, we recommend that you read the attached.

performed well in this important core course receiving an honors grade in one of the four semesters. She showed rapid progression in her participation and the development of her patient communication and physical diagnosis capabilities. She developed into an excellent member of her problem-based learning small group tutorial who could research learning objectives effectively and help keep the group focused and moving forward. She was an extremely effective self-directed learner. During her primary care apprenticeship, she had an opportunity to work in a local free clinic providing one of her first opportunities to experience the rewards and challenges of providing care in underserved settings.

Vanita has been involved in a wide variety of extracurricular activities over the past several years. She was a member of the ISCOPE program, an interdisciplinary student-faculty community outreach and education effort. She worked at a local Hispanic free clinic to improve attention to women's health issues. She also helped co-found and lead George Washington University's chapter of Medical Students for Choice and served as co-coordinator for the American Medical Women's Association Chapter at G.W. In addition, she has served as a national associate coordinator for the American Medical Student Association's Women in Medicine group assisting with the organization of national conferences and newsletter preparation. Finally, she had an opportunity to work as a reproductive health intern during the summer between her first and second years through the Medical Students for Choice program.

Vanita has continued her very good performance into the required clinical clerkships of the third year. She began the year with a "high pass" grade in psychiatry followed by a passing grade in pediatrics, "high pass" grades in medicine and primary care, an honors grade in obstetrics and gynecology, and a passing grade in surgery. Vanita has shown a good to very good knowledge base across these disciplines and has continued to demonstrate her skill in self-directed learning and eagerness for pursuing additional information. She is an energetic and active learner who readily researches important clinical issues related to her patients. She has shown good clinical skills and is able to obtain an effective history from a broad range of patients. She has effective medical Spanish skills which have helped her interact with the Hispanic population in the District of Columbia. She is adept at interacting with patients of all ages and their families and has shown an excellent sensitivity to the psychosocial and cultural issues that overlay many medical problems. She has been able to prepare well organized histories and physicals and progress notes and has continued to develop increasing poise and organization in her oral presentations. She has shown good development of her cognitive skills with an ability to organize clinical information effectively and reach appropriate assessments. She has improved her ability to put together therapeutic and diagnostic plans for her patients. She has shown good technical skills and an interest in procedural interventions during her surgical and ward clerkships. She has shown a good level of efficiency and a high level of interest in her ambulatory rotations.²

² Synopses of narrative evaluations from third year clerkships are attached.

Vanita will have a diverse and busy senior year. She will complete a required acting internship in medicine, and required clerkships in anesthesiology, emergency medicine, ophthalmology, urology, and a pharmacology didactic course. She has scheduled elective course work to include cardiology, a women's health elective at Columbia University, a family practice elective, and a chest radiology course. She is also enrolled in the innovative Clinician as Medical Educator course during which she will be instructed in teaching skills and trained as a standardized patient for the teaching and evaluation of patient interviewing and physical diagnosis skills among first and second-year medical students. Vanita has recently completed a required acting internship in internal medicine, a four-week emergency medicine elective, and a two-week cardiology elective receiving "high pass" grades in all courses.³

Vanita has been excited about all of her clinical experiences during the past year. She enjoys interacting with patients from a wide range of ages as well as their families and is interested in a variety of preventive issues as well as issues of therapeutic intervention and technical procedures. Consequently, it is not surprising that family medicine has gained her attention. The opportunity to interact with families and patients of all age ranges and the ability to focus on women's health and procedural and interventional activities of family practice provides the balance that Vanita is looking for. She is extremely interested in continuing to serve in an urban environment, particularly to underserved patients and establishing continuity relationships over time. Her outgoing personality, leadership skills, and strong commitment should carry her forward to a successful performance in her postgraduate training and help her to develop into a competent and caring physician.

W. Scott Schroth, M.D., M.P.H.
Associate Professor of Health Care Sciences
and Medicine
Assistant Dean for Student Affairs

³ Synopses of narrative evaluations from fourth year courses received to date, and a summary of the student's schedule at this time, are attached.

THIRD YEAR EVALUATIONS

Primary care:

Family Medicine: "She was very personable with a strong interest and enjoyment in many aspects of medicine. She had very good patient skills. She had an above-average fund of knowledge. She needed to develop differential diagnoses which will come with more experience. She had a great attitude."

Pediatrics: "She had an outstanding fund of knowledge and clinical skills. She was interested in pediatrics. She had very good interpersonal skills with patients and staff. Even though she was slightly reserved, she had a wonderful manner with patients. She was very reliable."

Clinical grade: "High Pass" Exam grade: Pass Overall grade: "High Pass"

Medicine: "Her fund of knowledge was good. She stayed late to follow up on her patients and was enthusiastic about reading up on all of them. She was always bringing in appropriate articles to the group. Her patient assessments and plans were also very good. Her histories and physicals and daily progress notes were accurate and succinct. She showed marked improvement in her write-ups and presentations. She responded well to constructive criticism and eagerly participated on rounds. She delved into the medical literature and had a good understanding of all of her patients. Her interpersonal skills were excellent."

Clinical grade: "High Pass" Exam grade: Pass Overall grade: "High Pass"

Psychiatry: Vanita demonstrated a good understanding of the most common psychiatric disorders and their treatment. Her clinical judgement is good and she understands and can use the DSM-IV. Vanita's interviewing skills were good and reliable. She established good rapport and her interpersonal skills were good. She showed excellent clinical judgement. She was very cooperative and friendly and showed great interest in the patients assigned to her. She was professional, punctual, diligent, and likable."

Clinical grade: "High Pass" Exam grade: Pass Overall grade: "High Pass"

Pediatrics: "Her fund of knowledge was average and improved throughout the rotation. Her ability to synthesize information and interpret data to arrive at a differential diagnosis and management plan was limited by her knowledge base, but this will no doubt improve as her knowledge base and experience increase. Her histories and physical exams were good and reliable. Her oral and written presentations improved dramatically throughout the rotation. Her interpersonal skills were good. She was warm and thoughtful and conducted herself professionally with the patients. She had a wonderful rapport with the families and patients. She went out of her way to help them. She worked well with residents and other students. She needed to be more consistent at following up on patient issues. Her questions were appropriate. This student is especially good at interpersonal skills, rapport with patients and families, and having improved oral presentations. She needs to work on pushing herself to read more, fleshing out her histories and physicals, and consistency with following through with patient issues." Clinical grade: Pass Exam grade: Pass Overall grade: Pass

Obstetrics and gynecology: "Her cognitive skills were appropriate for a third-year student. Her ability to interpret clinical data and extract pertinent information were at an expected level."

She had a good grasp of basic concepts of OB/GYN. She uses resources effectively. Her oral case presentations were good. Vanita took a strong interest in OB/GYN clinic and was very attentive to patient needs. Her histories and physicals were very thorough despite language barriers. She exhibited professional interaction with her colleagues and interacted well with patients. She showed enthusiasm and interest in her work. She was reliable and helpful. She was especially good at her interactions with patients and peers."

Clinical grade: "High Pass"

Exam grade: Honors

Overall grade: Honors

Surgery: "She had an average to above-average fund of knowledge. She had an excellent ability to synthesize data. She had very comprehensive differential diagnoses. She had well-rounded, thorough presentations and was generally well prepared. She had excellent attention to detail in her preparation of her histories and physicals. She had solid skills and sterile technique. She had a superb maturity and was very punctual and enthusiastic. She was very well liked by peers and patients."

Clinical grade: "High Pass"

Exam grade: Pass

Overall grade: Pass

FOURTH YEAR EVALUATIONS⁴

Extramural Ophthalmology at Wright State University in Ohio: "She worked very well with patients and was reliable and sensitive."

Grade: Honors

Cardiology Clerkship: "She was hard working and reliable with a good knowledge base."

Grade: "High Pass"

Emergency Medicine: "She had an average to above-average fund of knowledge. She was very inquisitive and eager to learn. She had good ability to synthesize and interpret data. She has very good case presentations and excellent histories and physical exams and was attentive to details. She was a quiet hard-working student. She is diligent, kind, and caring."

Grade: "High Pass"

Acting Internship in Medicine: "Her fund of knowledge was very good. She had a good ability to generate appropriate differential diagnoses and management plans on all of her patients. She took care of several difficult patients including those that were in and out of the ICU and CCU. She did a thorough, efficient job. She was motivated, interested, and quite participatory on rounds. Her interpersonal skills were excellent as was her dedication to her patients and the medical team. Her daily progress notes were very good as were her interviewing skills."

