

Amber Iva Truehart, MD

Licensed Physician #MD2021-0603

Issue Date

06/18/2021

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 governmental agency.

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Amber Iva Truehart, MD

License Number: MD2021-0603

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: 06/18/2021 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



Applying for Federal Emergency Temporary Licensure?

Date of Application: 4/27/2021

Application Fee: \$400.00

PayPal Confirmation: AA0A4DE6E563

TOTAL: \$400.00

Name: Amber Iva Truehart

Maiden or Other Names Used

Endorse
R# 2378898

Will you be applying by endorsement? Yes No

Applying using: NMMB HSC FCVS

What are your NM practice plans?

Joining University of New Mexico OB GYN department

Gender: Female Citizenship: United States

Place of Birth: New York

Social Security Number: [REDACTED] 5681

Date of Birth: [REDACTED] 1982

State Tax ID#: Pending

Fed. Tax ID#: Pending

Medicare#: Pending

Medicaid #: 036132389 Pending

Unique Physician Identification Number (UPIN): Pending

National Provider Identifier Number (NPI): 1710129879 Pending

Home Address

Street Address: [REDACTED]

City, State/Province and Zipcode: Chicago, IL, 60615

Country: United States

Telephone Number: [REDACTED] 1906

Pager Number:

Cell Phone Number:

Spouse's Name (Optional):

Credentials Correspondence Address

Department:

Street Address: [REDACTED]

City, State/Province and Zipcode: Chicago, IL, 60615

Country: United States

Email: [REDACTED]@gmail.com

Telephone Number: [REDACTED] 1906

Facsimile Number:

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

Expires:

Expires:

Expires:



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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.

No affiliation information provided

Facility Name:

Is this your primary admitting facility

Department:

Street Address:

City:

State/Province:

Zip Code:

Country:

Phone Number:

Facsimile:

Appointment Dates From:

To:

Present

Type of Appointment:

Privileges Assigned:

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: The University of Chicago

From: 08/2015 To:

Present ✓

Department: OB GYN

Street Address: 5841 S. Maryland Ave

City: Chicago

State/Province: IL

Zip Code: 60637

Country: United States

Phone Number:

Contact:

Fax Number:

Type of Practice: Active/Faculty

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



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Department:

Street Address: 5841 S. Maryland Ave MC 2050

City: Chicago

State/Province: IL

Zip Code: 60637

Country: United States

Email: sadia.haider@gmail.com

Phone Number: 415-971-0463

Facsimile Number: 773-702-5159

LICENSURE REGISTRATION INFORMATION

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

State Professional License/Certification Number: 036132389

Pending

State: Illinois

Issue Date:

Expiration Date: 7/31/2023

LICENSING EXAM

Please check all that apply:

<input type="checkbox"/> State Board Exam (Prior to 1973)	Which State?	Date(s) passed?
<input type="checkbox"/> FLEX		
Part/Step 1 Date Passed		
<input type="checkbox"/> LMCC		
Part/Step 1 Date Passed		
<input type="checkbox"/> National Board (MBME)		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input checked="" type="checkbox"/> USMLE		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
6/20/2007	11/6/2008	7/21/2010

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration:

N/A

DEA Number: [REDACTED] 6094

Expiration Date: 11/30/2022

Pending

State Controlled Substance Registration (CSR):

N/A

CSR Number: [REDACTED] 3687

Expiration Date: 7/31/2021

State: Illinois

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



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Initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Fellowship
 Institution: The University of Chicago Medicine
 Department:
 Street Address: 5841 S Maryland Ave
 City: Chicago
 Country: United States
 Degree Earned: FEL - Fellowship
 If teaching appointment: Department/Position

Dates Attended:
 From: 7/2013
 To: 6/2015
 State/Province: IL Zip Code: 60637
 Graduation Date: 2015
 or Specialty: Obstetrics/Gynecology

Degree Level: Residency
 Institution: Baystate Medical Center (GME)
 Department: Graduate Medical Education
 Street Address: 759 Chestnut St
 City: Springfield
 Country: United States
 Degree Earned: RES - Residency
 If teaching appointment: Department/Position

Dates Attended:
 From: 7/2009
 To: 6/2013
 State/Province: MA Zip Code: 01199-0001
 Graduation Date: 2013
 or Specialty: Obstetrics/Gynecology

Degree Level: Graduate
 Institution: State University of New York - Upstate Medical University
 Department:
 Street Address: 750 East Adams Street
 City: Syracuse
 Country: United States
 Degree Earned: MD - Doctor of Medicine
 If teaching appointment: Department/Position

