

**Amna Ibrahim Dermish, MD**

**Licensed Physician #MD2021-0769**

Issue Date

**07/19/2021**

Expiration Date

**07/01/2022**

Signature of Holder

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a government agency.

**New Mexico Medical Board  
Triennial Renewal Certificate**

**This is to certify that**

**Amna Ibrahim Dermish, MD**

**License Number: MD2021-0769**

**Having complied with the provisions of the Medical Practice Act is  
hereby granted a license to practice in the State of New Mexico as a Physician.**

**Issue Date: 07/19/2021    Date Expires: 07/01/2022\***

*\*A New Mexico medical license that has not been renewed by July 1  
of the renewal year will remain temporarily active with respect  
to medical practice until September 30 of the renewal year at  
which time, the status will be changed to lapsed. A lapsed  
license is not valid for practice in New Mexico.*

**This License Must Be Conspicuously Posted in Each Practice Location**



The New Mexico Physician and Practitioner  
Credentials Application ©

Physician (MD) Application



D#2389058  
Endorsement

Applying for Federal Emergency Temporary Licensure? ☐

Date of Application: 6/4/2021

Application Fee: \$400.00

PayPal Confirmation: AL0A6EACE47B

TOTAL: \$400.00

Name: Amna Ibrahim Dermish

Maiden or Other Names Used

Will you be applying by endorsement?

☒ Yes ☐ No

Applying using:

☐ NMMS

☒ HSC

☐ FCVS

What are your NM practice plans?

Provide Outpatient gynecologic care NM

Gender: Female

Citizenship: United States

Place of Birth:

Social Security Number: [REDACTED] 7768

Date of Birth: [REDACTED] 1979

State Tax ID#:

☐ Pending

Fed. Tax ID#:

☐ Pending

Medicare#:

☐ Pending

Medicaid #:

☐ Pending

Unique Physician Identification Number (UPIN):

☐ Pending

National Provider Identifier Number (NPI): 1457417271

☐ Pending

CLIA Number (if applicable):

Approval Level:

Expiration Date:

**Home Address**

Street Address: [REDACTED]

City, State/Province and Zipcode: Austin, TX, 78702

Country: United States

Telephone Number: [REDACTED] 5378

Pager Number:

Cell Phone Number:

Spouse's Name (Optional):

**Credentials Correspondence Address**

Department:

Street Address: 201 E Ben White Blvd

City, State/Province and Zipcode: Austin, TX, 78704

Country: United States

Email: amna.dermish@ppgt.org

Telephone Number: 512-276-8000

Facsimile Number: 512-441-6189

**Military Service**

Branch:

Type of Discharge:

Dates: From:

To:

☐ Current

Rank:

**Immigration**

Status:

Certification Number:

**ECFMG (Educational Commission for Foreign Medical Graduates)**

Number (if applicable):

Date Issued:

(Please attach a copy of your ECFMG certificate)

**Languages**

Foreign Languages (spoken fluently by practitioner):

**Certifications**

ACLS CERTIFICATION

ATLS CERTIFICATION

PALS CERTIFICATION

Certified? ☒ Yes

☐ No

Certified? ☐ Yes

☒ No

Certified? ☐ Yes

☒ No



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Expires: 3/31/2023

Expires:

Expires:



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Physician (MD) Application



**HOSPITAL AND HEALTHCARE AFFILIATIONS**

☐ Are you a PCP?

☐ Do you deliver babies?

☒ Are you an MD, DO, or DPM?

**If you answered yes to any question above, you must:**

(a) Have admitting privileges at a hospital (list below) OR

(b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

☒ Do you have courtesy or consulting privileges at this facility.

☒ If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

Facility Name: Intermountain Medical Center (IMC)

☐ Is this your primary admitting facility

Department: MSO

Street Address: 5121 Cottonwood St

City: Murray

State/Province: UT

Zip Code: 84107

Country: United States

Phone Number: 801-507-5180

Facsimile: 801-507-5141

Appointment Dates From: 07/2011

To: 06/2013

☐ Present

Type of Appointment: Active

Facility Name: Westlake Medical Center

☐ Is this your primary admitting facility

Department: Medical Staff Office

Street Address: 5656 Bee Canvas Rd

City: Austin

State/Province: TX

Zip Code: 78746

Country: United States

Phone Number: 512-327-0000

Facsimile: 512-697-3501

Appointment Dates From: 11/2013

To: 03/2017

☐ Present

Type of Appointment: Active

Facility Name: St David's Medical Center South

☐ Is this your primary admitting facility

Department: Medical Staff Office

Street Address: 901 W Ben White Blvd

City: Austin

State/Province: TX

Zip Code: 78704

Country: United States



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Phone Number: 512-447-2211

Facsimile: 512-816-7278

Appointment Dates From: 01/2014

To:

☒ Present

Type of Appointment: Active

Facility Name: St David's Medical Center

☐ Is this your primary admitting facility

Department: Medical Staff Office

Street Address: 919 East 32nd St

City: Austin

State/Province: TX

Zip Code: 78705

Country: United States

Phone Number: 512-901-2530

Facsimile: 512-901-1998

Appointment Dates From: 12/2013

To:

☒ Present

Type of Appointment: Active

**WORK HISTORY**

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Organization: Planned Parenthood of Greater Texas

From: 07/2013 To:

☒ Present

Department:

Street Address: 201 E Ben White Blvd

City: Austin

State/Province: TX

Zip Code: 78704

Country: United States

Phone Number: 512-276-8000

Contact:

Fax Number: 512-441-6189

Type of Practice: Active

**Please provide written explanation for any gaps in work history of six (6) months or more.**

Organization: Pennsylvania Hospital

From: 07/2010 To: 06/2011 ☐ Present

Department:

Street Address: 800 Spruce St

City: Philadelphia

State/Province: PA

Zip Code: 19107

Country: United States

Phone Number: 215-829-3000

Contact:

Fax Number:

Type of Practice: Active

**Please provide written explanation for any gaps in work history of six (6) months or more.**

Organization: University of Utah Hospitals and Clinics

From: 07/2011 To: 06/2013 ☐ Present

Department: Medical Staff Office

Revised: June, 2012

Name: Arna Dermish  
Date: June 04, 2021

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Street Address: 50 North Medical Drive

City: Salt Lake City

State/Province: UT

Zip Code: 84132

Country: United States

Phone Number: 801-581-2683

Contact:

Fax Number: 801-581-3042

Type of Practice: Active

**Please provide written explanation for any gaps in work history of six (6) months or more.**

Work history gap explanations follow:

**PRACTICE LOCATIONS**

Group Name: Planned Parenthood of Greater Texas

Effective Date: 7/2013

Department:

Street Address: 201 E Ben White Blvd

City: Austin

State/Province: TX

Zip Code: 78704

Country: United States

Phone Number: 303-884-5378

Facsimile Number: 512-441-6189

Email Address: tonya.capson@ppgt.org

Answering Service Number:

Foreign Languages (spoken fluently at practice):

Office Manager or Contact Person: Tonya Capson

Phone: 512-276-8072

**Billing Address**

Billing Information same as practice information

Practice Associates (if applicable):

Call Coverage (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the office hours for your Practice or Group Practice? (Provide days/hours):

What provisions have been made for after hours?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUING EDUCATION**

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.

2. If you are applying for privileges at a hospital or clinic, please complete the enclosed privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.







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Country: United States

Email: mollie.mcdonnold@hcahealthcare.com

Phone Number: 512-821-2540

Facsimile Number:

**LICENSURE REGISTRATION INFORMATION**

List all licenses held in all jurisdictions. Attach a separate page if necessary.