Grade: "High Pass"

⁴ An asterisk⁴ course is less than four weeks in duration.

PROPOSED FOURTH YEAR SCHEDULE

REQUIRED COURSE WORK:

Acting Internship in Medicine
Emergency Medicine*
Anesthesiology*
Ophthalmology*
Urology*
Pharmacology Didactic Course*
Practice of Medicine IV*

ELECTIVE COURSE WORK:

Cardiology
Women's Health Elective at Columbia
University
Family Practice Elective
Chest Radiology*
Clinician as Medical Educator*

deanltr\class00\Kumar.cri

THE GEORGE WASHINGTON UNIVERSITY

OFFICE OF THE REGISTRAR

WASHINGTON, DC

SSN :
 Gwid : G14862612
 Date of Birth: 15-JUN

Date Issued: 22-AUG-2018

Record of: Vanita Kumar M.D.

Page: 1

Student Level: Medicine
 Admit Term: Fall 1996
 Re-Admit Term: Summer 1997

Issued To: FCVS
 40 Fuller Wiser Road
 Suite 300
 Euless, TX 76039

Current College(s): School of Med & Health Sc
 Current Major(s): Medicine

Degree Awarded: M D 21-MAY-2000
 Major: Medicine

| SUBJ NO | COURSE TITLE | CRDT | GRD | PTS | SUBJ NO | COURSE TITLE | CRDT | GRD | PTS |
|---------------------------------------|------------------------------------|----------|----------|------|----------------------|-------------------------------------|----------|----------|------|
| GEORGE WASHINGTON UNIVERSITY CREDIT: | | | | | | | | | |
| Fall 1996 | | | | | | | | | |
| School of Med & Health Sc Medicine | | | | | | | | | |
| ANAT 210 | Gross Anatomy | 2.00 | P | 0.00 | IDIS 230 | The Practice Of Medicine | 2.00 | P | 0.00 |
| BIOC 201 | Medical Biochemistry | 6.00 | H | 0.00 | MED 305 | Inpatient Clerkship | 10.00 | P | 0.00 |
| IDIS 210 | The Practice Of Medicine | 3.00 | H | 0.00 | PCHI 302 | Clinical Clerkship | 10.00 | P | 0.00 |
| IDIS 215 | Cells And Tissues | 5.00 | H | 0.00 | PED 303 | Required Pediatric Clerkship (| 10.00 | P | 0.00 |
| Ehrs 16.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | Ehrs 32.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | |
| CUM 16.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | CUM 109.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | |
| Good Standing | | | | | | | | | |
| Spring 1997 | | | | | | | | | |
| School of Med & Health Sc Medicine | | | | | | | | | |
| ANAT 211 | Gross Anatomy | 3.00 | P | 0.00 | HCS 301 | Clerkship In Primary Care | 8.00 | P | 0.00 |
| ANAT 214 | Microscopic Anatomy | 3.00 | H | 0.00 | IDIS 231 | The Practice Of Medicine | 2.00 | P | 0.00 |
| IDIS 211 | The Practice Of Medicine | 5.00 | P | 0.00 | OB&G 303 | Clincl Obstetrics & Gynecology | 10.00 | H | 0.00 |
| IDIS 212 | R-Neurobiology | 3.00 | H | 0.00 | SURG 303 | Clinical Clerkship | 10.00 | P | 0.00 |
| MICR 202 | Immunology | 2.00 | H | 0.00 | Ehrs 30.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | |
| PHYL 201 | R-Physiology | 6.00 | P | 0.00 | CUM 139.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | |
| Ehrs 22.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | Good Standing | | | | |
| CUM 38.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | | | | | |
| Good Standing | | | | | | | | | |
| Fall 1997 | | | | | | | | | |
| School of Med & Health Sc Medicine | | | | | | | | | |
| IDIS 220 | The Practice Of Medicine | 3.00 | P | 0.00 | EMED 312 | Emergency Medicine Elective | 5.00 | P | 0.00 |
| IDIS 301 | Intro To Clinical Medicine | 2.00 | P | 0.00 | MED 356 | Cardiovascular Diseases | 5.00 | P | 0.00 |
| MICR 201 | Medical Microbiology | 5.00 | P | 0.00 | MED 390 | Extramural Internal Med Elective | 5.00 | H | 0.00 |
| PATH 201 | Pathology | 3.00 | P | 0.00 | OB&G 390 | Extramural Ob&G Elective | 5.00 | P | 0.00 |
| PCHI 301 | Psychopathology/Conceptl Models | 2.00 | P | 0.00 | OPHT 390 | Extramrl Ophthalmology Elective | 3.00 | H | 0.00 |
| Ehrs 15.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | UROL 302 | Clinical Clerkship | 3.00 | P | 0.00 |
| CUM 53.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | Ehrs 26.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | |
| Good Standing | | | | | | | | | |
| Spring 1998 | | | | | | | | | |
| IDIS 221 | The Practice Of Medicine | 5.00 | P | 0.00 | | | | | |
| IDIS 302 | Intro To Clinical Medicine | 12.00 | P | 0.00 | | | | | |
| PATH 202 | Pathology | 4.00 | P | 0.00 | | | | | |
| PHAR 202 | R-Pharmacology | 3.00 | P | 0.00 | | | | | |
| Ehrs 24.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | | | | | |
| CUM 77.00 | GPA-Hrs 0.00 | Pts 0.00 | GPA 0.00 | | | | | | |
| Good Standing | | | | | | | | | |
| ***** CONTINUED ON NEXT COLUMN ***** | | | | | | | | | |
| Fall 1997 | | | | | | | | | |
| School of Med & Health Sc Medicine | | | | | | | | | |
| PHAR 201 | Pharmacology | | | | | | | | |
| | | | | 5.00 | In Progress | | | | |
| | | | | 5.00 | Credits In Progress: | | | | |
| ***** CONTINUED ON PAGE 2 ***** | | | | | | | | | |

213 938 412

SEAL
 VERIFIED

OFFICIAL TRANSCRIPTS BEAR THE UNIVERSITY SEAL AND THE REGISTRAR'S SIGNATURE
 TRANSCRIPT KEY PRINTED ON REVERSE
 THE WORD VOID APPEARS WHEN PHOTOCOPIED
 THIS RECORD MAY NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE WRITTEN
 CONSENT OF THE STUDENT, PER FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

THE GEORGE WASHINGTON UNIVERSITY

OFFICE OF THE REGISTRAR

WASHINGTON, DC

SSN :
GWid : G14862612
Date of Birth: 15-JUN

Date Issued: 22-AUG-2018

Record of: Vanita Kumar M.D.

Page: 2

| SUBJ NO | COURSE TITLE | CRDT | GRD | PTS |
|-------------|------------------------------------|-------|-------------|-----|
| Spring 1999 | | | | |
| NSUR 302 | Clinical Clerkship In Neurosurg | 3.00 | In Progress | |
| | Credits In Progress: | 3.00 | | |
| Fall 1999 | | | | |
| MED 335 | Acting Internship In Medicine | 5.00 | In Progress | |
| MED 351 | Infectious Disease | 5.00 | In Progress | |
| | Credits In Progress: | 10.00 | | |
| Spring 2000 | | | | |
| HCS 390 | Extramural Hcs Elective | 5.00 | In Progress | |
| IDIS 351 | Clinician As Medical Educator | 3.00 | In Progress | |
| PHYL 502 | Structural-Functional Correlat | 3.00 | In Progress | |
| RAD 402 | Reading Chest Films | 3.00 | In Progress | |
| | Credits In Progress: | 14.00 | | |

***** TRANSCRIPT TOTALS *****

| | Earned Hrs | GPA | Hrs | Points | GPA |
|-------------------|------------|------|------|--------|------|
| TOTAL INSTITUTION | 167.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| OVERALL | 167.00 | 0.00 | 0.00 | 0.00 | 0.00 |

END OF DOCUMENT

SEAL
VERIFIED

213 938 442

OFFICIAL TRANSCRIPTS BEAR THE UNIVERSITY SEAL AND THE REGISTRAR'S SIGNATURE
TRANSCRIPT KEY PRINTED ON REVERSE
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THIS RECORD MAY NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT, PER FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

I cannot provide FCVS a legible/complete photocopy of my medical school diploma for the following reason:

I do not have a copy of my medical school diploma.