Dates Attended:
 From: 7/2004
 To: 5/2009
 State/Province: NY Zip Code: 13210
 Graduation Date: 2009
 or Specialty: Doctor of Medicine

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: 01/13/2017 Date Last Recertified: Expiration Date: 12/31/2021 Lifetime
 Certification Number: 9030114



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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: University of Chicago Medicine

Limits: [REDACTED]

Department: Office of Legal Affairs

Street Address: 5841 South Maryland Avenue

Pending

City, State/Province and Zipcode: Chicago, IL, 60637

Country: United States

Dates Insured: From:

To: 07/31/2021

Policy Number: Not Applicable



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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)?
2 Have you ever been denied professional liability insurance coverage?
3 Has your professional liability carrier ever excluded any specific procedures from your coverage?
4 Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?
5 Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?
6 Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).
7 Have you ever been named as a defendant in any criminal proceedings?
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?
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)?
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?
10b Have you ever agreed not to exercise your clinical privileges while under investigation?
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?
11 Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?
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?
12b Are any currently held licenses pending investigation or being challenged?
13 Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?
14 Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, or voluntarily or involuntarily limited, suspended, revoked, or restricted?
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.
16 Have you ever been reported to the National Practitioner Data Bank?
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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Professional Practice Questions - Explanations

19e: I graduated medical school over 5 years due to my father becoming ill. I took part time classes during that time



APPLICANT'S OATH

I, Amber Truchant, 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.



Amber Truchant
Applicant Signature

4/25/2021
Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate 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 Amber Truchant Date 4/25/2021
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April 28, 2021

Amber I Truchart, MD, MS

Department of Obstetrics and Gynecology
University of Chicago
5841 S. Maryland Ave. – MC2050
Chicago, IL 60637
Phone: 315-857-1906
Email: A.truchart@bsd.uchicago.edu

ACADEMIC APPOINTMENTS

- 7/2009- 6/2013 Clinical Instructor, Department of Obstetrics and Gynecology, Tufts University School of Medicine, Boston, MA
8/2015-6/2019 Clinical Associate, Department of Obstetrics and Gynecology, University of Chicago, Chicago, IL
7/2019- Assistant Professor, Department of Obstetrics and Gynecology, University of Chicago, Chicago, IL

OTHER PROFESSIONAL APPOINTMENTS

- 7/2016- Medical Director, Ryan Center, University of Chicago, Chicago, IL
1/2016- Director, Ryan Residency Program in Family Planning, University of Chicago, Chicago, IL
7/2018- Assistant Director, Fellowship in Family Planning, University of Chicago, Chicago, IL

ACADEMIC TRAINING

- 9/2000- 6/2004 B.A., Women's Studies and History, Union College, Schenectady, NY
8/2004- 5/2009 M.D., Upstate Medical University, Syracuse, NY
7/2009- 6/2013 Resident, Obstetrics and Gynecology, Baystate Medical Center, Springfield, MA
7/2013- 6/2015 Fellowship, Family Planning, University of Chicago, Chicago, IL
7/2013- 6/2016 Masters of Public Health Sciences, University of Chicago, Chicago, IL
8/2020- Graduate Certificate in Patient Safety, Error Science and Full Disclosure, University of Illinois at Chicago, Chicago, IL
11/2020 Fundamentals of Quality Improvement and Patient Safety, University of Chicago, IL Course completion certificate

LICENSING AND BOARD CERTIFICATION

- 7/2009- 6/2013 Commonwealth of Massachusetts (Limited License)
7/2013- Illinois Medical License
7/2013- DEA registration
1/2017- Board Certification, American Board of Obstetrics and Gynecology
10/2018- Focused Practice Designation in Pediatric and Adolescent Gynecology, American Board of Obstetrics and Gynecology

PROFESSIONAL SOCIETIES

- 7/2009- Member, American College of Obstetrics and Gynecology (ACOG)

- 7/2013- Member, Society of Family Planning (SFP)
- 7/2014- Member, Physicians for Reproductive Health and Choice (PRCH)
- 1/2015- Member, North American Society for Pediatric and Adolescent Gynecology (NASPAG)

