

NM Application Status

Allen, Anastasia, NMMB <Anastasia.Allen@state.nm.us>

Tue 2/22/2022 5:24 PM

To: [REDACTED]@gmail.com <[REDACTED]@gmail.com>

Good afternoon,

The NM Medical Board is in receipt of your application. As of today, the following is lacking:

- Current CV
- Applicant Oath with color photo
- Work Experience Verifications from:
 - SW Women's Surgery Center
 - Texas Health Presbyterian Hospital - Dallas
 - Brigham & Women's Hospital / Harvard

For status inquiries on pending application, please call our status line at 505-476-7245.

All other correspondence should go to nmbme@state.nm.us.

Have a wonderful day.

Anastasia M Allen

Licensing Specialist

NM Medical Board

Parks, Monique M, NMMB

From: Allison Gilbert [REDACTED]@gmail.com>
Sent: Friday, February 18, 2022 10:06 AM
To: Parks, Monique M, NMMB
Subject: [EXTERNAL] Status of NM medical license

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

I hope this message finds you well. I am reaching out to check on the status of my New Mexico medical license so that if there are any outstanding items I can get working on them ASAP.

Your help is much appreciated.

Best,
Allison Gilbert

Status

[EXTERNAL] Re: NMMB: Allison Gilbert, MD Applying using NMMB - Re File status

X DELETE ← REPLY ←← REPLY ALL → FORWARD ...



Allison Gilbert <[redacted]@gmail.com>

Tue 2/15/2022 12:01 PM

Mark as unread

To: Medical Board, NM, NMMB;

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Dear NMMB,

I am reaching out to ask about the status of my medical license so that I can see which items are still outstanding. Thank you for your help in this matter.

Best,
Allison Gilbert

On Feb 15, 2022, at 12:55 PM, Credentialing <credentialing@nmhsc.com> wrote:

Good afternoon, Dr. Gilbert,
Hospital Services Corporation (HSC) isn't processing your application just our online application service was used. Your application was received and you selected to apply by NMMB. Please contact the New Mexico Medical Board directly regarding any questions or concerns. Please find attached the instructions for processing your application by NMMB. Please send all further documentation or questions directly to them. **I have copied in the New Mexico Medical Board so they may better assist you with the status of your file.**

Please send all correspondence to their email address, nmbme@state.nm.us

For status inquires on your pending application, please contact the NMMB's status line at **505-476-7245**

Best regards,

Patty Mora
HSC Customer Service - Credentialing
Hospital Services Corporation
Email: credentialing@nmhsc.com
Support Desk: 505-346-0222
Fax: 505-346-0287
www.nmhsc.com
<http://www.nmhsc.com/>
HSC is a wholly owned subsidiary of
the New Mexico Hospital Association www.nmhanet.org



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



Applying for Telemedicine Licensure?

Applying for first ever Full Physician License In any state?

****ALL FEES ARE NON-REFUNDABLE****

****If this application is incomplete upon one (1) year of receipt, the application and supporting documentation will become dormant, and application will become null and void.****

Date of Application: 12/20/2021

Application Fee: \$400.00

PayPal Confirmation: A10AA42376BB

TOTAL: \$400.00

Name: Allison Lynne Gilbert

Title: MD

Other:

Maiden or Other Names Used

Applying using: NMMB HSC FCVS

What are your NM practice plans?

Plan to be a provider working with Southwestern Women's Options

CC 9122 \$40
R# 2437437

EXAM

Gender: Female

Citizenship: United States

Place of Birth:

Social Security Number: [REDACTED] 1080

Date of Birth: [REDACTED] 1987

State Tax ID#: Pending

Fed. Tax ID#: Pending

Medicare#: Pending

Medicaid #: Pending

Unique Physician Identification Number (UPIN): Pending

National Provider Identifier Number (NPI): 1043630874 Pending

CLIA Number (if applicable):

Approval Level:

Expiration Date:

Home Address

Street Address: [REDACTED]

City, State/Province and Zipcode: Dallas, TX, 75206

Country: United States

Telephone Number: [REDACTED] 5291

Pager Number:

Cell Phone Number:

Spouse's Name (Optional):

Credentials Correspondence Address

Department:

Street Address: 8616 Greenville Ave Ste 101

City, State/Province and Zipcode: Dallas, TX, 75243

Country: United States

Email: [REDACTED]@southwesternwomens.com

Telephone Number: 214-742-9310

Facsimile Number: 214-969-9468

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)