State Professional License/Certification Number: 25MA08848500

☐ Pending

State: New Jersey

Issue Date: 10/4/2010

Expiration Date: 6/30/2011

State Professional License/Certification Number: MD439505

☐ Pending

State: Pennsylvania

Issue Date: 3/17/2010

Expiration Date: 12/31/2014

State Professional License/Certification Number: MT187794

☐ Pending

State: Pennsylvania

Issue Date: 3/30/2006

Expiration Date: 6/17/2010

State Professional License/Certification Number: P7267

☐ Pending

State: Texas

Issue Date: 7/15/2013

Expiration Date: 8/31/2021

State Professional License/Certification Number: 7894043-1205

☐ Pending

State: Utah

Issue Date: 4/19/2011

Expiration Date: 1/31/2014

**LICENSING EXAM**

Please check all that apply:

☐ State Board Exam (Prior to 1973)

Which State?

Date(s) passed?

☐ FLEX

Part/Step 1 Date  
Passed

☐ LMCC

Part/Step 1 Date  
Passed

☐ National Board

(NBME)  
Part/Step 1 Date  
Passed

Part/Step 2 Date  
Passed

Part/Step 3 Date  
Passed

☒ USMLE

Part/Step 1 Date  
Passed 6/4/2004

Part/Step 2 Date  
Passed 8/15/2005

Part/Step 3 Date  
Passed 5/9/2007

**DRUG CERTIFICATION INFORMATION**





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Federal Drug Enforcement Administration (DEA) Registration: ☐ N/A  
DEA Number: [REDACTED] 0356 Expiration Date: 6/30/2022 ☐ Pending

State Controlled Substance Registration (CSR): ☐ N/A  
CSR Number: 7894043-8905 Expiration Date: 1/31/2014 State: Utah ☐ Pending  
CSR Number: L0199338 Expiration Date: 8/31/2017 State: Texas ☐ Pending

**EDUCATION**

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Masters  
Institution: University of Utah  
Department:  
Street Address: 175 N. Medical Drive East 5th  
City: Salt Lake City  
Country: United States  
Degree Earned: MS - Master of Science  
If teaching appointment: Department/Position  
Dates Attended:  
From: 7/2011  
To: 12/2013  
State/Province: UT Zip Code: 84123  
Graduation Date: 2013  
or Specialty: Research - Clinical

Degree Level: Fellowship  
Institution: University of Utah Health Sciences Center  
Department: GME  
Street Address: 30 N 1900 E #1C412  
City: Salt Lake City  
Country: United States  
Degree Earned: MD - Doctor of Medicine  
If teaching appointment: Department/Position  
Dates Attended:  
From: 7/2011  
To: 6/2013  
State/Province: UT Zip Code: 84132  
Graduation Date: 2013  
or Specialty: Other added Privileg

PG-T

Degree Level: Residency  
Institution: Pennsylvania Hospital  
Department: Radiology Residency Program  
Street Address: 800 Spruce Street  
City: Philadelphia  
Dates Attended:  
From: 6/2006  
To: 6/2010  
State/Province: PA Zip Code: 19107

PG-T



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Country: United States  
Degree Earned: MD - Doctor of Medicine  
If teaching appointment: Department/Position

Graduation Date: 2010  
or Specialty: Obstetrics/Gynecology

Degree Level: Not Specified  
Institution: University of Colorado School of Medicine  
Department:  
Street Address: 13121 E 17th Place  
City: Aurora  
Country: United States  
Degree Earned: MD - Doctor of Medicine  
If teaching appointment: Department/Position

Dates Attended:  
From: 8/2002  
To: 5/2006

State/Province: CO Zip Code: 80045  
Graduation Date: 2006  
or Specialty: Dept of Medicine

Degree Level: Undergraduate  
Institution: University of Pittsburgh  
Department: Office of the Registrar  
Street Address: 220 Thackeray Hall  
City: Pittsburgh  
Country: United States  
Degree Earned: BS - Bachelor of Science  
If teaching appointment: Department/Position

Dates Attended:  
From: 8/1997  
To: 5/2001

State/Province: PA Zip Code: 15260  
Graduation Date: 2001  
or Specialty: Psychology

**SPECIALTY BOARD CERTIFICATIONS**

If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted by examination in your specialty, please give a brief explanation on an attached sheet. Explain any gaps or delays in achieving Board certification by the recognized Board in your specialty area.

☒ Board or ☐ Specialty Board Name: American Board of Obstetrics and Gynecology  
Date Certified: 11/08/2013 Date Last Recertified: Expiration Date: 12/31/2021 ☐ Lifetime  
Certification Number: 9020106

**MEDICAL MALPRACTICE INSURANCE**

Do you have current medical malpractice insurance? ☒ Yes ☐ No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.

Carrier: National Union Fire Ins. Co. of Pittsburgh  
Department:  
Street Address: 100 Summer St

Limits: [REDACTED]

☐ Pending



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Physician (MD) Application



City, State/Province and Zipcode: Boston, MA, 02110

Country: United States

Dates Insured: From: 01/01/2013 To: 05/01/2020 Policy Number: [REDACTED] 3286

Carrier: Affiliates Insurance Reciprocal, A RRG

Limits: [REDACTED]

Department:

Street Address: 30 Main St

☐ Pending

City, State/Province and Zipcode: Burlington, VT, 05401

Country: United States

Dates Insured: From: 05/01/2020 To: 01/01/2022 Policy Number:



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**PROFESSIONAL PRACTICE QUESTIONS**

Please answer the following Yes or No questions. Note that "N/A" is not an acceptable response except for question #16. If you answer YES to any question, you must give details including name, address, and telephone number of significant parties on a separate sheet of paper. You must respond to each question.

1	Has your professional liability coverage ever been terminated by action of the insurance company (except as a result of the company ceasing to offer insurance coverage to physicians or other practitioners)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Have you ever been denied professional liability insurance coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3	Has your professional liability carrier ever excluded any specific procedures from your coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Have you ever been named as a defendant in any criminal proceedings?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Have you ever been subject to investigation by a governmental entity or Board that either could have resulted, or did result, in licensure sanctions or other adverse actions, irrespective of the outcome?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10a	Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional competence or conduct?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10b	Have you ever agreed not to exercise your clinical privileges while under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10c	Have you ever been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11	Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12a	Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12b	Are any currently held licenses pending investigation or being challenged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14	Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, or voluntarily or involuntarily limited, suspended, revoked, or restricted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15	Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please list on a separate sheet of paper for each case: Name, age, sex of patient/claimant, Date(s) and type of treatment and/or surgery that led to the allegations against you, Nature of allegations in claims/suits. Specify whether a suit was ever filed, Names of other practitioners and hospital, if any, involved in claims or suit, Disposition or current status of claim or suit (be specific), Name of insurance carrier defending you.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16	Have you ever been reported to the National Practitioner Data Bank?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17a	Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		



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- 17b Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO) [REDACTED]
- 18 Do you have or have you been diagnosed with an illness or condition which impairs your judgement or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status. [REDACTED]
- 19a Have you ever, for any reason, resigned from a medical school or postgraduate training (PGT) program? ☐ Yes ☒ No
- 19b Have you ever, for any reason, withdrawn from a medical school or postgraduate training (PGT) program? ☐ Yes ☒ No
- 19c Have you ever, for any reason, been suspended, dismissed, or expelled from a medical school or postgraduate training (PGT) program? ☐ Yes ☒ No
- 19d Have you ever, for any reason, been placed on probation or remediation, including academic probation or remediation, by a medical school or postgraduate training (PGT) program? ☐ Yes ☒ No
- 19e Have you ever, for any reason, taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or postgraduate training (PGT) program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issues, etc)? ☐ Yes ☒ No
- 20 I attest that I will limit my practice to areas in which I am competent to practice. ☒ Yes
- 21 Are you currently in arrears for payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state? ☐ Yes ☒ No