HONORS AND AWARDS

- 6/2012 *The Fetus as a Patient – MFM Award*, Baystate Medical Center, Springfield, MA
- 6/2012 Research Day Award, Baystate Medical Center, Springfield, MA; Truchart, A, White, K. Bleeding patterns after postpartum LNG-IUS insertion
- 10/2012 North American Forum on Family Planning poster, third place award: Truchart, A, White, K. Bleeding patterns after postpartum LNG-IUS insertion
- 6/2009- 6/2012 Resident Teaching Award, Baystate Medical Center, Springfield, MA
- 7/2012- 6/2013 Chief Administrative Resident, Baystate Medical Center, Springfield, MA
- 6/2017 Excellence in Resident Teaching, University of Chicago, Chicago, IL
- 6/2020 Distinguished Leader in Program Innovation

CLINICAL

I am a general Obstetrician Gynecologist with subspecialty training in Family Planning and Pediatric and Adolescent Gynecology.

- 8/2015- 6/2019 **Gynecology service attending (4 weeks a year):** conduct teaching rounds with residents and medical students to review inpatient gynecology patients and consults, supervise resident surgical cases, supervise residents in the performance of gynecology inpatient and emergency room consults, provide backup to on-call clinicians during the day.
- 8/2015- **Labor and Delivery service attending (2 shifts per month):** conduct teaching rounds with the residents and medical students to review laboring patients and inpatient postpartum patients, supervise the residents and medical students in the care of laboring patients and pregnant patients presenting to the Obstetrical emergency room.
- 8/2015- **On-call clinician (3-4x 12 hour sessions per month):** provide in-hospital overnight supervision of residents caring for Obstetrics on labor and delivery and Gynecology patients needing emergent care.
- 8/2015- **Family Planning Attending (1 day per week):** care for patients seeking induced abortion, management of miscarriage, ectopic and molar pregnancies and the provision of contraception.
- 8/2015- **Pediatric/Adolescent Gynecology Attending (2.5 days per week):** care for patients newborn to age 26 with a wide range of gynecologic issues at multiple locations. Supervise residents in these clinics and in the performance of pediatric emergency room consults and pediatric surgery.
- 7/2018- **Surgery (2x 4-hour session per month):** perform surgical services for women undergoing first or second trimester surgical abortion or surgical sterilization. Procedures done with fellows, residents, and student physicians in attendance.

SCHOLARSHIP

Peer reviewed publications:

Lee SY, Brodyn AL, Koppel RS, Tyler CP, Geppert AA, Truehart AI, Gilliam ML. "Provider and Patient Perspectives on a New Tangible Decision Aid Tool to Support Patient-Centered Contraceptive Counseling with Adolescents and Young Adults." *J Pediatr Adolesc Gynecol*. 2020 Oct 20;S1083-3188(20)30347-8. doi: 10.1016/j.jpag.2020.10.004. Epub ahead of print. PMID: 33096227

Reviews, Commentaries and Editorials:

Gebhardt, JG, Truehart A. "Obesity in Pregnancy; A Systematic Approach to Decrease Complications." *The Female Patient* 2012, 37:28-34.

Truehart A, Whitaker A. "Adolescent Contraception" *Obstetrical & Gynecological Survey* 2015.

Chapters:

Truehart, A, Gilliam M. "Structural Abnormalities of the Hymen and Labia." *Surgical Techniques in Pediatric and Adolescent Urology* 2019.

ABSTRACTS (selected for oral presentation)

District I and III ACOG meeting, oral presentation: Postpartum placement of the LNG-IUS (Mirena): a pilot study of feasibility and complications. White K, Truehart A. Philadelphia, PA 2012.

Fellowship in Family Planning Annual Meeting, oral presentation: Adolescent Emergency Contraception: Training experiences of pediatric, family and emergency medicine residents. Truehart A, Gilliam M. Chicago, IL 2014.

ACOG educational conference, oral presentation: Adolescent Emergency Contraception: Training experiences of pediatric, family and emergency medicine residents. Truehart A, Gilliam M. Chicago, IL 2015.

American Public Health Association, oral presentation: Over-the-counter emergency contraception for all ages: How has recent policy change influenced adolescent providers' practice?" Truehart A, Gilliam M. Chicago, IL 2015.

Society of Adolescent Health and Medicine Annual Meeting, oral presentation: Over-the-counter emergency contraception for all ages: How has recent policy change influenced adolescent providers' practice?" Truehart A, Gilliam M. Washington, DC 2016.