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Physician Application



Languages

Foreign Languages (spoken fluently by practitioner): English

Certifications

ACLS CERTIFICATION

Certified? Yes No

Expires: 2/28/2022

ATLS CERTIFICATION

Certified? Yes No

Expires:

PALS CERTIFICATION

Certified? Yes No

Expires:

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: Southwestern Women's Surgery Center

Is this your primary admitting facility

Department:

Street Address: 8616 Greenville Ave

City: Dallas

State/Province: TX

Zip Code: 75243

Country: United States

Phone Number: 214-742-9310

Facsimile:

Appointment Dates From: 08/2020

To:

Present

Type of Appointment: Medical Director

Facility Name: Texas Health Presbyterian Hospital Dallas

Is this your primary admitting facility

Department: Medical Staff Services

Street Address: 8200 Walnut Hill lane

City: Dallas

State/Province: TX

Zip Code: 75231

Country: United States

Phone Number: 214-345-6789

Facsimile:

Appointment Dates From: 03/2021

To:

Present

Type of Appointment: Admitting



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Physician Application



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: Brigham and Women's Hospital/Harvard Medical School From: 07/2018 To: 06/2020 Present

Department:

Street Address: 75 Francis Street

City: Boston

State/Province: MA

Zip Code: 02115

Country: United States

Phone Number: 617-732-5235

Contact:

Fax Number: 617-264-5145

Type of Practice: Fellow

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

Organization: Newton-Wellesley Hospital From: 07/2018 To: 06/2020 Present

Department: Medical Staff Office

Street Address: 2014 Washington St

City: Newton

State/Province: MA

Zip Code: 02162-1699

Country: United States

Phone Number: 617-243-6000

Contact:

Fax Number: 617-243-6745

Type of Practice: Per-Diem

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

Organization: University of Alabama at Birmingham Hospital From: 06/2014 To: 06/2018 Present

Department: 619 S 19th St

Street Address: 619 S 19th St

City: Birmingham

State/Province: AL

Zip Code: 35249

Country: United States

Phone Number:

Contact:

Fax Number:

Type of Practice: Resident/Fellow

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: Southwestern Women's Surgery Center

Effective Date: 8/2020



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Physician Application



Department:

Street Address: 8616 Greenville Ave Ste 101

City: Dallas

State/Province: TX

Zip Code: 75243

Country: United States

Phone Number: 214-742-9310

Facsimile Number: 214-969-9468

Email Address: allcia@southwesternwomens.com

Answering Service Number:

Foreign Languages (spoken fluently at practice):

Office Manager or Contact Person: Alicia Dewitt-Dick

Phone:

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.

PROFESSIONAL REFERENCES

Please list five (5) professional peers with the same type of license, or a higher level of licensure, who are familiar with your professional performance in the past three (3) years.

Name and Title: Alisa Goldberg MD

Specialty: Ob/Gyn

Department:

Street Address: 75 Francis St

City: Boston

State/Province: MA

Zip Code: 02115

Country: United States

Email: agoldberg@bwh.harvard.edu

Phone Number: 617-732-4090

Facsimile Number:



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Physician Application



Name and Title: Caryn Dutton MD Specialty: Ob/Gyn
Department:
Street Address: 330 Brookline Avenue Shapiro 8th Floor
City: Boston State/Province: MA Zip Code: 02215
Country: United States Email: cdutton@bidmc.harvard.edu
Phone Number: 617-667-4600 Facsimile Number: 617-667-7493

Name and Title: Jennifer Amico MD Specialty: Family Medicine
Department:
Street Address: 8616 Greenville Ave Ste 101
City: Dallas State/Province: TX Zip Code: 75243
Country: United States Email: jennifera@southwesternwomens.com
Phone Number: 214-742-9310 Facsimile Number: 214-969-9468

Name and Title: Jessica Kuperstock MD Specialty: Ob/Gyn
Department:
Street Address: 2300 M Street, NW Suite 110
City: Washington State/Province: DC Zip Code: 20037
Country: United States Email: jesskuperstock@gmail.com
Phone Number: 202-677-6940 Facsimile Number:

Name and Title: Sara Neill MD Specialty: Ob/Gyn
Department:
Street Address: 330 Brookline Avenue Shapiro 8th Floor
City: Boston State/Province: MA Zip Code: 02215
Country: United States Email: sara.n.neill42@gmail.com
Phone Number: 617-667-7493 Facsimile Number: 617-667-7493

LICENSURE REGISTRATION INFORMATION

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

State Professional License/Certification Number: 34859 Pending
State: Alabama Issue Date: 1/27/2016 Expiration Date: 12/31/2021

State Professional License/Certification Number: 274095 Pending
State: Massachusetts Issue Date: Expiration Date: 10/29/2022



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Physician Application



State Professional License/Certification Number: S4765

Pending

State: Texas

Issue Date: 2/28/2020

Expiration Date: 2/28/2023

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	Part/Step 2 Date Passed	Part/Step 3 Date Passed	
<input type="checkbox"/> LMCC	Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed	
<input checked="" type="checkbox"/> NBME (MD Only):	Part/Step 1 Date Passed	6/1/2012	Part/Step 2 Date Passed	7/27/2013
			Part/Step 3 Date Passed	4/19/2015
<input type="checkbox"/> NBOE (DO Only):	Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed	
<input type="checkbox"/> COMPLEX (DO Only):	Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed	
<input type="checkbox"/> USMLE	Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed	

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration:

N/A

DEA Number: [REDACTED] 4035

Expiration Date: 9/30/2024

Pending

State Controlled Substance Registration (CSR):

N/A

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: Graduate

Institution: Harvard School of Public Health

Dates Attended:



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Physician Application



Department: Registrar's Office
Street Address: 665 Huntington Ave
City: Boston
Country: United States
Degree Earned: MPH - Master of Public Health
If teaching appointment: Department/Position

From:
To: 5/2019
State/Province: MA Zip Code: 02115
Graduation Date: 2019
or Specialty: Public Health

Degree Level: Graduate
Institution: University of Oklahoma College of Medicine
Department: OUHSC Office of Admissions & Records
Street Address: P.O. Box 26901, BSEB Room 200
City: Oklahoma City
Country: United States
Degree Earned: MD - Doctor of Medicine
If teaching appointment: Department/Position

Dates Attended:
From:
To: 5/2014
State/Province: OK Zip Code: 73126-0901
Graduation Date: 2014
or Specialty: Medicine

Degree Level: Undergraduate
Institution: Colorado College
Department:
Street Address: 14 E. Cache La Poudre
City: Colorado Springs
Country: United States
Degree Earned: BA - Bachelor of Arts
If teaching appointment: Department/Position

Dates Attended:
From:
To: 5/2010
State/Province: CO Zip Code: 80903
Graduation Date: 2010
or Specialty: Biology

SPECIALTY BOARD CERTIFICATIONS

NOTE: If you are not board certified by the American Board of Medical Specialties or the American Osteopathic Association, or accepted for examination in your specialty, please give brief explanation on the attached sheet.

Board or Specialty Board Name: American Board of Obstetrics and Gynecology
Date Certified: 01/21/2020 Date Last Recertified: Expiration Date: 12/31/2022 Lifetime
Certification Number: 9032562

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: USI Insurance Services LLC
Department:

Limits:



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Physician Application



Street Address: 2021 Spring Road
City, State/Province and Zipcode: Oak Brook, IL, 60523
Country: United States

Pending

Dates Insured: From: To: 10/27/2022 Policy Number: IJG930456B

Carrier: CRICO
Department: Claims History
Street Address: 1325 Boylston Street
City, State/Province and Zipcode: Boston, MA, 02215
Country: United States

Limits: [REDACTED]

Pending

Dates Insured: From: 07/01/2018 To: 07/01/2020 Policy Number: [REDACTED]-1541-2019

Carrier: University of Alabama - Professional Liability Trust
Department: Claims Department
Street Address: 1600 4th Ave South
City, State/Province and Zipcode: Birmingham, AL, 35233
Country: United States

Limits: [REDACTED]

Pending

Dates Insured: From: To: 07/01/2018 Policy Number:



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Physician Application



PROFESSIONAL PRACTICE QUESTIONS

Read carefully before answering questions.

- A. You must answer all questions. You must provide explanatory information –
 - for any “yes” answer to questions numbered 1-18 and
 - for any “no” answer to questions numbered 19-23.

Your failure to provide full and accurate details for any or all of those answers may result in disciplinary action or denial of your application. If in doubt, disclose.