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Physician (MD) Application

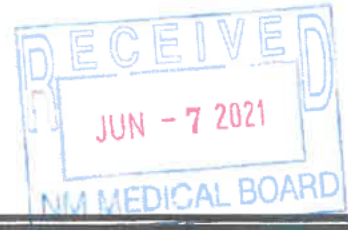


**Professional Practice Questions - Explanations**

- 15: • Name of claimant: C [REDACTED] L [REDACTED] (Female), on behalf of J [REDACTED] L [REDACTED] (Female), deceased Infant
- Incident Date: 12/28/2008
  - Date Claim Filed: 12/22/2010
  - Liability Carrier Involved:
    - o Franklin Casualty
    - o 100 Bank St, Burlington VT 05401
    - o 802-864-5599
  - Policy Number: [REDACTED] 0110
  - Defense Attorney: Richard Margulies, Esq
  - Method of Resolution: Anna Dermish dismissed 11/4/2013
  - Were you primary defendant or co-defendant?: Co-Defendant
  - Co-defendants:
    - o The Pennsylvania Hospital of the University of Pennsylvania Hospital System
    - o Penn OBGYN and Midwifery Care
    - o Joshua Johansson MD
    - o Megan Donaghy CNM
    - o Peter Gearhart MD
    - o Rebecca Mazar MD
    - o Segundo Cardenas-Goicoechea MD
    - o Sabrina Sukhan MD
    - o Renee Anderson DO
    - o Emily Binkley MD
    - o Stephanie Ewing MD
    - o Misa Belazi MD
    - o Joshua Ney MD
  - Your Involvement: Resident
  - Description of Allegations:
    - o The plaintiff alleges that the defendants failed to provide appropriate care during the pregnancy, including with regard to evaluation of the fetus and sickle-cell related issues. Dr. Dermish was a PGY-3 resident at Pennsylvania Hospital at the time of the care. Her only involvement in the case was related to care of the patient during a December 20, 2008 at the Perinatal Evaluation and Testing Center at Pennsylvania Hospital, where the patient was seen for a possible sickle cell crisis. Dr. Dermish signed out to another resident when her shift ended at approximately 8:00 a.m., more than six hours before the patient was discharged. Dr Dermish was dismissed 11/4/2013
  - Description of Alleged Injury:
    - o Failure to adequately treat sickle cell disease and gestational diabetes, resulting in Intrauterine fetal demise



New Mexico Medical Board  
2055 S. Pacheco St. Bldg. 400  
Santa Fe, NM 87505 (505) 476-7220



**APPLICANT'S OATH**

I, Amna Dermish, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board 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 Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



Applicant Signature

6/4/21

Date

\*Passport-quality color photograph taken within six months prior to filing the application size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name (printed) Amna Dermish Date 6/4/21



## Amna Dermish, M.D., MSCI

Austin, TX

██████████@gmail.com

### Education

MSCI, (Clinical Investigation), University of Utah, Salt Lake City, UT Thesis Title: An Intervention to Manage Difficult IUD Insertions Advisor: David K. Turok M.D. MPH	2013
M.D., University of Colorado, Denver, CO	2006
B.S., Psychology (Summa Cum Laude), University of Pittsburgh, Pittsburgh, PA	2001

### Postdoctoral Training

Fellowship, Complex Family Planning, University of Utah, Salt Lake City, UT	2011-2013
Residency, Obstetrics and Gynecology, Pennsylvania Hospital, Philadelphia, PA	2007-2010
Internship, Obstetrics and Gynecology, Pennsylvania Hospital, Philadelphia, PA	2006-2007

### Academic and Leadership Appointments

Program Director – Early Pregnancy Assessment & Ultrasound Services Planned Parenthood of Greater Texas, Austin, TX	2019-present
Program Director – Transgender Health Services Planned Parenthood of Greater Texas, Austin, TX	2017-present
Regional Medical Director – Central Texas Planned Parenthood of Greater Texas, Austin, TX	2016-present
Director, Family Planning Rotation Department of Women's Health, Dell Medical School UT Austin, Austin, TX	2016-2018
Clinical Affiliate Faculty Department of Women's Health, Dell Medical School UT Austin, Austin, TX	2015-present
Clinical Associate Professor Department of Obstetrics and Gynecology, UT Southwestern, Austin, TX	2013-2014

### Other Relevant Employment and Clinical Activities

COVID-19 Response Task Force, Planned Parenthood of Greater Texas, Austin TX	2020-present
Medical Director Representative, Inaugural Nominating Committee for PPFA's Clinical Advisory Committee, Planned Parenthood Federation of America	2020
Staff Physician, Planned Parenthood of Greater Texas, Austin TX	2013-present
Clinical Training Program Faculty for Nexplanon, Merck	2012-present
OB Hospitalist, Intermountain Medical Center, Salt Lake City UT	2011-2013
OB Hospitalist, Clinical Care Associates, Pennsylvania Hospital, Philadelphia PA	2010-2011

### Honors and Awards

Golden Apple Teaching Award, Department of Women's Health, Dell Medical School UT Austin, Austin, TX	2020
Phi Beta Kappa	2001

Updated 1/2021

HSC  
6/9/2021  
CVS

HSC  
6/9/2021  
CVS

**Professional Memberships and Activities with Leadership Positions**

PPFA Medical Directors Council Vice President, Board of Trustees	2019-present
PPFA Medical Directors Council Secretary, Board of Trustees	2017-2019
PPFA Medical Directors Council Secretary and Treasurer, Board of Trustees	2016-2017
Fellow, American College of Obstetricians and Gynecologists	2014-present
Society of Family Planning	2011-present

**Educational Activities****Teaching Activities**

HSC  
6/9/2021  
CVS

UT Austin - Sexual and Reproductive Health for Non-Science Majors, Guest Lecturer, 94 students, Emergency Contraception and Medication Abortion	2014-2016
University of Utah - MS2014 M+R - OB Small Group Activity, Facilitator, 10 students, Contraception and Abortion	2011-2013

**Clinical Teaching and Supervision**

Clinical supervision and prescriptive authority over Advanced Practice Clinicians at Planned Parenthood of Greater Texas, 15%	2013-present
Oversee training of first and second year OB/GYN residents in Family Planning, at Planned Parenthood of Greater Texas, 15%	2013-present
Oversee training of OB/GYN residents in general Obstetrics and Gynecology, University of Utah, 20%	2011-2013
Oversee training of OB/GYN residents and in general Obstetrics and Gynecology, Pennsylvania Hospital, 100%	2010-2011

**Advising and Mentoring****Students**

Medical Students for Choice – Faculty Co-Advisor Dell Medical School Chapter at UT Austin	2016-present
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**Grants****Completed**

Society of Family Planning Amna Dermish (PI) An Intervention to manage difficult IUD insertions This was a study of an intervention aimed at improving IUD insertion success among a group of advanced practice clinicians (APCs) at family planning clinics in Utah. Total: \$75,000 Direct: \$75,000 Role: PI (40% effort)	2012-2013
National Family Planning & Reproductive Health Association Amna Dermish (PI) Assessment and Promotion of Bedsider.org in Family Planning Health Centers This study assessed the impact of a clinic-based intervention using Bedsider.org to increase use of more effective contraceptives. Total: \$10,000 Direct:\$10,000 Role: PI (50% effort)	2012-2013

Bayer Pharmaceuticals	WH-2012-26	Amna Dermish (PI)	2012-2013
An Intervention to manage difficult IUD insertions			
This was a study of an intervention aimed at improving IUD insertion success among a group of advanced practice clinicians (APCs) at family planning clinics in Utah.			
Total: Product support in form of devices (Mirena IUDs) for study			
Role: PI (100% effort)			
Teva Pharmaceuticals		Amna Dermish (PI)	2012-2013
An Intervention to manage difficult IUD insertions			
This was a study of an intervention aimed at improving IUD insertion success among a group of advanced practice clinicians (APCs) at family planning clinics in Utah.			
Total: Product support in form of devices (Paragard IUDs) for study			
Role: PI (100% effort)			