North American Society for Pediatric and Adolescent Gynecology, platform presentation. Recurrence and Surveillance of Benign Ovarian Neoplasms. Midwest Pediatric and Adolescent Gynecology Research Consortium. Dallas, TX 2019. Due to Covid-19 related conference cancellation, this peer-reviewed presentation was presented virtually

ABSTRACTS (selected for poster presentation)

North American Society for Pediatric and Adolescent Gynecology, poster presentation. A "marginalize part of adolescent healthcare": Emergency contraception Training experiences among residents pediatric, family and emergency medicine. Truehart A, Fabiyi D, Chor J, Gilliam M. Toronto, Ontario, Canada 2016.

North American Society for Pediatric and Adolescent Gynecology, poster presentation. Beyond Sexual Assault: Feasibility of emergency contraception (EC) clinical guideline development in the setting of adolescent unprotected consensual sex: Truehart A, Gilliam M. Chicago, IL. 2017.

Society of Adolescent Health and Medicine Annual Meeting, poster presentation: A “marginalize part of adolescent healthcare”: Emergency contraception Training experiences among residents pediatric, family and emergency medicine. Truehart A, Fabiyi D, Chor J, Gilliam M. New Orleans LA 2017.

Society of Adolescent Health and Medicine Annual Meeting, poster presentation: Beyond Sexual Assault: Feasibility of emergency contraception (EC) clinical guideline development in the setting of adolescent unprotected consensual sex. Truehart A, Gilliam M. New Orleans, LA 2017.

15th Annual Quality & Safety Symposium Poster Session: Improving Medication Abortion: The Development, Implementation, & Evaluation of a Revised Medication Abortion Follow-Up Protocol. Schrero, Andrea, Sackiem, M, Truehart, A. Chicago, IL. 2020.

FUNDING

The Society of Family Planning Research Fund. SFPRFSS19-08. PI: A. Truehart. “Screening and Facilitated Referral for Contraception Services: A Pilot Study of Adolescent Women with Chronic Disease in the Pediatric Subspecialty Setting”: Total costs: \$59,967. Project period: 07/01/2019- extended due to COVID 19.

The Society of Family Planning Research Fund. SFPRFSS19-08. PI: A. Truehart. Career Development Grant. Total Costs: \$59,983 Project period: 07/01/2020 – 06/30/2021

INVITED SPEAKING

Extramural

10/2015	Grand Rounds	Postpartum IUD insertion training. Department of Obstetrics and Gynecology, Indiana University, Indianapolis, IN
4/2016	Invited Speaker	Difficult Discussions: Adolescents and Pregnancy Options Counseling. North American Society for Pediatric and Adolescent. National Med-Peds Residents Association Midwest Regional Conference, Chicago, IL
1/2016	Workshop	Feedback: The Breakfast (Club) of Champions: Empowering residents to identify and manage challenging learners. APGO Martin L. Stone, MD, Faculty Development Seminar. Truehart A, Hornquist S. Bonita Springs, FL
4/2017	Workshop	Teaching the Teachers: A Hands on Experience in PAG Sim Lab. North American Society for Pediatric and Adolescent Gynecology annual meeting. Truehart A, Tyson N, Afrivie-Gray A. Chicago, IL
1/2017	Grand rounds	Immediate Postpartum (IPP) IUD Insertion. Department of