I am unable to produce a legible/complete photocopy of my medical school diploma.

Name: Vanita Kumar

Packet #: _____

Signature

Vanita Kumar

Date

8/2/18

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Postgraduate Training**

Postgraduate Training

Accreditation ID: 1203532538**Institution:** Icahn School of Medicine at Mount Sinai (Downtown) Urban Program**Location:** New York, NY
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

| Verification of Postgraduate Medical Education | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|---|--|--|---|--|--|--|---|--|
| Institution: <u>Leah School of Medicine at Mount Sinai (Downtown) Urban Program</u> Specialty: <u>Family Medicine</u> Address: <u>New York, NY</u> | Attention: <u>Program Director</u> Affiliated University: _____ | | | | | | | | | | | | | | | | | | |
| Verification For: | Name: <u>Vanita Kumar</u> DOB: <u>06/15/1974</u> Individual's Name on Record (If different from above): _____ | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 28 2018 </div> | | | | | | | | | | | | | | | | | | | |
| Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations | <table border="0" style="width:100%;"> <tr> <td style="width:30%;">PGY: <u>1</u></td> <td style="width:40%;">Specialty/Subspecialty: <u>Family Medicine</u></td> <td style="width:30%;"></td> </tr> <tr> <td> <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research </td> <td> From: <u>7/1/2000</u> To: <u>6/30/2001</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these </td> <td></td> </tr> <tr> <td>PGY: <u>2</u></td> <td>Specialty/Subspecialty: <u>Family Medicine</u></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research </td> <td> From: <u>7/1/2001</u> To: <u>6/30/2002</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these </td> <td></td> </tr> <tr> <td>PGY: <u>3</u></td> <td>Specialty/Subspecialty: <u>Family Medicine</u></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research </td> <td> From: <u>7/1/2002</u> To: <u>6/30/2003</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these </td> <td></td> </tr> </table> | PGY: <u>1</u> | Specialty/Subspecialty: <u>Family Medicine</u> | | <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research | From: <u>7/1/2000</u> To: <u>6/30/2001</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these | | PGY: <u>2</u> | Specialty/Subspecialty: <u>Family Medicine</u> | | <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research | From: <u>7/1/2001</u> To: <u>6/30/2002</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these | | PGY: <u>3</u> | Specialty/Subspecialty: <u>Family Medicine</u> | | <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research | From: <u>7/1/2002</u> To: <u>6/30/2003</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these | |
| PGY: <u>1</u> | Specialty/Subspecialty: <u>Family Medicine</u> | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research | From: <u>7/1/2000</u> To: <u>6/30/2001</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these | | | | | | | | | | | | | | | | | | |
| PGY: <u>2</u> | Specialty/Subspecialty: <u>Family Medicine</u> | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research | From: <u>7/1/2001</u> To: <u>6/30/2002</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these | | | | | | | | | | | | | | | | | | |
| PGY: <u>3</u> | Specialty/Subspecialty: <u>Family Medicine</u> | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research | From: <u>7/1/2002</u> To: <u>6/30/2003</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these | | | | | | | | | | | | | | | | | | |
| Unusual Circumstances: Check the correct response. Omitted responses require written explanation If necessary, you may continue your explanation on a separate sheet of paper | <table border="0" style="width:100%;"> <tr> <td style="width:70%;">1. Did this individual ever take a leave of absence or break from his/her training?</td> <td style="width:10%;"><input type="checkbox"/> Yes</td> <td style="width:20%;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>2. Was this individual ever placed on probation?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>3. Was this individual ever disciplined or placed under investigation?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>4. Were any negative reports for behavioral reasons ever filed by instructors?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table> Please explain any "Yes" response from above: | 1. Did this individual ever take a leave of absence or break from his/her training? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 2. Was this individual ever placed on probation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 3. Was this individual ever disciplined or placed under investigation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 4. Were any negative reports for behavioral reasons ever filed by instructors? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| 1. Did this individual ever take a leave of absence or break from his/her training? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 2. Was this individual ever placed on probation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 3. Was this individual ever disciplined or placed under investigation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 4. Were any negative reports for behavioral reasons ever filed by instructors? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized | Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Andrew Cohen, MD</u> Signature: _____ Title: <u>Program Director</u> Date of Signature: <u>8/20/2018</u> Tel: <u>212-206-5214</u> Fax: <u>212-206-5251</u> E-Mail: <u>acohen@cs.mssm.edu</u> | | | | | | | | | | | | | | | | | | |

Graduate Medical Education

Medical Professional Name: Kumar, Vanita

Accreditation ID: 1203532538

Institution: Icahn School of Medicine at Mount Sinai (Downtown)
Urban Program

Specialty: Family Medicine

Unusual Circumstances

Training Period: 7/1/2000 - 6/30/2003 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Kumar, Vanita

Certificate of Award for Successful Completion of
Residency Training Program from
Beth Israel Residency in Urban Family Practice
2000-2003

Presented to:

Varita Kumar, M.D.

Robert Schiller (M.D.)
Robert Schiller, M.D.
Chairman, DFM

Rick O'Keefe (M.D.)
Rick O'Keefe, M.D.
Program Director

Nikki Glover
Nikki Glover
Residency Administrator

PRESENTED THIS

*21*ST DAY OF
JUNE, 2003



LITHO IN USA

CG0ES 440
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FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



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

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

Date: 04/07/2020

Federation Credentials Verification Service
ATTN: FCVS

FCVSID: 518050

Examinee: Kumar, Vanita
Alt Name(s):

Examinee ID: 5-039-562-3
Date of Birth: 06/15/1974

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 | 220 | (179) | |

USMLE STEP 2

Clinical Knowledge (CK)

| Test Date | Pass/Fail | Score | Minimum Pass | Comments |
|------------|-----------|-------|--------------|----------|
| 10/21/1999 | Pass | 213 | (170) | |

USMLE STEP 3

| Test Date | Pass/Fail | Score | Minimum Pass | Comments |
|------------|-----------|-------|--------------|----------|
| 08/14/2002 | Pass | 219 | (182) | |

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

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

Examinee: Kumar, Vanita

Examinee ID: 5-039-562-3

Date of Birth: 06/15/1974

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below.

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

PRACTITIONER PROFILE

Prepared for FCVS As of Date 4/7/2020

PRACTITIONER INFORMATION

Name: Kumar, Vanita
 DOB: 6/15/1974
 Medical School: George Washington University School of Medicine and Health Sciences
 Washington, District Of Columbia, UNITED STATES
 Year of Grad: 2000
 Degree Type: MD
 NPI: 1639249832

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

| NPI | NPI Type | Deactivation Date | Reactivation Date | Last Reported |
|------------|------------|-------------------|-------------------|---------------|
| 1639249832 | Individual | | | 06/04/2018 |

LICENSE HISTORY

| Jurisdiction | License Number | Issue Date | Expiration Date | Last Updated |
|--------------|----------------|------------|-----------------|--------------|
| CONNECTICUT | 061740 | 08/08/2018 | 06/30/2020 | 03/20/2020 |
| GEORGIA | 80889 | 06/19/2018 | 06/30/2021 | 03/19/2020 |
| NEW YORK | 228029 | 04/10/2003 | 05/31/2022 | 04/01/2020 |

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

| DEA Number | Schedule | Address | Expiration Date | Last Reported |
|------------|-------------|---------------------|-----------------|---------------|
| FK7677707 | 22N 33N 4 5 | ATLANTA,GA 30309 | 12/31/2020 | 03/13/2020 |
| BK8410122 | 22N 33N 4 5 | BRONX,NY 10469 | 12/31/2020 | 03/13/2020 |

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 4/7/2020
 Practitioner Name: Kumar, Vanita

ABMS® CERTIFICATION HISTORY

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

| Status | Duration | Effective Date | Expiration Date | Reverification Date | Occurrence | Last Reported |
|---------|--------------|----------------|-----------------|---------------------|-----------------|---------------|
| Active | MOC | 04/10/2013 | | 02/15/2021 | Recertification | 03/26/2020 |
| Expired | Time Limited | 07/11/2003 | 12/31/2013 | | Initial | 03/26/2020 |

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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KUMAR, VANITA