- B. The Board expects full and accurate disclosure of all information. You must update any information that changes while your application is pending.
- C. The term “you” means you personally and any healthcare entity for which you serve as a business owner, officer or medical director.

Licensing & Professional Membership

1.a. Regardless of the outcome, have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

1.b. Is any license you now hold under investigation or being challenged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

3. Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

Education

4. Have you, for any reason, ever

4.a. been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

4.b. been placed on probation or remediation by a medical school or PGT program?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

4.c. taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

Privileges/Appointments

5.a. For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

5.b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

6. Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

7. Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

Insurance/Health Care Plans

8. Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

Liability

9. 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 to physicians?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

10. Have you ever been denied professional liability insurance coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

11. Has your professional liability insurance carrier ever excluded any procedures from your coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--



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Physician Application



12. Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? If yes, please complete the attached Malpractice History Form for each case.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been reported to the National Practitioner Data Bank (NPDB)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ethics/Impairment		
14. Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15.a During the past five (5) years, have you engaged in any behavior(s) or used any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?	[REDACTED]	
15.b Are you now engaging in any behavior(s) or using any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?	[REDACTED]	
15.c Have you been diagnosed with or treated for an addiction disorder at any time during the past five years (including the present)?	[REDACTED]	
16. Are you now, being treated with any opioid analgesic(s) for chronic pain? If yes, please provide a current neuropsychological evaluation and written clearance to practice from your treating physician. See Rule 16.10.14.10.	[REDACTED]	
17. Do you have, or have you been diagnosed with, an illness or condition which impairs your judgment 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]	
18. Are you currently out of compliance with a judgment and order for child support in New Mexico?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Attestations		
19. I attest I will limit my practice to areas in which I am competent to practice.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
20. I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21. I attest I have reviewed the completed form and the information it contains is complete and accurate.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
22. I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
23. I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to questions 1-18, and/or "NO" to questions 19-23, please provide a detailed written explanation for each of those answers with this application.



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Physician Application



Professional Practice Questions - Explanations

12.: I was named as one of many Ob/Gyn physicians who treated the plaintiff. At the time, I was a PGY2. A lawsuit was filed naming 13 physicians and nurses who had any active role in the labor and delivery process. I am defending the case through the help of my attorney, and is pending in the Circuit Court of Jefferson County, AL.



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

ALLISON LYNNE GILBERT
BRIGHAM & WOMEN'S HOSPITAL
DEPT OF OB/GYN
75 FRANCIS ST
BOSTON, MA 02115-6110

Primary Office Address

SAME AS MAILING ADDRESS

Birth date

██████████ 987

Phone (831) 425-4475

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

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
1043630874	04/19/2014	NOT RPTD	NOT RPTD	NOT RPTD	12/17/2021

Current and/or historical medical school

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded: YES



Degree Year: 2014

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

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

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

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

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

Sponsoring Institution: UNIVERSITY OF ALABAMA HOSPITAL
Sponsoring State: ALABAMA
Program name: UNIVERSITY OF ALABAMA MEDICAL CENTER PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Training Type: SPECIALTY
Dates: 6/2014 - 6/2018 (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	12/31/2021	12/31/2022		RE-CERT	12/28/2021	Y
TIME LIMITED	Active	12/31/2020	12/31/2021		RE-CERT	12/28/2021	Y
TIME LIMITED	Expired	01/21/2020	12/31/2020		INITIAL	12/28/2021	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
54765	MD	TX	01/24/2020	02/28/2023	02/05/2020	ACT	UNL	12/06/2021	ALLISON LYNNE GILBERT
274095	MD	MA	03/29/2018	10/29/2022		ACT	UNL	12/01/2021	Allison L Gilbert
34859	MD	AL	01/27/2016	12/31/2021		ACT	UNL	10/14/2021	Allison Lynne Gilbert

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
-----035	C-0	22N 33N 4 5	Active	09/30/2024	Paid	11/19/2021	Brigham & Women's Hospital Dept Of Ob/Gyn 75 Francis St Boston, MA 02115-6110

* 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: 12/30/2021

PRACTITIONER INFORMATION

Name: Gilbert, Allison Lynne
DOB: [REDACTED] 987
Medical School: University of Oklahoma Health Science Center
Oklahoma City, Oklahoma, UNITED STATES
Year of Grad: 2014
Degree Type: MD
NPI: 1043630874