1/2017	Invited Speaker	Obstetrics and Gynecology, Advocate Illinois Masonic Medical Center, Chicago, IL.
4/2018	Workshop	Irregular Menstrual Periods in Adolescents. Department of Pediatrics, Doctors Hospital at Renaissance, Edinburg, TX
4/2019	Workshop	Difficult Discussions: Adolescents and Pregnancy Options Counseling. North American Society for Pediatric and Adolescent Gynecology annual meeting. Truehart A, Francis J, Yarborough C. West Palm Beach, FL
6/2020	Grand Rounds	Ask a Family Planner: Stepping beyond the US Medical Eligibility Criteria (US MEC). North American Society for Pediatric and Adolescent Gynecology annual meeting, Truehart A, Godfrey E, Hofler L. New Orleans, LA
11/2020	Grand Rounds	Adolescent and Young Adult Bleeding Disorders: Charles Rubin Memorial Educational Activity. Copresented with Dr. Gabrielle Lapping-Carr. Edward-Elmhurst Health, IL
4/2021	Workshop	Abnormal Uterine Bleeding (AUB) in the Adolescent. Planned Parenthood Federation of America – Great Plains. Presented virtually.
		Approach to contraception in women with systemic lupus erythematosus (SLE) and other related rheumatic conditions. North American Society for Pediatric and Adolescent Gynecology annual meeting. Truehart A, Edens C. Presented virtually
<i>Intramural</i>		
1/2018	Grand rounds	Immediate Postplacental IUD Insertion. Department of Obstetrics and Gynecology, University of Chicago, Chicago, IL
2/2018	Grand rounds	Similar but Different: Pediatric and Adolescent Ovarian Torsion, University of Chicago, Chicago, IL
11/2019	Invited Speaker	Update: Adolescent Pregnancy and Contraception. Bringing Pediatric Care to the Forefront. Pediatric advanced nurses practitioners conference. University of Chicago, Chicago, IL
4/2020	Grand Rounds	Second Trimester Abortion, University of Chicago, Chicago, IL
5/2020	Grand Rounds	Complex Contraception: Living in the pink, University of Chicago, Chicago, IL
6/2020	Invited Speaker	Navigating challenges in contraception in women with systemic lupus erythematosus (SLE) and other related rheumatic conditions: A Case Based Presentation. CARRA
6/2020	Invited Speaker	Reproductive Health Work Group Educational Program
10/2020	Grand Rounds	Managing bleeding and anemia in adolescents and young women. Copresented with Jill de Jong, MD, PhD. Consult Hour with Pediatric Subspecialists.
		Adolescent Gynecology. Pediatric Surgery Grand Rounds

TEACHING

For School of Medicine:

2013- 2015	University of Chicago, OB GYN 3 rd year medical student clerkship lecture series, Lecture on Contraception. Chicago, IL
2013- 2015	University of Chicago, OB GYN 3 rd year medical student clerkship lecture series, Lecture on Abortion. Chicago, IL
2013- 2015	University of Chicago, Medical Students for Choice. Gynecologic procedures workshop: "The Papaya Workshop." Chicago, IL
2013- present	University of Chicago, 2 nd year medical student Clinical Pathophysiology and Therapeutics (CPP&T) course. Case based discussion on amenorrhea. Chicago, IL
2013- 2016	Loyola Medical School, Department of OB GYN, Teach conference, Various lectures including Abortion Jeopardy, Sterilization, Adolescent Contraception, Chicago, IL
2015- 2017	University of Chicago, OB GYN 3 rd year medical student clerkship lecture series, Lecture on Postpartum care and complications. Chicago, IL
2018- present	University of Chicago, 1 st year medical student family planning elective, Lecture on Adolescent Pregnancy. Chicago, IL
2/2019	University of Chicago, MS1 Physiology course. Lecture on Female Reproductive Physiology, Chicago, IL

For Graduate medical education (residency and clinical fellowships):

4/2015	University of Chicago, Department of OB GYN Resident Lecture. Lecture: "Intrauterine Fetal Demise." Chicago, IL
2016- present	University of Chicago, Department of OB GYN. Family Planning Fellows weekly "fellow school." Rotating lectures between the 4 Family Planning attendings Chicago, IL
2016- present	University of Chicago, Department of Pediatrics Resident Lecture: "Amenorrhea." Chicago, IL
2016- 2018	University of Chicago, Department of Pediatrics. Pediatric Emergency Medicine Fellows Lecture. Lecture: "Adolescent Abnormal Uterine Bleeding." Chicago, IL
2016- 2018	University of Chicago, Department of Pediatrics Resident Lecture. Lecture: "Contraception." Chicago, IL
2017- present	University of Chicago, Department of OB GYN Resident Lecture. Lecture: "Abnormal Uterine Bleeding." Chicago, IL
1/2017	University of Chicago, Department of OB GYN Resident Lecture. Lecture: "Immediate Postpartum LARC." Chicago, IL
2017- 2019	University of Chicago, Department of OB GYN Resident Lecture. MFM Fellow Lecture: "Complex Contraception." Chicago, IL
2018- present	University of Chicago, Department of OB GYN Resident Lecture. Lecture: "Amenorrhea." Chicago, IL
2018- present	University of Chicago, Department of OB GYN Resident Lecture. Lecture: "Pediatric Gynecology." Chicago, IL
2018 - present	University of Chicago, Department of OB GYN Resident Lecture. CREOG review Lecture: "Pediatric and Adolescent Gynecology." Chicago, IL
5/2018	University of Chicago, Department of OB GYN Resident Lecture. Lecture: "Immediate Postpartum LARC – Hands on training session." Chicago, IL