DCN: 5500000159026421

FOR AUTHORIZED USE BY: Tennessee Board of Medical Examiners

Process Date: 4/7/2020

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

KUMAR, VANITA

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

| | |
|---|---|
| Practitioner Name: | KUMAR, VANITA |
| Date of Birth: | 6/15/1974 |
| Gender: | FEMALE |
| Work Address: | MMG - WILLIAMSBRIDGE 3448 BOSTON RD BRONX, NY 10469 |
| Home Address: | 200 CABRINI BLVD., APT. 91 NEW YORK, NY 10033 |
| Social Security Numbers (SSN): | |
| National Provider Identifiers (NPI): | 1639249832 |
| Drug Enforcement Administration (DEA) Numbers: | BK8410122 FK7677707 |
| License(s): | Physician (MD), 061740, CT Physician (MD), 228029, NY Physician (MD), 80889, GA |
| Professional School(s): | GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE AND HEALTH SCIENCES (2000) |

B. QUERY INFORMATION

| | |
|--------------------------|---|
| Statutes Queried: | Title IV, Section 1921, Section 1128E |
| Query Type: | This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted. |
| Entity Name: | Tennessee Board of Medical Examiners |
| Authorized Agent: | Federation of State Medical Boards, (817) 868 - 4000 |
| Customer Use: | 213938442 |

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 4/7/2020

The following report types have been searched:

| | | | |
|--|------------|----------------------------------|------------|
| Medical Malpractice Payment Report(s): | No Reports | Health Plan Action(s): | No Reports |
| State Licensure Action(s): | No Reports | Professional Society Action(s): | No Reports |
| Exclusion or Debarment Action(s): | No Reports | DEA/Federal Licensure Action(s): | No Reports |

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FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

NPDB Report



KUMAR, VANITA

DCN: 5500000159026421

FOR AUTHORIZED USE BY: Tennessee Board of Medical Examiners

| | | | |
|--------------------------------------|------------|-------------------------------------|------------|
| Government Administrative Action(s): | No Reports | Judgment or Conviction Report(s): | No Reports |
| Clinical Privileges Action(s): | No Reports | Peer Review Organization Action(s): | No Reports |

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TENNESSEE BUREAU OF INVESTIGATION

Tennessee Sexual Offender Registry Search Data Not Found

[Return to Search](#)

No data found for your search.

PRACTITIONER PROFILE

Prepared for: Tennessee State Board of Medical Examiners As of Date 5/8/2020

PRACTITIONER INFORMATION

Name: Kumar, Vanita
 DOB: 6/15/1974
 Medical School: George Washington University School of Medicine and Health Sciences
 Washington, District Of Columbia, UNITED STATES
 Year of Grad: 2000
 Degree Type: MD
 NPI: 1639249832

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

| NPI | NPI Type | Deactivation Date | Reactivation Date | Last Reported |
|------------|------------|-------------------|-------------------|---------------|
| 1639249832 | Individual | | | 06/04/2018 |

LICENSE HISTORY

| Jurisdiction | License Number | Issue Date | Expiration Date | Last Updated |
|--------------|----------------|------------|-----------------|--------------|
| CONNECTICUT | 061740 | 08/08/2018 | 06/30/2020 | 04/28/2020 |
| GEORGIA | 80889 | 06/19/2018 | 06/30/2021 | 04/16/2020 |
| NEW YORK | 228029 | 04/10/2003 | 05/31/2022 | 05/08/2020 |

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

| DEA Number | Schedule | Address | Expiration Date | Last Reported |
|------------|-------------|---------------------|-----------------|---------------|
| FK7677707 | 22N 33N 4 5 | ATLANTA,GA 30309 | 12/31/2020 | 04/10/2020 |
| BK8410122 | 22N 33N 4 5 | BRONX,NY 10469 | 12/31/2020 | 04/10/2020 |

PRACTITIONER PROFILE

Prepared for: Tennessee State Board of Medical Examiners As of Date: 5/8/2020

Practitioner Name: Kumar, Vanita

ABMS® CERTIFICATION HISTORY

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

| Status | Duration | Effective Date | Expiration Date | Reverification Date | Occurrence | Last Reported |
|---------|--------------|----------------|-----------------|---------------------|-----------------|---------------|
| Active | MOC | 04/10/2013 | | 02/15/2021 | Recertification | 04/30/2020 |
| Expired | Time Limited | 07/11/2003 | 12/31/2013 | | Initial | 04/30/2020 |

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AOA® CERTIFICATION HISTORY

No AOA Certifications found

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PRACTITIONER PROFILE

Prepared for Tennessee State Board of Medical Examiners As of Date 5/19/2020

PRACTITIONER INFORMATION

Name Kumar, Vanita
 DOB: 6/15/1974
 Medical School: George Washington University School of Medicine and Health Sciences
 Washington, District Of Columbia, UNITED STATES
 Year of Grad 2000
 Degree Type: MD
 NPI: 1639249832

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

| NPI | NPI Type | Deactivation Date | Reactivation Date | Last Reported |
|------------|------------|-------------------|-------------------|---------------|
| 1639249832 | Individual | | | 06/04/2018 |

LICENSE HISTORY

| Jurisdiction | License Number | Issue Date | Expiration Date | Last Updated |
|--------------|----------------|------------|-----------------|--------------|
| CONNECTICUT | 061740 | 08/08/2018 | 06/30/2020 | 04/28/2020 |
| GEORGIA | 80889 | 06/19/2018 | 06/30/2021 | 05/18/2020 |
| NEW YORK | 228029 | 04/10/2003 | 05/31/2022 | 05/13/2020 |

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

| DEA Number | Schedule | Address | Expiration Date | Last Reported |
|------------|-------------|---------------------|-----------------|---------------|
| FK7677707 | 22N 33N 4 5 | ATLANTA,GA 30309 | 12/31/2020 | 05/18/2020 |
| BK8410122 | 22N 33N 4 5 | BRONX,NY 10469 | 12/31/2020 | 05/18/2020 |

PRACTITIONER PROFILE

Prepared for: Tennessee State Board of Medical Examiners As of Date 5/19/2020

Practitioner Name Kumar, Vanita

ABMS® CERTIFICATION HISTORY

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

| Status | Duration | Effective Date | Expiration Date | Reverification Date | Occurrence | Last Reported |
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AOA® CERTIFICATION HISTORY

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#290114 Re: [State of Tennessee] Re: Customer Inquiry

Submitted Received via Requester
 August 6, 2020, 11:42 Closed Ticket Vanitakumar <vanitakumar@gmail.com>

Status Type Priority Group Assignee
 New Question Normal BME Directors -

BME Profession
 Medical Doctor

Mary Ry Aug 6, 11:42

Internal note

This is a follow-up to your previous request [#274603](#) "Customer Inquiry"

Good morning,

I hope you are doing well and staying safe during these times. Per Dr. Kumar's request, I am forwarding over the deficient items as requested in the previous email from Candyce:

Provider Name: ~~Vanitakumar~~
 DOB: 6/15/1974
 Email: vanitakumar@gmail.com

1. On attached page 2, add your premedical education: ATTACHED
2. On attached page 3, add your work history from 2003 - 2020: SEE ATTACHED WORK HISTORY DOCUMENT
3. On attached page 3, add your CT license information: ATTACHED
4. Practitioner profile (complete online under lars account): COMPLETED
5. Written explanation and copy of complaint for pending legal action: SEE ATTACHED "NOTICE OF DISCONTINUANCE" REGARDING CASE (THIS WAS ALSO UPLOADED VIA THE TN PORTAL ON 7/22)
6. Criminal background check results: PER DR. KUMAR, SHE ALREADY SUBMITTED FINGERPRINT CARDS FOR PROCESSING. IS THERE ANY WAY TO CONFIRM THIS?

I HAVE CC'D DR. KUMAR IN THIS EMAIL, SHOULD YOU HAVE ANY QUESTIONS. THANK YOU SO MUCH FOR YOUR HELP!