## Publications

### Peer-reviewed publications

1. Goyal V, Wallace R, **Dermish AI**, Kumar B, Schutt-Ainé A, Beasley A, Aiken ARA. Factors associated with abortion at 12 or more weeks gestation after implementation of a restrictive Texas law. *Contraception*, 102(5):314-317. (2020)
2. Goyal V, Brooks IHM, Wallace R, **Dermish AI**, Kumar B, Schutt-Ainé A, Beasley A, Aiken ARA, Potter JE. Medication abortion use among low-income and rural Texans before and during state-imposed restrictions and after FDA-updated labeling. *Am J Obstet Gynecol*, 223(2):236e1-236e8. (2020)
3. Goyal V, Canfield C, Aiken AA, **Dermish A**, Potter J. Postabortion Contraceptive Use and Continuation When Long-Acting Reversible Contraception Is Free. *Obstetrics and Gynecology*, 129(4):655-662. (2017)
4. **Dermish A**, Turok DK, Jacobson J, Murphy PA, Saltzman HM, Sanders JN. Evaluation of an intervention designed to improve the management of difficult IUD insertions by advanced practice clinicians. *Contraception*, 93(6):533-538. (2016)
5. Torres LN, Turok DK, Sanders JN, Jacobson JC, **Dermish AI**, Ward K. We should really keep in touch: predictors of the ability to maintain contact with contraception clinical trial participants over 12 months. *Contraception*, 90(6):575-80. (2014)
6. Jacobson JC, Turok DK, **Dermish AI**, Nygaard IE, Settles ML. Vaginal microbiome changes with levonorgestrel IUD placement. *Contraception*, 90(2):130-5. (2014)
7. Turok DK, Jacobson JC, **Dermish AI**, Simonsen SE, Gurtcheff S, McFadden M, Murphy PA. Emergency contraception with a Copper IUD or oral levonorgestrel: an observational study of 1-year pregnancy rates. *Contraception*, 89(3):222-8. (2014)
8. Turok DK, Godfrey EM, Wojdyla D, **Dermish A**, Torres L, Wu SC. Copper T380 Intrauterine device for emergency contraception: highly effective at any time in the menstrual cycle. *Human Reproduction*, 28(10): 2672-6. (2013)
9. **Dermish, A**, Turok D. The copper intrauterine device for emergency contraception: an opportunity to provide the optimal emergency contraception method and transition to highly effective contraception. *Expert Rev Med Device*, 10(4) 477-88. (2013)
10. **Dermish, A**, Turok D, Jacobson J, Flores M, McFadden M, Burke K. Failed IUD insertions in community practice: An under-recognized problem? *Contraception*, 87(2):182-6. (2013)
11. Swenson C, Turok DK, Ward KM, Jacobson JC, **Dermish A**. Self-administered Misoprostol or Placebo Prior to Intrauterine Device Insertion in Nulliparous Women: A Randomized Controlled Trial. *Obstetrics and Gynecology*, 120(2 Pt 1), 341-7. (2012)

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**Invited Presentations, Posters & Abstracts****National**

1. Clare Coleman, **Amna Dermish**, Allison Whitney. "Reproductive Health in Crisis – What Workforce Strategies are Needed?" - Challenges with Recruitment and Retention 2019  
Fitzhugh Mullan Institute for Health Workforce Equity
2. **Amna Dermish**, Allison Norris, Leana Wen. Future of Roe – Access and Preparedness 2019  
Planned Parenthood Affiliate Chief Executives Committee Meeting
3. V Goyal, I McLoughlin, R Wallace, **A Dermish**, B Kumar, A Schutt-Aine, A Beasley, A Aiken, et al. Filling the gap left by HB2: Were remaining Texas abortion clinics able to serve the entire state?, [Abstract and Poster]. *Winner of 1<sup>st</sup> place Poster/Abstract Award* 2018  
North American Forum on Family Planning. Contraception, 98(4), 347
4. V Goyal, I McLoughlin, R Wallace, **A Dermish**, B Kumar, A Schutt-Aine, A Beasley, A Aiken, et al. Filling the gap left by HB2: The impact of Texas legislative restrictions on use of medication for abortion [Abstract and Poster]. 2018  
North American Forum on Family Planning. Contraception, 98(4), 334-335
5. **Amna Dermish**, Mary Stark, Amy Whitaker. Abortion Access – No Matter What 2018  
Planned Parenthood Leadership Council Conference
6. **Amna Dermish**, Julia Kohn, Gabrielle Stopper. Research to Measure and Improve Access in Uncertain Times 2018  
Planned Parenthood Leadership Council Conference
7. **Amna Dermish** and Bri Tristan. The Difficult Intrauterine Device Insertion – Tips and Techniques. 2017  
ACOG Annual Clinical and Scientific Meeting
8. **Amna Dermish**. Adolescent Contraception. 2017  
Contraceptive Technology, San Francisco CA & Boston MA
9. **Amna Dermish**. Abnormal Uterine Bleeding – A Pathway to Diagnosis 2017  
Contraceptive Technology, San Francisco CA & Boston MA
10. **Amna Dermish**. IUDs – Management of challenging cases and complications. 2016  
Contraceptive Technology, San Francisco CA & Boston MA
11. **Amna Dermish**. Postabortion Contraception 2016  
Contraceptive Technology, San Francisco CA & Boston MA
12. **Amna Dermish**. Provider Education and Training to Increase Use of Intrauterine Contraception: Part 1 2016  
Association of Reproductive Health Professionals, Webinar
13. Vinita Goyal, Abigail Aiken, **Amna Dermish**, Joseph Potter. Comparing contraceptive choices among postabortion patients with and without free access to long-acting reversible contraceptive (LARC) methods [Abstract]. 2015  
North American Forum on Family Planning. Contraception, 92(4), 385-386.
14. **Amna Dermish**, David Turok, Jaewhan Kim. Cost-Effectiveness of Emergency Contraception – IUDs vs. Oral EC [Abstract]. 2012  
North American Forum on Family Planning. Contraception, 86(3), 316.
15. David Turok, Janet Jacobson, **Amna Dermish**, Sara Simonson, Patricia Murphy. Pregnancy rates 1 year after choosing the copper T380 IUD or oral levonorgestrel for emergency contraception: a prospective observational study [Abstract]. 2012  
North American Forum on Family Planning. Contraception, 86(3), 294.

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16. **Amna Dermish**, David Turok, Janet Jacobson, Patricia Murphy, Katie Ward. Oral LNG vs Copper T 380 IUD for EC: Understanding Use in Relation to Timing from LMP. [Poster]. 2012

Association of Reproductive Health Professionals, New Orleans, LA.

17. **Amna Dermish**, David Turok. Can't Get it in - Difficult IUD Insertions. 2011  
Association of Reproductive Health Professionals/Reproductive Health 2011, Las Vegas, NV, USA

18. **Amna Dermish**, David Turok, Janet Jacobson. Can't Get it in - Difficult IUD Insertions. 2011

North American Forum on Family Planning, Washington, DC, USA

#### Regional

1. **Amna Dermish**, Marsha Jones, Cynthia Osborne, Veronica Whitehead. 2020  
Reproductive Justice and Gender Equity

bigBANG!2020 – Equity in Action, Dallas TX

2. **Amna Dermish**, Lindsay Matthews, Stephanie Mitchell. Check Yourself: Know your body before you have to fight for it 2020

Born Into This 3<sup>rd</sup> Annual Conference

3. Elizabeth Cardwell, **Amna Dermish**. Abortion and Family Planning Services 2020  
Women's Health Elective, Harris College of Nursing and Health Sciences, Texas Christian University

4. **Amna Dermish**, Sarah Wheat. Reproductive Healthcare in Texas 2019  
Feminist Camp, Austin TX

5. Top Tier Methods of Contraception – daylong hands on training session in LARCs for OBGYN and Family Medicine residents in Chicago area 2017

Chicago, IL

6. **Amna Dermish**, Becky Rogers, Michele Rountree. Community Health Champions Panel on Women's Health 2016