- 9/2018 University of Chicago, Department of Pediatrics. Pediatric Emergency Medicine Fellows Lecture. Lecture: "Emergent Vaginal Delivery." Chicago, IL
- 2019 - present RUSH Medical Center, Department of OB GYN Resident Lecture. Lecture: "Pediatric Gynecology." Chicago, IL
- 9/2019 University of Chicago, Department of Pediatrics. Pediatric Emergency Medicine Fellows Lecture. Lecture: "Similar but Different Pediatric and Adolescent Ovarian Torsion." Chicago, IL
- 4/2019 University of Chicago, Department of Pediatrics. Pediatric Resident Lecture. Lecture: "Amenorrhea." Chicago, IL
- 5/2020 Loyola University Medical Center, Department of OB GYN, Resident Lecture. Lecture: "Complex Contraception." Chicago, IL
- 2020 University of Chicago, Department of Pediatrics. Pediatric Emergency Medicine Fellows Lecture. Lecture: "Emergent Deliveries." Chicago, IL
- 2020 Loyola University Medical Center, Department of OB GYN, Resident Lecture. Lecture: "D&E." Chicago, IL

Resident Mentees:

- 1/2018- 6/2019 Michelle Brown, Resident Ob/Gyn, University of Chicago
Resident research project – "Initiating Immediate Postpartum Nexplanon: A survey of patient experiences."
- 6/2019- present Jessica Long, Resident Ob/Gyn, University of Chicago
Diversity and Inclusion Small Grants Program to help develop a lecture series on Pediatric and Adolescent gynecology
- 1/2019- present Kylie Steenbergh, Resident Ob/GYN, University of Chicago
Resident research project – "Screening and Facilitated Referral for Contraception Services: A Pilot Study of Adolescent Women with Chronic Disease in the Pediatric Subspecialty Setting." Prospective study and qualitative interviews
- 1/2019- present Hannah Reiser, Resident OB/GYN, University of Chicago
Resident research project – "Screening and Facilitated Referral for Contraception Services: A Pilot Study of Adolescent Women with Chronic Disease in the Pediatric Subspecialty Setting." Retrospective chart review

Other Mentees:

- 8/2019- present Katherine Brito, Medical Student, University of Chicago
Abstract: Midwest Pediatric and Adolescent Gynecology Research Consortium, Recurrence and Surveillance of Benign Ovarian Neoplasm. Platform presentation. North American Society for Pediatric and Adolescent Gynecology 2020.
- 1/2019- present Andrea Schrero, Family Nurse Practitioner Student, RUSH University
Quality improvement project on Medical abortion follow up

EXTRAMURAL SERVICE

Committee membership:

- 2016- 2018 American College of Obstetricians and Gynecologists, Underserved women's committee, Washington DC
- 1/2017- present Member, IL Maternal Mortality Review – Violent Death Committee, Chicago IL
- 4/2018- present Illinois Perinatal Quality Collaborative (ILPQC) expert committee for Immediate postpartum LARC

2020- present

American College of Obstetricians and Gynecologists, Committee on Clinical
Practice Guidelines- Gynecology, Washington DC

THE UNIVERSITY OF CHICAGO
Department of Obstetrics & Gynecology
5841 S. Maryland Ave., MC 2050
Chicago, Illinois 60637

Fax

DATE: 5/10/2021

TO: FROM: Anna Trivelpiece
The New Mexico Medical Journal PAGES: 1-8
FAX: 505-476-7237 FAX: 773-702-0840
PHONE: PHONE: 315-857-1906 (cell)
CC:
RE:

COMMENTS:

- Urgent
- Please review
- Please comment
- For your records



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

AMBER IVA TRUEHART

CHICAGO, IL 60615-0181

Primary Office Address

MC 2050
5841 S MARYLAND AVE
CHICAGO, IL 60637-1443

Birth date [REDACTED] 1982

Phone UNKNOWN

Physician's major professional activity

NOT CLASSIFIED

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

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1710129879	04/03/2009	NOT RPTD	NOT RPTD	NOT RPTD	04/16/2021