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
1043630874	Individual			06/04/2018

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 12/30/2021
 Practitioner Name: Gilbert, Allison Lynne

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	00034859	01/27/2016	12/31/2022	12/20/2021
		FSMB License Status: Active		
MASSACHUSETTS	274095	03/29/2018	10/29/2022	11/24/2021
		FSMB License Status: Active		
NORTH CAROLINA	RTL17-0003	01/03/2017	03/03/2017	12/02/2021
		FSMB License Status: Inactive		
TEXAS	S4765	01/24/2020	02/28/2023	12/01/2021
		FSMB License Status: Active		

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FG5804035	22N 33N 4 5	DALLAS, TX 75243	09/30/2024	12/07/2021

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:12/30/2021
 Practitioner Name: Gilbert, Allison Lynne

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	12/31/2021	12/31/2022		Recertification	11/25/2021
Expired	Time Limited	01/21/2020	12/31/2020		Initial	11/25/2021
Active	Time Limited	12/31/2020	12/31/2021		Recertification	11/25/2021

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All rights reserved.

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.



State of Alabama

Medical Licensure Commission

George C. Smith, Sr., M.D., Chairman/Executive Officer
Karen Silas, Executive Assistant

01/04/2022

New Mexico Medical Board
2055 South Pacheco Street
Building 400
Santa Fe, NM 87505-0503

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

Allison Lynne Gilbert

Date of Birth: **10/29/1987**

License Number: **MD.34859**

Current Status: **Active**

Date Issued: **01/27/2016**

Basis of License: **USMLE**

Expiration Date: **12/31/2022**

Medical School: **University of Oklahoma Health Science Center**

Location: **Oklahoma City**

Date From/To: **08/10-05/14**

Disciplinary Actions:



No

Yes, visit Public Actions at www.albme.gov for documents.

Signature: _____

George C. Smith, Sr. MD

George C. Smith, Sr., M.D. Chairman
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at <http://www.albme.gov>.

P.O. Box 887 • Montgomery, AL 36101-0887
848 Washington Avenue • Montgomery, AL 36104-3839
334-242-4153 • www.albme.gov



Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

NEW MEXICO MEDICAL BOARD
2055 S PACHECO BLDG 400
SANTA FE, NM 87505-

January 13, 2022

For: NEW MEXICO MEDICAL BOARD

In response to a recent request, we verify the following information:

Physician: ALLISON LYNNE GILBERT, MD
License: S4765
Date Issued: 01/24/2020
Licensed by:
Date of Birth: 1987
Medical School: UNIV OF OKLAHOMA COLL OF MED, OKLAHOMA CITY, OK
Graduation Year: 2014
Permit Expires: 02/28/2023

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

Not applicable.

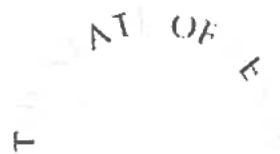
If you have any further questions, please contact the Hearings division

Sincerely,

Crystal Martinez

Customer Information Center

BOARD SEAL



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

MMS 12/20/21
DEC 28 2021
NM MEDICAL BOARD

POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: Allison Gilbert

Allison Gilbert

12/20/2021

Signature

Date (Month/Day/Year)

(DO NOT DETACH)

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that Allison Gilbert, undertook and satisfactorily completed a full term approved program of 48 months in the University of Alabama Medical Center in the field of Obstetrics and Gynecology from 06/24/2014 to 06/30/2018.
(number) (Full name and complete address of facility) Birmingham, AL 35247

1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada?
 Yes No
2. Was applicant ever placed on probation, restricted, or limited? Yes No If yes, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? Yes No If yes, please attach written explanation.
4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes No If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes No If yes, please attach written explanation.
6. Were applicant's final evaluations in every category rated satisfactory? Yes No If no, please attach written explanation.

Please affix hospital or notary seal here

Jason Whitehead
Printed name of person completing this form

Jason Whitehead
Signature

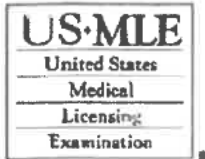
12/20/21
Date

Christy Willis
Signature of Notary (if applicable)

12/20/21
Date

My commission expires: 10-7-25

If there is no hospital or notary seal, this form is unacceptable.
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: 12/20/2021

Examinee: Gilbert, Allison Lynne
Alt Name(s):

Examinee ID: 5-285-166-4
Date of Birth: [REDACTED] 1987

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, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/01/2012	Pass	224	(188)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/27/2013	Pass	255	(203)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
09/28/2013	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/19/2015	Pass	232	(190)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

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

Examinee: Gilbert, Allison Lynne

Examinee ID: 5-285-166-4
Date of Birth: [REDACTED] 1987

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 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

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.