Austin, TX

7. **Amna Dermish**, Long Acting Reversible Contraceptives – Lessons from the Contraceptive Choice Project and beyond. 2016

11<sup>th</sup> Annual Obstetrics and Gynecology Symposium

Texas Tech University Health Science Center, El Paso TX

8. **Amna Dermish**, Can't Get It In. Tools to Manage Difficult IUD Insertions. 2012  
South Carolina Department of Health, Columbia, SC, USA

#### Visiting Professorships

Visiting Professor 2011-2013

Department Obstetrics and Gynecology, University of Utah, Salt Lake City, UT

#### Community Service

Central Health Community Care Collaborative, Member Women's Health Workgroup/responsibility 2013-2016

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# AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

**Name and Mailing Address**

AMNA I DERMISH

AUSTIN, TX 78704-7301

Birth date 1979

**Primary Office Address**

SAME AS MAILING ADDRESS

Phone 8000

**Physician's major professional activity**

OFFICE BASED PRACTICE

**Self-designated practice specialty**

OBSTETRICS & GYNECOLOGY (primary)  
UNSPECIFIED (secondary)

*Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership status NON MEMBER

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All information from this point forward is provided by the primary source

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1457417271	12/28/2006	NOT RPTD	NOT RPTD	NOT RPTD	05/18/2021

**Current and/or historical medical school**

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

Degree Awarded: YES  
Degree Year: 2006



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

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

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

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

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

**Sponsoring Institution:** PENNSYLVANIA HOSPITAL (UPHS)  
**Sponsoring State:** PENNSYLVANIA  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Training Type:**  
**Dates:** 6/2006 - 6/2010 (Verified)

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0**

### Specialty Board Certification

*Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:*

*The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.*

**Certifying board:** AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY  
**Certificate:** OBSTETRICS & GYNECOLOGY  
**Certificate type:** GENERAL





Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	12/31/2020	12/31/2021		RE-CERT	05/21/2021	Y
TIME LIMITED	Expired	12/31/2019	12/31/2020		RE-CERT	05/21/2021	Y
TIME LIMITED	Expired	12/31/2018	12/31/2019		RE-CERT	05/21/2021	Y
TIME LIMITED	Expired	12/31/2017	12/31/2018		RE-CERT	05/21/2021	Y
TIME LIMITED	Expired	12/31/2016	12/31/2017		RE-CERT	05/21/2021	Y
TIME LIMITED	Expired	12/31/2015	12/31/2016		RE-CERT	05/21/2021	Y
TIME LIMITED	Expired	12/31/2014	12/31/2015		RE-CERT	05/21/2021	Y
TIME LIMITED	Expired	11/08/2013	12/31/2014		INITIAL	05/21/2021	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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#### Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
P7267	MD	TX	07/15/2013	08/31/2021	07/26/2013	ACT	UNL	05/10/2021	AMNA IBRAHIM DERMISH
MD439505	MD	PA	03/17/2010	12/31/2014		INA	UNL	10/19/2018	NRT
7894043-1205	MD	UT	04/19/2011	01/31/2014		INA	UNL	05/11/2021	Amna Dermish
25MA08848500	MD	NJ	10/04/2010	06/30/2011		INA	UNL	05/16/2011	NRT
MT187794	MD	PA	03/30/2006	06/17/2010		INA	RES	10/19/2018	NRT

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited



### Action Notifications

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

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

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

### U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----356	C-0	22N 33N 4 5	Active	06/30/2022	Paid	05/19/2021	201 E Ben White Blvd Austin, TX 78704-7301

\* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more about Business Activity code-subcode combinations.](#)

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

### ECFMG Certification

Applicant Number:

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

### Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.



If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

### PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 6/7/2021

### PRACTITIONER INFORMATION

Name: Dermish, Amna Ibrahim  
 DOB: [REDACTED] 1979  
 Medical School: University of Colorado School of Medicine  
 Denver, Colorado, UNITED STATES  
 Year of Grad: 2006  
 Degree Type: MD  
 NPI: 1457417271

### 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
1457417271	Individual			06/04/2018

### LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NEW JERSEY	25MA08848500	10/04/2010	06/30/2011	05/26/2021
PENNSYLVANIA	MT187794	03/30/2006	06/17/2010	06/01/2021
PENNSYLVANIA	MD439505	03/17/2010	12/31/2014	06/01/2021
TEXAS	P7267	07/15/2013	08/31/2021	06/01/2021
UTAH	7894043-1205	04/19/2011	01/31/2014	06/03/2021

### ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FD1940356	22N 33N 4 5	AUSTIN, TX 78704	06/30/2022	05/10/2021

### PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 6/7/2021  
Practitioner Name: Dermish, Amna Ibrahim

### ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology  
Certificate: Obstetrics and Gynecology  
Certification Type: General  
Certification Status: Certified  
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2020	12/31/2021		Recertification	05/27/2021
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	05/27/2021
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	05/27/2021
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	05/27/2021
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	05/27/2021
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	05/27/2021
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	05/27/2021
Expired	Time Limited	11/08/2013	12/31/2014		Initial	05/27/2021

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### AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



# NEW JERSEY DIVISION OF CONSUMER AFFAIRS

KAREN CARuso  
Acting Director



## License Information

Accurate as of June 10, 2021 8:15 PM

### [Return to Search Results](#)

Name: AMNA I DERMISH

Address: Salt Lake City, UT

Profession/License Type: Medical Examiners, Medical Doctor

License No: 25MA08848500

License Status: Inactive

Status Change Reason: Licensee Requested

Issue Date: 10/4/2010

Expiration Date: 8/30/2011

## Documents

NO Board Actions. For more information contact New Jersey State Board of Medical Examiners (609)828-7100

No Public Documents

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**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**06/10/2021**

**License Information**

*Sandy Savage*

**AMNA IBRAHIM DERMISH**

Salt Lake City, Utah 84111

Board/Commission: **State Board of Medicine**

Status Effective Date: **02/02/2015**

LicenseType: **Medical Physician and Surgeon**

Issue Date: **03/17/2010**

Specialty Type:

Expiration Date: **12/31/2014**

License Number: **MD439505**

Last Renewal: **09/29/2012**

Status: **Expired**

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the  
Pennsylvania Department of State.





**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**P. O. Box 2649**

**Harrisburg, PA 17105-2649**

**06/10/2021**

**License Information**

*Sandy Savage*

**AMNA IBRAHIM DERMISH**

**Denver, Colorado 80206**

**Board/Commission:** State Board of Medicine

**Status Effective Date:** 01/12/2011

**LicenseType:** Graduate Medical Trainee

**Issue Date:** 03/30/2006

**Specialty Type:** Obstetrics and Gynecology

**Expiration Date:** 06/17/2010

**License Number:** MT187794

**Last Renewal:** 05/06/2009

**Status:** Inactive

**Disciplinary Action Details**

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the  
Pennsylvania Department of State.

## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN

NAME: AMNA BRAHIM DERMISH MD

DATE: 06/10/2021

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** 1979

**License Number:** P7267 Full Medical License

**Issuance Date:** 07/15/2013

**Expiration Date of Physician's Registration Permit:** 08/31/2023

**Registration Status:** ACTIVE

**Registration Date:** 07/26/2013

**Disciplinary Status:** NONE

**Disciplinary Date:** NONE

**Licensure Status:** NONE

**Licensure Date:** NONE

**Medical School of Graduation:**

At the time of licensure, TMB verified the physician's graduation from medical school as follows:

UNIV OF COLORADO SCHOOL OF MEDICINE, DENVER

**Medical School Graduation Year:** 2006

**TMB Filings, Actions and License Restrictions**

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

**Investigations by TMB of Medical Malpractice**

Section 164.201 of the Act requires that the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

**Status History**

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or [verific@tmb.state.tx.us](mailto:verific@tmb.state.tx.us)

**Status Code:** AC

**Effective Date:** 07/26/2013

**Description:** ACTIVE

**Status Code:** LI

**Effective Date:** 07/15/2013

**Description:** LICENSE ISSUED

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND  
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender:** FEMALE

**Current Primary Practice Address:**

201 E BEN WHITE BLVD  
AUSTIN, TX 78704

**Years of Active Practice in the U.S. or Canada:**

The physician reports that he/she has actively practiced medicine in the United States or Canada for 15 year(s).