Current and/or historical medical school

SUNY UPSTATE MEDICAL UNIVERSITY COLLEGE OF MEDICINE

Degree Awarded: YES
Degree Year: 2009



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: BAYSTATE MEDICAL CENTER
Sponsoring State: MASSACHUSETTS
Specialty: OBSTETRICS & GYNECOLOGY
Training Type:
Dates: 7/2009 - 6/2013 (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	03/19/2020	Y
TIME LIMITED	Active	12/31/2020	12/31/2021		DESIGNTN	03/19/2020	Y
TIME LIMITED	Expired	12/31/2019	12/31/2020		RE-CERT	03/19/2020	Y
TIME LIMITED	Expired	12/31/2019	12/31/2020		DESIGNTN	03/19/2020	Y
TIME LIMITED	Expired	12/31/2018	12/31/2019		RE-CERT	03/19/2020	Y
TIME LIMITED	Expired	12/31/2017	12/31/2018		RE-CERT	03/19/2020	Y
TIME LIMITED	Expired	01/13/2017	12/31/2017		INITIAL	03/19/2020	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
036.132389	MD	IL	04/11/2013	07/31/2023		ACT	UNL	04/27/2021	AMBER TRUEHART
240676	MD	MA	05/20/2009	07/01/2013	07/01/2013	INA	LIM	08/07/2013	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
-------------	--------------------	---------------	----------	-----------------	-------------------	---------------	---------

None Reported

* 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:4/29/2021

PRACTITIONER INFORMATION

Name: Truehart, Amber Iva
 DOB: ██████████ 1982
 Medical School: State University of New York Upstate Medical University
 Syracuse, New York, UNITED STATES
 Year of Grad: 2009
 Degree Type: MD
 NPI: 1710129879

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
1710129879	Individual			06/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ILLINOIS	036132389	04/11/2013	07/31/2023	03/26/2021
MASSACHUSETTS	240676	05/20/2009	07/01/2013	08/09/2013

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FT4426094	22N 33N 4 5	CHICAGO,IL 60637	11/30/2022	04/09/2021

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 4/29/2021
 Practitioner Name: Truehart, Amber Iva

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	03/25/2021
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	03/25/2021
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	03/25/2021
Expired	Time Limited	01/13/2017	12/31/2017		Initial	03/25/2021
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	03/25/2021

Certifying Board: American Board of Obstetrics and Gynecology
 Focused Practice in Pediatric and Adolescent Gynecology - Obstetrics and Gynecology Designation

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2020	12/31/2021		Designation	03/25/2021
Expired	Time Limited	12/31/2019	12/31/2020		Designation	03/25/2021

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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.

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
AMBER IVA TRUEHART MD	CHICAGO, IL 60637	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036132389	LICENSED PHYSICIAN AND SURGEON	ACTIVE	04/11/2013	05/26/2020	07/31/2023	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
33****87	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	04/11/2013	06/02/2020	07/31/2023	N
33****96	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	NOT RENEWED	03/13/2014	03/13/2014	07/31/2014	N

Generated on: 5/10/2021 5:50:45 PM



Illinois Department of
Financial and
Professional
Regulation

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The Commonwealth of Massachusetts Board of Registration in Medicine

178 Alblon Street, Suite 330
Wakefield, MA 01880
(781) 876-8200

www.mass.gov/massmedboard

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

GEORGE ABRAHAM, MD
Chair, Physician Member

JULIAN N. ROBINSON, MD
Vice Chair, Physician Member

WOODY GIESSMANN, LADC-I, CADAC, CIP, CAI
Secretary, Public Member

DEBORAH LEVINE, MD
Physician Member

HOLLY J. OH, MD
Physician Member

LISA O'CONNOR, RN, BSN, MS
Public Member

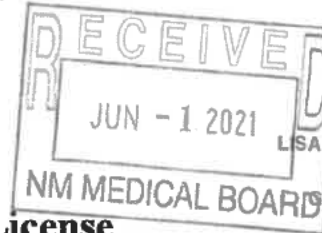
GEORGE ZACHOS, ESQ.
Executive Director

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health



Verification of Limited License

May 26, 2021

To Whom It May Concern:

This is to certify that Dr. Amber I. Truchart has been granted a limited license number 240676 to serve as a Resident in Obstetrics and Gynecology and authority to practice medicine only at Baystate Medical Center. Service at the hospital began on July 1, 2009 and expired on July 1, 2013.

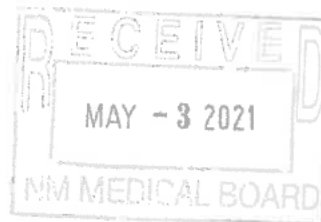
Our files contain no derogatory information on this physician.