----- Forwarded message -----

From: Candyce Wilson (State of Tennessee) <support@tnhhr.zendesk.com>
 Date: Thu, Jul 16, 2020 at 1:32 PM
 Subject: [State of Tennessee] Re: Customer Inquiry
 To: Vanitakumar <vanitakumar@gmail.com>

Support Software by **Zendesk**

| Dates | Location | Position | Duties |
|-------------------|-------------------|-------------------------------|--|
| 07/2003 - present | New York, NY | Session Physician and Trainer | Provide family planning services for women. Trained over 150 family medicine residents/physicians in reproductive and family planning care. |
| 07/2005 - 6/2014 | New York, NY | Family Medicine Physician | PCP in outpatient Family Medicine. - Coordinate the women's health and gynecology curriculum for residency program. |
| 07/2014 - 3/2016 | Hawthorne, NY | Medical Director | Provide clinical oversight and leadership for patient services at 10 health centers in lower Westchester / Long Island. |
| 06/2016 - 6/2017 | White Plains, NY | Physician | Provide women's health care in a private setting, including primary care, preventive health services, gynecology, family planning. |
| 07/2016 - present | Traveling | Physician Trainer | Train physicians and advance practice clinicians about IUD's in order to improve access at health centers across country. |
| 12/2017 - 2/2019 | New York, NY | Float Physician | Provide patient centered primary care and urgent care services at 30 Rock and the near-site wellness center for Comcast employees. |
| 07/2007 - present | New York, NY | Assistant Professor | Teach and precept medical students/Family Medicine residents from the Albert Einstein College of Medicine / Montefiore Medical Center in primary care and preventive medicine. |
| 8/2017 - present | Telemedicine | Contract Physician | Provide telemedicine reproductive health services for patients at the Atlanta office. |
| 8/2019 - present | San Francisco, CA | Telemedicine Physician | Provide family planning, women's health care services and sti testing via telemedicine. |

Brandi Allocco

From: Brandi Allocco
Sent: Tuesday, May 19, 2020 9:18 PM
To: vanitakumar@gmail.com
Subject: MD Application Deficiency Notice-Vanita Kumar, MD
Attachments: MDApp_EducationExamInformation.pdf; MDApp_PracticeLicensureInformation.pdf; FINGERPRINT-CARD-INSTRUCTIONS-out-of-state.pdf



TENNESSEE BOARD OF MEDICAL EXAMINERS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

Today's Date: 05.19.20
Initial Deficiency Letter: 05.19.20
Application Deadline Date: 08.19.20

This letter is prepared to notify you of deficiencies remaining in order to complete your application for licensure as a medical doctor in the state of Tennessee. Pursuant to Board rule, applications not complete within ninety days of the initial deficiency letter will be closed. An applicant seeking licensure after the closure of his or her application file will be required to submit a new application and fee. ****Please Note- additional items/corrections must be uploaded to the online application or sent via mail to the address above.**

Review of your application on the above date revealed the items checked below are required to complete your file:

- Completed Mandatory Practitioner Profile Questionnaire (this is a separate document from the application). You may complete the online profile at: <https://lars.tn.gov/datamart/mainMenu.do> ****Please include Board Certifications if you are Board Certified, all education with a start and end date and all postgraduate training with a start and end date.**
- Please provide your undergraduate education information on the attached application page. Be sure to sign and date the top of the page.
- Please provide license information for your CT license on the attached application page. Be sure to sign and date the top of the page.
- Please provide your work history for 2003-2020 with no gaps in the timeline on the attached page of the application. If you were not working provide what you were doing during that time. Be sure to sign and date the top of the page.
- Declaration of Citizenship – the one uploaded to your application is not legible.

- Application indicates pending legal action. **Please have a copy of the complaint sent to this office.**
- Please submit a written explanation for an affirmative answer to the pending legal action question(s) on the application. This should be a description of the circumstances in your own words.
- Verification of licensure directly from each state, country or province in which you hold or have ever held a license. Clearance form has not been received from: **CT, GA, NY**
- Applicants for **initial** licensure in Tennessee **must** obtain a criminal background check. Please follow the directions that are attached. **OCA #1606** ***If you are outside the state of Tennessee you will be fingerprinted at a local sheriff/police station. You will most likely not need a fingerprint card however if you would like one mailed to you please let me know. ***



Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners
665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

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TENNESSEE BOARD OF MEDICAL EXAMINERS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
www.tennessee.gov/health

September 1, 2020

Vanita Kumar, MD
200 Cabrini Blvd Apt # 91
New York, NY 10033

Dear Applicant:

This correspondence is written regarding your application for licensure to practice medicine in Tennessee

Pursuant to **Rule 0880-2-.07(2)**, all documents required to complete an application must be received in our office within **ninety (90)** days of the determination that the application is incomplete. This ninety day deadline date is provided to you in the deficiency letter mailed to you upon receipt and initial process of your application. **Your deadline date is August 19, 2020, extended until September 22, 2020.**

We have determined that the following items must be submitted in order for your application to be deemed complete:

- Written explanation of pending actions (this is a description of the incident in your own words-not an attorney letter)
- Copy of the complaint (at the time of application the action was pending-a copy of the complaint must be provided).
- Criminal Background Check

These items must be received in our office by September 22, 2020, your file will be closed. Once your file is closed, you will be required to submit a new application with all supporting documentation and appropriate fees in the event you later wish to pursue a medical license in Tennessee.

Should you have any questions, feel free to call this office at 615-532-4384.

Sincerely,

Brandi Allocco

Brandi Allocco, Board Administrator

Brandi Allocco

From: Brandi Allocco
Sent: Saturday, September 19, 2020 4:31 PM
To: 'Vanita Kumar'
Subject: RE: [EXTERNAL] Re: TN license for Vanita Kumar
Attachments: MDApp_EducationExamInformation.pdf; Verification of Post Graduate Training pdf

Dr. Kumar,

The consultant reviewed your application file and is not requesting a copy of the complaint. However she noted you listed postgraduate training on the profile that was not included on the application. You will need to add this to the attached application page and provide postgraduate training verification for 2003-2005. We are also still needing your criminal background check.



Health

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

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From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]
Sent: Thursday, September 17, 2020 11:57 AM
To: Rene Saunders
Cc: Brandi Allocco
Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Thank you! I appreciate it.
Kind regards,
Vanita Kumar MD

On Thu, Sep 17, 2020 at 11:21 AM Rene Saunders <Rene.Saunders@tn.gov> wrote:

I am happy to review the application when I am in the office tomorrow.
Have a great day.

Sent from my iPhone

On Sep 17, 2020, at 10:03 AM, Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

Dr Kumar,

I will submit it to the consultant without the documentation, however she will ask for it before approving your application for licensure. After I receive the requested documentation your file will go back for her review again. I can assure you I am not requesting anything that is unnecessary and I am only trying to minimize the time for you license to be approved.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

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From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]

Sent: Thursday, September 17, 2020 9:50 AM

To: Brandi Allocco

Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Sorry, this does not make sense to me? Since that time of initial application, my name has been removed from the case which is the current and up to date status of the case.

Vanita Kumar MD

On Thu, Sep 17, 2020 at 9:58 AM Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

A copy of the complaint will be required since at the time you submitted the application the answer was yes.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

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Our Mission – To protect, promote and improve the health and prosperity of people in Tennessee.

From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]

Sent: Thursday, September 17, 2020 8:50 AM

To: Brandi Allocco

Cc: Mary Ry

Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Hi Brandi,

My name has been removed from the case. I submitted a letter documenting the notice of discontinuance.

Please confirm you have it.

I also overnighted my fingerprint cards to IndentoGO yesterday.

Thank you for your help.

Vanita Kumar MD

On Thu, Sep 17, 2020 at 9:27 AM Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

Good Morning,

The file is also missing a copy of the complaint for the pending legal action.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners

665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

Connect with TDH on [Facebook](#) and [Twitter](#) @TNDeptofHealth!

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From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]

Sent: Monday, September 14, 2020 12:16 PM

To: Brandi Allocco

Cc: Mary Ry

Subject: Re: [EXTERNAL] Re: TN license for Vanita Kumar

Thank you for the extension. I will explore other options to get the fingerprinting done.

Is everything else complete for the rest of my application?

- Vanita Kumar

On Mon, Sep 14, 2020 at 12:50 PM Brandi Allocco <Brandi.Allocco@tn.gov> wrote:

You are able to go anywhere that does fingerprinting that can be mailed into Identogo. I have some people say they go to a UPS store, but I cannot confirm this. The background check is a requirement for licensure. Your file has already been extended. I will hold it open until September 30th but I can't hold it open any longer than that.