**Years of Active Practice in Texas:**

The physician reports that, of the above years he/she has actively practiced in the State of Texas for 8 year(s).

**Specialty Board Certification**

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

**Specialty Certification:** AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

**Date:** 2013

**Primary Specialty**

The physician reports his/her primary practice is in the area of OBSTETRICS AND GYNECOLOGY.

**Secondary Specialty**

The physician reports his/her secondary practice is in the area of GYNECOLOGY.

**Name, Location and Graduation Date of All Medical Schools Attended**

**Name:** UNIV OF COLORADO SCHOOL OF MEDICINE, DENVER

**Location:**

**Graduation Date:** 05/2006

**Graduate Medical Education In The United States Or Canada**

**Program Name:** PENNSYLVANIA HOSPITAL

**Location:** PHILADELPHIA/PA

**Begin Date:** 06/2006

**Type:** RESIDENCY

**End Date:** 06/2010

**Specialty:** OBSTETRICS AND GYNECOLOGY

**Hospital Privileges**

The physician reports that he/she has hospital privileges in the following in the State of Texas:

**Hospital:** ST DAVIDS

**Location:** AUSTIN

### **Utilization Review**

The physician did not report whether he/she provides utilization review.

NONE REPORTED

### **Patient Services**

**Accessibility:** The physician reports that the patient service area is accessible to persons with disabilities as defined by federal law.

**Language Translation Services:** The physician did not report whether he/she provided any language translation services for patients.

**Medicaid Participant:** The physician reports that he/she **does not** participate in the Medicaid program.

### **Awards, Honors, Publications and Academic Appointments**

#### **Optional Information**

The physician may optionally report descriptions of up to five such honors and has reported the following:

**Description:** PHI BETA KAPPA

### **Malpractice Information**

Section 154.006(b)(16) of the Act requires that a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

**Description:** NONE

### **Criminal History**

**Self-Reported Criminal Offenses:** The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

**Description:** NONE

**Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.**

## Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

## Physician Assistant Supervision

To obtain  
primary  
source  
verifications,  
click name

Physician Assistant Name: MERRITT, BRITTANYRAE PA

PA License Number: PA13820

Begin Date: 11/30/2020

Hours Supervised: 40

Prescriptive Delegation: YES

Dangerous Drugs: YES

Controlled Substances: NO

## Advanced Practice Nurse Delegation

To obtain  
primary  
source  
verifications,  
click name

APN Name: BARKER, TIFFANY APN

APN License Number: AP133655

Delegation Location Type: Medically Underserved Population

Approve Date: 4/9/2020

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: NO

APN Name: ZRAL, STEPHANIE APN

APN License Number: AP138508

Delegation Location Type: Practice Site

Approve Date: 6/30/2020

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: LYNN, MELISSA APN

APN License Number: AP104718

Delegation Location Type: Medically Underserved Population

Approve Date: 5/31/2018

Hours Supervised: 35

Dangerous Drugs: YES

Controlled Substances: YES

**APN Name:** BILEK, LISA APN  
**APN License Number:** AP107928  
**Delegation Location Type:** Practice Site  
**Approve Date:** 5/14/2020  
**Hours Supervised:** 24  
**Dangerous Drugs:** YES  
**Controlled Substances:** NO

**APN Name:** LIZAKOWSKI, ELLYN SCHOLZ APN  
**APN License Number:** AP122056  
**Delegation Location Type:** Practice Site  
**Approve Date:** 12/7/2020  
**Hours Supervised:** 40  
**Dangerous Drugs:** YES  
**Controlled Substances:** YES

**APN Name:** KIM, MINJUNG APN  
**APN License Number:** AP131817  
**Delegation Location Type:** Licensed Hospital  
**Approve Date:** 4/9/2020  
**Hours Supervised:** 40  
**Dangerous Drugs:** YES  
**Controlled Substances:** YES

**APN Name:** TING, EVELYN APN  
**APN License Number:** AP107896  
**Delegation Location Type:** Practice Site  
**Approve Date:** 4/9/2020  
**Hours Supervised:** 30  
**Dangerous Drugs:** YES  
**Controlled Substances:** NO

**APN Name:** LIN, MELODY APN  
**APN License Number:** AP132039  
**Delegation Location Type:** Medically Underserved Population  
**Approve Date:** 4/9/2020  
**Hours Supervised:** 40  
**Dangerous Drugs:** YES  
**Controlled Substances:** YES

**APN Name:** RAY, LISA APN  
**APN License Number:** AP111197  
**Delegation Location Type:** Medically Underserved Population  
**Approve Date:** 4/9/2020  
**Hours Supervised:** 40  
**Dangerous Drugs:** YES  
**Controlled Substances:** YES

**Summary of all License/Permit Types**

**Issue Date:**  
07/15/2013

**Type:**  
LICENSED PHYSICIAN

[Contact Us](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Compact with Texans](#) | [Website Linking Policy](#)

Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.



## Details for Amna Ibrahim Dermish

## License Information

Name:	Amna Ibrahim Dermish
City, State, Zip, Country:	Salt Lake City UT 84101 United States
Profession:	Physician
License Type:	Physician & Surgeon
License Number:	7894043-1205
Obtained By:	Application
License Status:	Expired
Original Issue Date:	04/19/2011
Expiration Date:	01/31/2014
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A
Controlled Substance License	Yes View Controlled Substance License

## Education:

School Name	Major	Graduation Date	Degree
University of Colorado School of Medicine		2006-05-26	Doctorate of Medicine

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at <https://secure.utah.gov/bes/bes>. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

\*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. [Click here for citations.](#)



June 11, 2021

Martin Caller  
Hospital Services Corporation  
PO Box 92200  
Albuquerque, NM 87199

RE: **Amna Ibrahim Dermish, MD**

This letter is to respond to your on-line request for verification of the above referenced provider's affiliation with the below facility(ies). The information displayed is current as of the facility's last Board meeting.

Entity	Specialty	Category	Last Board Meeting Date <sup>3</sup>	Status <sup>1,2</sup>	Orig. Date / From Date	Appt. End Date
St. David's Medical Center - Austin Campus, Georgetown Campus, Heart Hospital Campus	Obstetrics & Gynecology	Associate/Affiliate /Affiliate	5/20/2021	Good Standing	1/16/2014	3/31/2023
St. David's South Austin Medical Center	Obstetrics & Gynecology	Courtesy/Courtesy	5/20/2021	Good Standing	12/18/2013	4/30/2023

## NOTES:

<sup>1</sup>If "Good Standing" is referenced in the status field:

- **prior to June 1, 2019**, "Good standing" means that no professional review action as defined in the Health Care Quality Improvement Act (HCQIA) has been taken regarding this practitioner.
- **after June 1, 2019**, "Good standing" means that none of the following events or circumstances has occurred with the Practitioner after that date and during the most recent five (5) years the Practitioner was on the Medical Staff, whichever is the lesser of the two time periods:
  - automatic relinquishment or resignation of appointment or clinical privileges for any reason set forth in the Medical Staff Bylaws and Policies (other than those related to medical record incompleteness/delinquency);
  - voluntary agreement to modify clinical privileges or to refrain from exercising some or all clinical privileges for a period of time for reasons related to the Practitioner's qualifications or performance;
  - voluntary agreement to participate in a Performance Improvement Plan;
  - resignation of appointment or clinical privileges while clinical care, professional conduct, or health status was being reviewed;
  - resignation of appointment or clinical privileges while under an investigation in accordance with the Medical Staff Credentials Policy, or in exchange for not conducting an investigation;
  - precautionary suspension of the Practitioner's clinical privileges;
  - formal investigation in accordance with the Medical Staff Credentials Policy;
  - a grant of conditional membership or privileges (either at initial appointment or reappointment), or conditional continued membership;
  - any recommendation that entitled the Practitioner to hearing and appeal rights outlined in the Medical Staff Credentials Policy; and/or
  - a Health Issue that was addressed under the Practitioner Health Policy.