Staff Member, Board of Registration in Medicine
Tammi McManus

Seal

Please be advised that the above information is based entirely on examination of our open and closed complaint files, as well as post-1986 disciplinary actions. It is not based on a review of the application for licensure, renewal of licensure or any reports that the Board is required to receive by statute (from courts, insurers, hospitals, etc...).[e/share/verifications/Limited-No]

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



WORK EXPERIENCE VERIFICATION

I am applying for a medical license in the State of New Mexico. The New Mexico Medical Board requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Applicant Name: Amber Trickett
Address: [REDACTED]
City/State/Zip: Chicago IL 60615

Applicant Signature: [Signature]
Dates of Privilege/Employment mm/yy to mm/yy (must be provided): 08/2015 - 07/31/2021
Telephone Number: [REDACTED]

The section below should be completed by the chief of staff or facility's administrative staff. Letters of Recommendation are **NOT** accepted in lieu of this form.

Type or Print Name of person completing this form: ERNST LENGYEL, MD PhD
Title: PROFESSOR AND CHAIR, DEPT. OF OBSTETRICS + GYNECOLOGY
Name of Institution: THE UNIVERSITY OF CHICAGO
Address: 5841 S. MARYLAND AVE., MC 2050
City/State/Zip: CHICAGO, IL 60637

- 1. This evaluation is based on: Observation of applicant Review of personnel file
 - 2. In your estimation, is there any reason why this applicant should not be licensed to practice? Yes No
 - 3. To your knowledge, is there any mental or physical reason why this applicant should not be licensed? Yes No
 - 4. To your knowledge, is there any derogatory/disciplinary information regarding this applicant? Yes No
 - 5. Are the dates of privilege/employment provided by the applicant on this form accurate? Yes No
- *If not, please provide correct dates: Beginning _____ Ending _____
Month/Year Month/Year

If you answered "YES" to questions 2, 3, and/or 4, please provide a written explanation and/or any supporting documentation that may be relevant.



Name of person completing this form: ERNST LENGYEL, MD PhD

Signature: [Signature]

Signature: [Signature] Date: 4.26.21

Date: 4/26/21

My commission expires: Jan 16, 2022

Please note on this form if there is no hospital or notary seal available.
Please return this form directly to the address above.
Thank you for your cooperation.

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

WORK EXPERIENCE VERIFICATION

I am applying for a medical license in the State of New Mexico. The New Mexico Medical Board requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Ambler Trenchard
[Redacted]
Chicago IL 60615
City/State/Zip

[Signature]
Applicant Signature
08/2015 - 01/21/2021
Period of hospital/employment activity to verify (must be provided)
Illinois
State

The section below should be completed by the chief of staff or facility's administrative staff. Letters of Recommendation are **NOT** accepted in lieu of this form.

ERNST LENGYEL, MD PhD
Type or Print Name of person completing this form
to
PROFESSOR AND CHAIR, DEPT. OF OBSTETRICS + GYNCOLOGY
Name of Hospital or
THE UNIVERSITY OF CHICAGO
Address
5841 S. MARYLAND AVE., MC 2050
CHICAGO, IL 60637
City/State/Zip

- This evaluation is based on: Observation of applicant Review of personnel file
 - In your estimation, is there any reason why this applicant should not be licensed to practice? Yes No
 - To your knowledge, is there any mental or physical reason why this applicant should not be licensed? Yes No
 - To your knowledge, is there any derogatory/disciplinary information regarding this applicant? Yes No
 - Are the dates of privilege/employment provided by the applicant on this form accurate? Yes No
- *If not, please provide correct dates: Beginning _____ Ending _____
Month/Year Month/Year

If you answered "YES" to questions 2, 3, and/or 4, please provide a written explanation and/or any supporting documentation that may be relevant.



ERNST LENGYEL, MD PhD
Name of person completing this form
[Signature]
Signature

F. Lengyel
Signature
4/26/21
Date

Jan 16, 2022
My commission expires

Please note on this form if there is no hospital or notary seal available.
Please return this form directly to the address above.
Thank you for your cooperation.



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, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: NEW MEXICO MEDICAL BOARD

Date: 04/25/2021

Examinee: Truehart, Amber Iva
Alt Name(s):

Examinee ID: 5-181-987-8
Date of Birth: [REDACTED] 1982

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
06/20/2007	Pass	219	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/06/2008	Pass	228	(184)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
04/14/2009	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/21/2010	Pass	208	(187)	

End of Exam History

NOTE: The USMLE Step 2 CS examination has been suspended since March 16, 2020.

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 Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Truehart, Amber Iva

Examinee ID: 5-181-987-8

Date of Birth: 01/23/1982

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.