<image001.png>

Brandi Allocco | Administrative Services Assistant 3

Tennessee Board of Medical Examiners
665 Mainstream Drive, Nashville, TN 37243

brandi.allocco@tn.gov

tn.gov/health

Connect with TDH on [Facebook](#) and [Twitter](#) @TNDeptofHealth!

Our Mission – To protect, promote and improve the health and prosperity of people in Tennessee.

From: Vanita Kumar [<mailto:vanitakumar@gmail.com>]

Sent: Monday, September 14, 2020 11:40 AM

To: Brandi Allocco

Cc: Mary Ry

Subject: [EXTERNAL] Re: TN license for Vanita Kumar

Hi Brandi,

I am having trouble getting my fingerprints done.

I have been to 3 police stations over the past 2 weeks. One does not have the cards, one will not fingerprint me because I am not a resident of that district and I just went to another station this morning (after calling ahead) and the only officer who is trained to do them is out this week.

Is this step essential for my TN license? If yes, can I please get an extension?

Can I go to a private place for fingerprinting?

Thank you.

Vanita Kumar MD

On Wed, Sep 9, 2020 at 1:32 PM Vanita Kumar <vanitakumar@gmail.com> wrote:

Dear Brandi,

Here is more information regarding the case: Patient came in for office visit. No pregnancy was identified on ultrasound. She was placed on ectopic precautions with Beta HCG follow-up. My care with her ended at that point in time and the follow-up care was to be handled by the clinic staff. It is my understanding that the staff reached out to the patient on 4/13/19 after she failed to show up for 4/11/19 follow-up. She did not respond. On 4/25/19, after experiencing abdominal pain earlier that day, she presented to an outside hospital and was diagnosed with a ruptured ectopic pregnancy.

My name has been removed from this case and this case has been closed completely. I have attached the notice of discontinuance to this email.

I am working on getting my fingerprints to you ASAP. There was a miscommunication, and I was waiting for the TN board to mail me the cards. I hope to get those to you soon!

Thanks for all your help and please let me know if you need anything else.

Best,

Vanita Kumar MD

Vanita Kumar M.D.

EDUCATIONAL AND EXAMINATION INFORMATION

PRE-MEDICAL EDUCATION
From 08/92 To 05/96 Columbia University New York, NY
MM/YY MM/YY Educational Institution Location

From _____ To _____
MM/YY MM/YY Educational Institution Location

From _____ To _____
MM/YY MM/YY Educational Institution Location

MEDICAL EDUCATION

I have spent 4 years in the study of medicine in the medical educational institutions below

From 08/96 To 05/2000 George Washington School Washington D.C.
MM/YY MM/YY Educational Institution of Medicine Location

From _____ To _____
MM/YY MM/YY Educational Institution Location

POSTGRADUATE TRAINING

I have spent 3 years in medical training in the medical educational institutions below

From 07/00 To 06/03 Beth Israel Medical Center New York, NY
MM/YY MM/YY Educational Institution Location
New Mount Sinai Downtown

From _____ To _____
MM/YY MM/YY Educational Institution Location

From _____ To _____
MM/YY MM/YY Educational Institution Location

I have taken the following medical licensure examinations: (Check all applicable)

1. _____ National Boards (NBME) Certificate Number _____
2. _____ FLEX examination administered by the State of _____ on _____ (Date(s))
3. _____ Licensure by the Medical Council of Canada (LMCC)
4. USMLE
5. State Board administered by _____ prior to 1972.
(State)

Are you ABMS Board certified? Y N

If yes, identify board of specialty/subspecialty: American Board of Family Medicine

I intend to perform Level II Office Based Surgery which is integral to a planned treatment regimen and not performed on an urgent or emergent basis Y N

If you intend to perform Level III Office Based Surgery, you must apply for and obtain a permit prior to engaging in such practice. You may access the application by visiting: <https://n.gov/assets/entities/health/attachments/PH-3963.pdf>

Please Print Legibly

1. Name: Kumar, Vanita
Last First Middle Maiden
2. Mailing Address: 200 Cabrini Blvd # B1, New York, NY, 10033
3. Phone Number: Home: (646) 456-1428 Office: () Fax: ()
4. I am a United States Citizen: Yes No
5. I am a foreign national not physically present in the United States Yes No. If you answered yes to this question, please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship MUST provide one of the following:
- Tennessee Driver's License, or photo ID issued by the Tennessee Department of Safety.
 - A valid driver license or ID issued by another state, provided its issuance requirements meet Tennessee Department of Safety criteria.
 - An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not qualify.
 - A federally issued birth certificate.
 - A valid, unexpired U.S. passport.
 - A report of birth abroad of a U.S. citizen.
 - A certificate of citizenship.
 - A certificate of naturalization.
 - A U.S. citizen ID card.
 - Any successor document to #'s e-l above.
 - Any document that is verifiable with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4, please indicate from the list below which category applies to you: (circle one)
- Permanent Resident
 - A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

PH-418X (Rev. 02/17)

RDA 10137

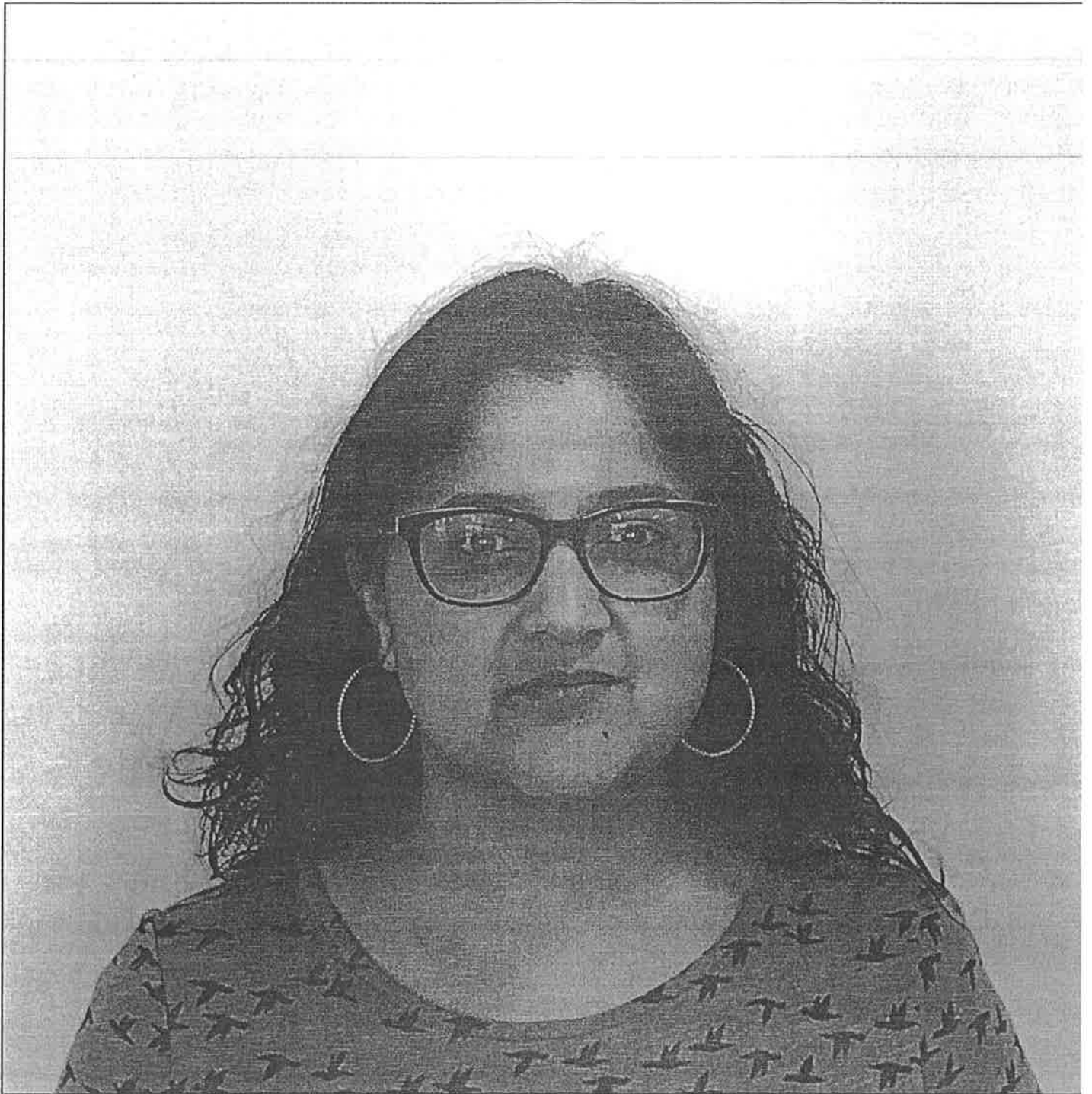
- Asylees who meet the qualifications set out in 8 U.S.C. 1158.
- Refugees who meet the qualifications set out in 8 U.S.C. 1157.
- Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980.
- Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming qualified alien status (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

ALL APPLICANTS MUST SIGN AND HAVE NOTARIZED

I affirm under the penalty of perjury that the above is true and correct.