<sup>2</sup>If "Contact MSO" is referenced in the "Status" field, other fields are intentionally left blank. Please contact the Entity MSO for information.

<sup>3</sup>Information is current as of the last date on which the entity Board met to consider credentialing issues. Only the most recent term of appointment is provided in this letter. If an additional term of appointment needs to be confirmed, please contact the MSO.

It is our understanding and expectation that you will maintain this information in a strictly confidential manner, consistent with its protected and privileged status. Thank you.

**St. David's Medical Center - Austin Campus, Georgetown Campus, Heart Hospital Campus**  
919 E. 32nd. Street  
Austin, TX 78705  
P: (512)544-8944  
F: (512)544-8429

**St. David's South Austin Medical Center**  
901 W. Ben White Blvd.  
Austin, TX 78704  
P: (512)816-7102  
F: (512)816-7278



June 11, 2021

Martin Caller  
Hospital Services Corporation  
PO Box 92200  
Albuquerque, NM 87199

RE: **Amna Ibrahim Dermish, MD**

This letter is to respond to your on-line request for verification of the above referenced provider's affiliation with the below facility(ies). The information displayed is current as of the facility's last Board meeting.

Entity	Specialty	Category	Last Board Meeting Date <sup>3</sup>	Status <sup>1,2</sup>	Orig. Date / From Date	Appt. End Date
St. David's Medical Center - Austin Campus, Georgetown Campus, Heart Hospital Campus	Obstetrics & Gynecology	Associate/Affiliate /Affiliate	5/20/2021	Good Standing	1/16/2014	3/31/2023
St. David's South Austin Medical Center	Obstetrics & Gynecology	Courtesy/Courtesy	5/20/2021	Good Standing	12/18/2013	4/30/2023

## NOTES:

<sup>1</sup>If "Good Standing" is referenced in the status field:

- **prior to June 1, 2019**, "Good standing" means that no professional review action as defined in the Health Care Quality Improvement Act (HCQIA) has been taken regarding this practitioner.
- **after June 1, 2019**, "Good standing" means that none of the following events or circumstances has occurred with the Practitioner after that date and during the most recent five (5) years the Practitioner was on the Medical Staff, whichever is the lesser of the two time periods:
  - automatic relinquishment or resignation of appointment or clinical privileges for any reason set forth in the Medical Staff Bylaws and Policies (other than those related to medical record incompleteness/delinquency);
  - voluntary agreement to modify clinical privileges or to refrain from exercising some or all clinical privileges for a period of time for reasons related to the Practitioner's qualifications or performance;
  - voluntary agreement to participate in a Performance Improvement Plan;
  - resignation of appointment or clinical privileges while clinical care, professional conduct, or health status was being reviewed;
  - resignation of appointment or clinical privileges while under an investigation in accordance with the Medical Staff Credentials Policy, or in exchange for not conducting an investigation;
  - precautionary suspension of the Practitioner's clinical privileges;
  - formal investigation in accordance with the Medical Staff Credentials Policy;
  - a grant of conditional membership or privileges (either at initial appointment or reappointment), or conditional continued membership;
  - any recommendation that entitled the Practitioner to hearing and appeal rights outlined in the Medical Staff Credentials Policy; and/or
  - a Health Issue that was addressed under the Practitioner Health Policy.

<sup>2</sup>If "Contact MSO" is referenced in the "Status" field, other fields are intentionally left blank. Please contact the Entity MSO for information.

<sup>3</sup>Information is current as of the last date on which the entity Board met to consider credentialing issues. Only the most recent term of appointment is provided in this letter. If an additional term of appointment needs to be confirmed, please contact the MSO.

It is our understanding and expectation that you will maintain this information in a strictly confidential manner, consistent with its protected and privileged status. Thank you.

**St. David's Medical Center - Austin Campus, Georgetown Campus, Heart Hospital Campus**

919 E. 32nd. Street

Austin, TX 78705

P: (512)544-8944

F: (512)544-8429

**St. David's South Austin Medical Center**

901 W. Ben White Blvd.

Austin, TX 78704

P: (512)816-7102

F: (512)816-7278

## Brittany Ruiz

---

**From:** Rubel, Ana I <ana.rubel@austin.utexas.edu>  
**Sent:** Tuesday, June 29, 2021 10:20 AM  
**To:** Garza Telles, Patricia; Brittany Ruiz  
**Cc:** Credentialing  
**Subject:** RE: Employment Verification - Dr. Amna Dermish

Hello,

I can confirm what Patricia stated.

Amna Dermish holds a 0% Affiliate Faculty with our Department of Women's Health. Her 0% appointment began on 2/01/2015. She is not and has never been employed with the Dell Medical School.

**HSC**  
6/29/2021 Please let me know if any additional information is needed. Thank you.

**CVS**

Best Regards,

----

**ANA RUBEL, PHR, SHRM-CP**  
HR Faculty Affairs Manager

Dell Medical School | The University of Texas at Austin   
m: 512-879-7222 | [delmedschool.utexas.edu](mailto:delmedschool.utexas.edu)

**From:** Garza Telles, Patricia  
**Sent:** Tuesday, June 29, 2021 11:14 AM  
**To:** Brittany Ruiz <bruib@nmhsc.com>  
**Cc:** Credentialing <credentialing@nmhsc.com>; Rubel, Ana I <ana.rubel@austin.utexas.edu>  
**Subject:** RE: Employment Verification - Dr. Amna Dermish

Hi Brittany,

Dr. Dermish does hold an Affiliate Faculty role with the Women's Health department at Dell Medical School UT Austin but she is not employed with The University of Texas at Austin. I am copying Ana on here with our Human Resource department who can also attest.

**From:** Brittany Ruiz <bruib@nmhsc.com>  
**Sent:** Tuesday, June 29, 2021 11:03 AM  
**To:** Garza Telles, Patricia <patricia.telles@austin.utexas.edu>  
**Cc:** Credentialing <credentialing@nmhsc.com>  
**Subject:** RE: Employment Verification - Dr. Amna Dermish

Good Morning,

The verification form returned to us is for Nexplanon Merck, I believe that form was sent to you in error. Thus, causing the confusion on your response. My apologies.

However, Dr. Dermish has indicated she was a part of the Clinical Affiliate Faculty in the Department of Women's Health with Dell Medical School UT Austin from 2015 – present. Is there a different department who would be able to verify this information is accurate?

I appreciate your time and assistance.

*Brittany Ruiz*

Direct: 505-346-0251

Fax: 505-346-0287

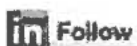
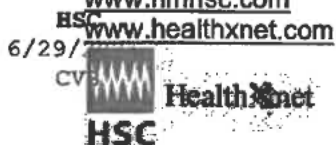
Credentials Analyst

Hospital Services Corporation

[credentialing@nmhsc.com](mailto:credentialing@nmhsc.com)

[www.nmhsc.com](http://www.nmhsc.com)

[www.healthxnet.com](http://www.healthxnet.com)



**From:** Garza Telles, Patricia <[patricia.telles@austin.utexas.edu](mailto:patricia.telles@austin.utexas.edu)>

**Sent:** Tuesday, June 29, 2021 9:56 AM

**To:** Credentialing <[credentialing@nmhsc.com](mailto:credentialing@nmhsc.com)>; Brittany Ruiz <[bruiz@nmhsc.com](mailto:bruiz@nmhsc.com)>

**Subject:** RE: Employment Verification - Dr. Amna Dermish

**From:** Brittany Ruiz <[bruiz@nmhsc.com](mailto:bruiz@nmhsc.com)>

**Sent:** Tuesday, June 29, 2021 10:03 AM

**To:** Parker, Rebecca <[becky.parker@austin.utexas.edu](mailto:becky.parker@austin.utexas.edu)>

**Subject:** Employment Verification - Dr. Amna Dermish

Good Morning,

Please see the attached verification request and signed release. If you are not the correct contact please kindly forward to the appropriate department for completion. Verifications can be returned via email or by fax to 505-346-0287.

Thank you, your time is appreciated.

*Brittany Ruiz*

Credentials Analyst  
Hospital Services Corporation  
Direct: 505-346-0251  
Fax: 505-346-0287  
[credentialing@nmhsc.com](mailto:credentialing@nmhsc.com)  
[www.nmhsc.com](http://www.nmhsc.com)  
[www.healthxnet.com](http://www.healthxnet.com)

**HSC**  
6/29/2021  
**CVS**



6/10/2021 6:53 Hospital Services Co ,15124416189

0 2/3



PO Box 92200  
Albuquerque, NM 87199-2200  
7471 Pan American Freeway NE 87109  
Phone (505) 346-0222  
Toll free. (866) 908-0070  
www.nmhsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Anna Ibrahim Dermish MD  
From: Planned Parenthood of Greater Texas  
201 E Ben White Blvd  
Austin, TX 78704

SSN: \*\*\*-\*\*-7768 Year of birth: 1979  
Fax: 5124416189  
58981

1. Evaluation based on: ☐ Observation of Applicant ☒ Review of Credentialing/Personnel File
2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Active/Regional Medical Director
3. Specialty or Department: Health Services
4. Status: (Temporary, Permanent, Provisional) Employee
5. Dates of Membership/Employment as Reported by Practitioner: From: 7/1/2013 \*To: 12/21/2017 (Contractor)  
\*In the event the To date is blank, it is assumed this date to be current.  
If these dates are not correct, please provide the correct dates: From: 12/22/2017 To: Current (Employee)
6. Termination: ☐ Voluntary ☐ Involuntary If Involuntary, provide details on a separate sheet.
7. Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No ☐ Yes ☐ Please provide details on a separate attached sheet.
8. Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No ☐ Yes ☐ Please provide details on a separate attached sheet.
9. Has your Executive Committee for any reason ever disciplined this practitioner? No ☐ Yes ☐ Please provide details on a separate attached sheet.
10. Has this practitioner been a member in good standing on your staff? No ☐ Yes ☐ Please provide details on a separate attached sheet.

☐ Would Recommend ☐ Would Not Recommend Current Staff: ☐ Yes ☐ No

Comments: Per our company's policy, we are only able to verify dates of employment and job title.

Signature Priscilla Uriegas

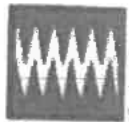
06/14/2021  
Date

Print Name Priscilla Uriegas

Sr. HR Generalist  
Title

Please return this information to the attention of:

Hospital Services Corporation  
Credentials Verification Services  
P.O. Box 92200 Albuquerque, NM 87199-2200  
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287



**HSC**

efficient



PO Box 92200  
Albuquerque, NM 87199-2200  
7471 Pan American Freeway NE 87109  
Phone: (505) 346-0222  
Toll free: (866) 908-0070  
www.nmhsc.com

### WORK HISTORY / AFFILIATION VERIFICATION

Re: Anna Ibrahim Dermish MD  
From: Nexplanon (Merck & Co. Inc.)  
Employment Verifications

SSN: \*\*\*-\*\*-7768 Year of birth: 1979  
Fax:

, TX

**Dr. Dermish was not employed by  
The University of Texas Dell Medical School**

58981

1. Evaluation based on: ☐ Observation of Applicant ☐ Review of Credentialing/Personnel File
2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) \_\_\_\_\_
3. Specialty or Department: \_\_\_\_\_
4. Status: (Temporary, Permanent, Provisional) \_\_\_\_\_
5. Dates of Membership/Employment as Reported by Practitioner: From: 1/1/2012 \*To: \_\_\_\_\_  
\*In the event the To date is blank, it is assumed this date to be current.  
If these dates are not correct, please provide the correct dates: From: \_\_\_\_\_ To: \_\_\_\_\_
6. Termination: ☐ Voluntary ☐ Involuntary If involuntary, provide details on a separate sheet.
7. Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No \_\_\_\_\_ Yes \_\_\_\_\_ Please provide details on a separate attached sheet.
8. Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No \_\_\_\_\_ Yes \_\_\_\_\_ Please provide details on a separate attached sheet.
9. Has your Executive Committee for any reason ever disciplined this practitioner? No \_\_\_\_\_ Yes \_\_\_\_\_ Please provide details on a separate attached sheet.
10. Has this practitioner been a member in good standing on your staff? No \_\_\_\_\_ Yes \_\_\_\_\_ Please provide details on a separate attached sheet.

☐ Would Recommend

☐ Would Not Recommend

Current Staff: ☐ Yes ☐ No

Comments:

Documented by:

*Patricia Garza Teller*

Signature

2021-06-15 | 09:16:00 PDT

Date

Medical Staff coordinator

Print Name

Title

Please return this information to the attention of:

Hospital Services Corporation  
Credentials Verification Services  
P.O. Box 92200 Albuquerque, NM 87199-2200  
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

## Certificate Of Completion

Envelope Id: 3C98B0002901456DA8B0A7EED3FFD3E5  
 Subject: Please DocuSign: AffiliationNMMB58981\_1358455.pdf  
 Source Envelope:  
 Document Pages: 3  
 Certificate Pages: 1  
 AutoNav: Disabled  
 Envelope Stamping: Disabled  
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:  
 Patricia Garza Telles  
 1 University Station  
 Austin, TX 78712  
 pg23863@eid.utexas.edu  
 IP Address: 72.133.67.182

## Record Tracking

Status: Original  
 6/15/2021 9:14:13 AM

Holder: Patricia Garza Telles  
 pg23863@eid.utexas.edu

Location: DocuSign

## Signer Events

6/15/2021 Patricia Garza Telles  
 pg23863@eid.utexas.edu  
 Medical Staff Office  
 Security Level: Email, Account Authentication  
 (None)

## Signature

DocuSigned by:  
 Patricia Garza Telles  
 EAB03EC86424481...

Signature Adoption: Pre-selected Style  
 Using IP Address: 72.133.67.182

## Timestamp

Sent: 6/15/2021 9:14:31 AM  
 Viewed: 6/15/2021 9:14:39 AM  
 Signed: 6/15/2021 9:16:00 AM  
 Freeform Signing

Electronic Record and Signature Disclosure:  
 Not Offered via DocuSign

## In Person Signer Events

Signature

Timestamp

## Editor Delivery Events

Status

Timestamp

## Agent Delivery Events

Status

Timestamp

## Intermediary Delivery Events

Status

Timestamp

## Certified Delivery Events

Status

Timestamp

## Carbon Copy Events

Credentialing Department  
 credentialing@nmhsc.com  
 Security Level: Email, Account Authentication  
 (None)

Status

**COPIED**

Timestamp

Sent: 6/15/2021 9:16:01 AM

Electronic Record and Signature Disclosure:  
 Not Offered via DocuSign

## Witness Events

Signature

Timestamp

## Notary Events

Signature

Timestamp

## Envelope Summary Events

Envelope Sent  
 Certified Delivered  
 Signing Complete  
 Completed

Status

Hashed/Encrypted  
 Security Checked  
 Security Checked  
 Security Checked

Timestamps

6/15/2021 9:14:32 AM  
 6/15/2021 9:14:39 AM  
 6/15/2021 9:16:00 AM  
 6/15/2021 9:16:01 AM

## Payment Events

Status

Timestamps

HSC  
 6/15/2021  
 CVS