NURX.

1125 Mission St. 2nd floor,
San Francisco, CA 94103

April 7, 2020

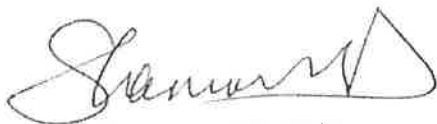
RE: Vanita Kumar, MD

Dear Tennessee Board of Medical Examiners:

I am writing in strong support of Dr. Vanita Kumar in her application to practice medicine in the State of Tennessee.

She is a highly skilled and compassionate physician. I give her my highest recommendation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nancy J. Shannon".

Nancy J. Shannon, MD PhD

NURX.

1125 Mission St 2nd floor,
San Francisco, CA 94103

4/24/20

To Whom It May Concern:

I have worked with Dr. Vanita Kumar over the past year, since 4/15/19. She is an excellent clinician with excellent communication skills and compassion for our patients. I would be happy to have her treat any member of my family.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jessica Rubino". The signature is written in black ink and extends across the width of the text area below it.

Jessica Rubino, MD
Consulting Physician
Nurx

Small text
NEW YORK STATE USA

**NOT FOR
FEDERAL
PURPOSES**

DRIVER LICENSE

ID 157 445 045

Class D

**KUMAR
VANITA**

**200 CABRINI BLVD 91
NEW YORK NY 10033**

Sex F Height 5'-04" Eyes BLK

DOB 06/15/1974

Expires 06/15/2026

E NONE

RB

Issued 06/05/2018



Vanita Kumar

0311174



EXCH 1508

Organ Donor



Tennessee Sexual Offender Registry Search Data Not Found

[Return to Search](#)

No data found for your search.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

KRISTINA TANASKOVIC AND MICHAEL NIKOLIC,

Index No. 700074/2020

Plaintiffs,

-against-

**NOTICE
DISCONTINUING
ACTION**

VANITA KUMAR, M.D. and PLANNED PARENTHOOD
OF NEW YORK CITY, INC.,

Defendants.

I, JOSEPH MUZIO, ESQ., a member of the law firm of Dell & Dean, PLLC, hereby affirm, in accordance with CPLR Rule 3217(a)(1), that the above-entitled action is hereby discontinued as against defendant, Vanita Kumar, M.D. only, with prejudice and without costs to any party. This Notice may be filed with the Clerk of the Court without any further notice.

Dated: Garden City, New York
July 15, 2020

Yours, etc.

DELL & DEAN, PLLC

By:  (RP)
Joseph C. Muzio, Esq.

Attorneys for Plaintiffs
1225 Franklin Avenue – Suite 450
Garden City, New York 11530
(516) 880-9700

Application Summary

4/30/20 12:16 PM

Page 1 of 7

Application Detail

License Type: **Medical Doctor**

Application: **Medical Doctor: Initial Standard License Application**

Application Date: **04/30/2020 (mm/dd/yyyy)**

Application Questions

Have you ever held or applied for a license, privilege, registration or certificate to practice medicine in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? **No**

Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? **No**

Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? **No**

Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? **No**

Have you ever been rejected or censured by a professional association or society? **No**

In relation to the performance of your professional services in any profession: Have you ever had a final judgment rendered against you? **No**

In relation to the performance of your professional services in any profession: Have you ever entered into any settlement of any legal action? **No**

In relation to the performance of your professional services in any profession: Have you ever entered into any settlement of any legal action?

In relation to the performance of your professional services in any profession: Are there any legal actions pending against you or to which you are a party? **Yes**

Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? **No**

My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)? **No**

Personal Detail

First Name: **Vanita**
Last Name: **Kumar**
Professional Qualifier: **M.D.**
Birthdate: **06/15/1974 (mm/dd/yyyy)**
Gender: **Female**
Race: **Asian/P.I.**
Social Security Number: *********

Addresses

Mailing Address

Address: **200 Cabrini Blvd Apt 91**
NEW YORK
NEW YORK, NY
10033
US
Phone Number: **646-456-1428**

Extension:

E-mail Address:

vanitakumar@gmail.com

License Attributes Selected

Specialty

Family Medicine

Fitness and Competency Questions

Do you currently have any condition that is causing impairment that affects your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner? (You may answer no if you are being appropriately treated and not impaired.)

No

Do you currently use any medications or substances (legal, OTC, prescribed or illicit) which in any way impairs or limits your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?

No

During the past two years, did you engage in any activity involving substances, either alcohol or controlled/illicit drugs, that has created or might create a challenging pathway for you in your current or future professional career if continued? If so and you answer "yes" to this question, the Board is prepared to offer an evaluation by the Tennessee Medical Foundation's Physicians Health Program to determine the best pathway to licensure for you as you begin or continue your career in the State of Tennessee. * It should be noted, however, that if such activity is not revealed, but manifests at some later time in your career, the Board, in its role as the protector of the health, safety and welfare of people in the State of Tennessee, will be able to pursue a disciplinary action on your license.

No

Are you currently participating in a Professional Health Program (PHP) or similar type program that provides monitoring and advocacy for you for a physical, mental health or substance use disorder which has caused you impairment?

No

Have you ever been diagnosed as having or have you ever been treated for a paraphilia or other type disease of a predatory nature such as, but not limited to, pedophilia, exhibitionism, voyeurism, etc. **No**

General Information

Have you been known by any other names? **No**

Are you a U. S. Citizen? **Yes**

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) **No**

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) **No**

Type of intended primary specialty practice in Tennessee: **Family Medicine**

Have you previously applied for a medical license in Tennessee? **No**

Educational Information

Name of educational institution attended: **George Washington School of Me**

City: **Washington**

State: **District of Columbia**

Degree/certificate earned: **MD**

Program Major: **MD**

Start date of education program: **08/15/1996 (mm/dd/yyyy)**

Completion date of education program: **05/15/2000 (mm/dd/yyyy)**

Graduation date of education program: **05/15/2000 (mm/dd/yyyy)**

Postgraduate Training History

| | |
|--|------------------------------------|
| Educational Institution where you completed your postgraduate training: | Beth Israel Family Medicine |
| City where the postgraduate training was completed: | NEW YORK |
| State or Country where the postgraduate training was completed: | New York |
| Date Started: | 07/01/2000 (mm/dd/yyyy) |
| Date Ended: | 06/30/2003 (mm/dd/yyyy) |
| Specify the total number of years you have spent in postgraduate medical training: | 3 |

Employment Information

| | |
|--|----------------------------------|
| Have you ever been employed in healthcare in any position? | Yes |
| Company/Employer: | Nurx |
| City and state/country/province where you last practiced: | telehealth |
| Position: | physician |
| Duties: | telehealth- clinical care |
| From Date: | 04/01/2020 |
| To Date: | current |

Exam History

| | |
|---|------------------------|
| National Boards (NBME)? | No |
| FLEX examination? | No |
| Licensure by the Medical Council of Canada (LMCC)? | No |
| USMLE? | Yes |
| State board examination administered prior to 1972? | No |
| Are you ABMS Board certified? | Yes |
| If yes, identify board of specialty/subspecialty: | Family Medicine |

Other Licensure 1

| | |
|--|------------|
| Are you or have you ever been licensed in this profession in another | Yes |
|--|------------|

state/country/province?

License number: **228029**

State/country/province where you held the license: **New York**

Status of the license: **Licensed**

Name used when licensed: **Vanita Kumar**

Are you or have you ever been licensed in any other profession in Tennessee or another state/country/province? **No**

Other Licensure 2

Are you or have you ever been licensed in this profession in another state/country/province? **Yes**

License number: **80889**

State/country/province where you held the license: **Georgia**

Status of the license: **Licensed**

Name used when licensed: **Vanita Kumar**

Are you or have you ever been licensed in any other profession in Tennessee or another state/country/province? **Yes**

Profession in which you were licensed in Tennessee or another state/country/province(s): **Medical Doctors**

State/country/province where you held the license: **Connecticut**

Additional Information

If you have an NPI number, please provide: **1639249824**

Do you intend to perform Level II Office Based Surgery which is integral to a planned treatment regiment and not performed on an urgent or emergent basis? If you intend to perform Level III Office Based Surgery, you must apply for and obtain a permit prior to engaging in such practice. **No**

Do you have a DEA number? **Yes**

If yes, what is the number? **BK8410122**

Attachments

Pending Case Letter.pdf

Explanation and supporting documents
regarding pending actions

Fees

| | |
|--|-----------------|
| State Regulatory Fee | \$10.00 |
| Medical Doctor - Initial Application Fee | \$500.00 |
| Total Amount Due: | \$510.00 |

Attestation

I, being duly sworn and identified as the person referred to in this application, attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a medical doctor in the State of Tennessee. I HEREBY: SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview. RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a medical doctor. AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications. RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification. ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications. AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary. This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

Online Payment Receipt

Receipt Issued By:

Board of Medical Examiners - Medical Doctors & Genetic Counselors

Receipt Issued To:

Corey Bettencourt
1125 Mission st. 2nd Fl.
San Francisco, CA 94103

Date: 04/30/2020

Transaction Identifier: 3780814162

Trace Number: 667334

| License Type | Licensee | Transaction | Application # | Account # | Amount |
|----------------|--------------|--|---------------|-----------|----------|
| Medical Doctor | Vanita Kumar | Medical Doctor: Initial Standard License Application | 1606-331271 | *****9235 | \$510.00 |

Application Summary

8/5/20 12:35 PM

Page 1 of 5

Application Detail

| | |
|-------------------|---|
| License Type: | Medical Doctor |
| Application: | Initial Mandatory Practitioner Profile Questionnaire |
| Application Date: | 08/05/2020 (mm/dd/yyyy) |

Application Questions

| | |
|---|------------|
| Do you hold a certification, specialty or subspecialty from any specialty board recognized by the board regulating the profession for which you are licensed?(This question refers to any certification, specialty or subspecialty from any specialty board recognized by the American Medical Association, American Osteopathic Association, American Podiatry Association, American Chiropractic Association, American Dental Association, APN certifications or any other specialty certifying body as determined by your Tennessee licensing board.) | Yes |
| Do you currently hold staff privileges at a hospital? | No |
| Do you participate in any managed care plans? | No |
| Do you participate in any TennCare plan(s)? | No |
| Within the previous ten (10) years, have you ever had any final disciplinary action taken against you by an agency regulating your license, in this state or any other jurisdiction?(The term final means the matter was fully adjudicated at a hearing and the appeal's period expired, or that the applicable board issued an agreed order or consent decree. The term disciplinary action includes, but is not limited to: • Probation • Limitation/Restriction • Suspension • Revocation • Voluntary relinquishment in lieu of disciplinary action • Compulsory surrender of license or privilege | No |

- Civil or other monetary fine or penalty
- Restriction of privileges in lieu of, or in settlement of, a pending disciplinary case related to competence or character)

Within the previous ten (10) years, have you ever had your hospital privileges revoked or involuntarily restricted for reasons related to competence or character by the hospital's governing body?(The term final means the matter was fully adjudicated at a hearing and the appeal's period expired, or that the applicable governing body or the hospital issued an agreed order or consent decree. The term disciplinary action against your privileges includes, but is not limited to:

No

- Curtailed
- Limited
- Suspended
- Revoked
- Any other adverse action taken against a privilege by a medical/health related institution
- Compulsory surrender of license or privilege
- Civil or other monetary fine or penalty.)

Within the previous ten (10) years, have you ever been asked to or allowed to resign from or had any medical staff privileges restricted or not renewed by any hospital in lieu of or in settlement of a pending disciplinary action related to competence or character?(The term final means the matter was fully adjudicated at a hearing and the appeal's period expired, or that the applicable governing body or the hospital issued an agreed order or consent decree. The term disciplinary action includes, but is not limited to:

No

- Resignation from or non-renewal of medical staff membership at a hospital in lieu of, or in settlement of, a pending disciplinary case related to competence or character
- Restriction of privileges in lieu of, or in settlement of, a pending disciplinary case related to competence or character)

Have you within the most recent ten (10) years, been found guilty, regardless of whether adjudication of guilt was withheld, or pled guilty or nolo contendere to a criminal misdemeanor or felony in any jurisdiction?(This part requires you to report any state or federal felony criminal offenses

No

also requires the reporting of misdemeanor offenses, regardless of classification, in which any element of the offense involves sex; alcohol or drugs; physical injury or threat of injury to any person; abuse or neglect of any minor, spouse or the elderly; fraud or theft in Tennessee or another jurisdiction; or unlicensed practice within the most recent ten (10) years. If any misdemeanor conviction reported is expunged, a copy of the order of expungement signed by the judge must be submitted to the Department before the conviction will be removed from any profile.)

Have you had a medical malpractice court judgment, arbitration award, or settlement against you since May 19, 1998?(You are required to indicate all medical malpractice court judgments, arbitration awards, or settlements in which a payment was awarded to a complaining party beginning with judgments or settlements entered or executed within the previous ten (10) years. That means if the act or event leading to the claim occurred greater than ten (10) years but was finally adjudicated against you within the last ten (10) years, you must indicate that claim in the space provided. JUDGMENTS OR SETTLEMENTS BELOW THE FOLLOWING AMOUNTS ARE NOT REQUIRED TO BE SUBMITTED. Pending malpractice claims are not required to be reported unless/until final adjudication against you.

No

A) For Medical Doctors and Osteopathic Physicians, judgments or settlements below \$75,000 are not required to be

B) For Chiropractors, judgments or settlements below \$50,000 are not required to be submitted. submitted.

C) For Dentists, judgments or settlements below \$25,000 are not required to be submitted.

D) For all other professions, judgments or settlements below \$10,000 are not required to be submitted.)

Addresses

Practice Address

Name:

Nurx

Address:

1125 Mission st. 2nd Fl

SAN FRANCISCO

San Francisco, CA

94103

US

Phone Number: **800-321-6879**

Extension:

E-mail Address: **vanita.kumar@nurx.co**

Practice Address Questions for Clarification

Is your practice address your home address? **No**

Medical, Professional or Training Schools

What school(s)/educational programs have you attended? **George Washington University School of Medicine**

City: **Washington**

State: **District of Columbia**

Country: **United States of America**

Date attendance started at institution: **08/01/1996 (mm/dd/yyyy)**

Date attendance ended at institution: **05/25/2000 (mm/dd/yyyy)**

Date graduated from institution: **05/25/2000 (mm/dd/yyyy)**

What type of degree do you hold from the institution? **Doctor of Medicine**

Graduate Medical Education or other Graduate-Level Training 1

Institution you attended for medical/professional graduate and/or post-graduate training (internship, residency, fellowship or other program). **Beth Israel Medical Center**

Specialty Area: **Family Practice**

State: **New York**

Date attendance started at institution: **07/01/2000 (mm/dd/yyyy)**

Date attendance ended at institution: **06/30/2003 (mm/dd/yyyy)**

Graduate Medical Education or other Graduate-Level Training 2

Institution you attended for medical/professional graduate and/or post-graduate training (internship, residency, fellowship or other program).

Albert Einstein College of Medicine

Specialty Area:

Family Medicine

State:

New York

Date attendance started at institution:

07/01/2003 (mm/dd/yyyy)

Date attendance ended at institution:

06/01/2005 (mm/dd/yyyy)

Attestation

Date of Profile Submission:

08/05/2020 (mm/dd/yyyy)

Specialty Board Certifications

Name of certifying body or board institution which issued the recognized specialty:

American Board of Family Medicine

Name of the recognized certification, specialty or subspecialty:

Family Medicine

Attestation

PRACTITIONER PROFILE ATTESTATION: I affirm these statements are true and correct and recognize that providing false information may result in disciplinary action against my license pursuant to T.C.A. §§ 63-32-113 and/or 63-32-118. I understand that by submitting this profile questionnaire, I realize that I will not receive a confirmation report before this information is published online.