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

JAN 19 2022

POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: _____

Alison Gilbert
Signature

12/20/2021

Date (Month/Day/Year)

(DO NOT DETACH)

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that Alison Gilbert, MD, MPH, undertook and satisfactorily completed a full term approved program of 24 months in the Brigham and Women's Hospital, 75 Francis St, Boston MA 02115 in the field of Complex Family Planning from 07/01/2018 to 06/30/2020
(number) (Full name and complete address of facility) Date/Mo/Day/Yr Date/Anticipated Date Mo/Day/Yr

1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada?
 Yes No
2. Was applicant ever placed on probation, restricted, or limited? Yes No If yes, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? Yes No If yes, please attach written explanation.
4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes No If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes No If yes, please attach written explanation.
6. Were applicant's final evaluations in every category rated satisfactory? Yes No If no, please attach written explanation.

Please affix hospital or notary seal here

Alisa B. Goldberg, MD, MPH

Printed name of person completing this form

Signature

1/13/2022

Date

Jonda Kuerst
Signature of Notary (if applicable)

1/13/22

Date

My commission expires:

5/6/2022

If there is no hospital or notary seal, this form is unacceptable.

Please return this form directly to the address above

Thank you for your cooperation.



State of Alabama

Medical Licensure Commission

George C. Smith, Sr., M.D., Chairman/Executive Officer
Karen Silas, Executive Assistant

01/04/2022

New Mexico Medical Board
2055 South Pacheco Street
Building 400
Santa Fe, NM 87505-0503

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

Allison Lynne Gilbert

Date of Birth: **10/29/1987**

License Number: **MD.34859**

Current Status: **Active**

Date Issued: **01/27/2016**

Basis of License: **USMLE**

Expiration Date: **12/31/2022**

Medical School: **University of Oklahoma Health Science Center**

Location: **Oklahoma City**

Date From/To: **08/10-05/14**

Disciplinary Actions:



No

Yes, visit Public Actions at www.albme.gov for documents.

Signature: _____

George C. Smith Sr MD

George C. Smith, Sr., M.D. Chairman
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at <http://www.albme.gov>.

P.O. Box 887 • Montgomery, AL 36101-0887
848 Washington Avenue • Montgomery, AL 36104-3839
334-242-4153 • www.albme.gov



Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

NEW MEXICO MEDICAL BOARD
2055 S PACHECO BLDG 400
SANTA FE, NM 87505-

January 13, 2022

For: NEW MEXICO MEDICAL BOARD

In response to a recent request, we verify the following information:

Physician: ALLISON LYNNE GILBERT, MD
License: S4765
Date Issued: 01/24/2020
Licensed by:
Date of Birth: 1987
Medical School: UNIV OF OKLAHOMA COLL OF MED, OKLAHOMA CITY, OK
Graduation Year: 2014
Permit Expires: 02/28/2023

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

Not applicable.

If you have any further questions, please contact the Hearings division

Sincerely,

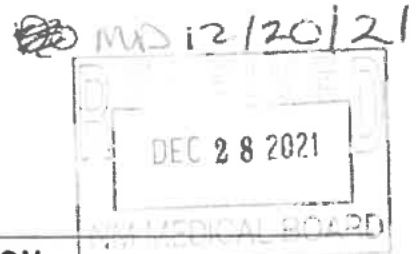
Crystal Martinez

Customer Information Center

BOARD SEAL

T S T H S

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



POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: Allison Gilbert

Allison Gilbert
Signature

12/20/2021

Date (Month/Day/Year)

(DO NOT DETACH)

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that Allison Gilbert, undertook and satisfactorily completed a full term approved program of 48 months in the University of Alabama Medical Center in the field of Obstetrics and Gynecology from 06/24/2014 to 06/30/2018.
(number) (Full name and complete address of facility) Birmingham, AL 35249

1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada?
 Yes No
2. Was applicant ever placed on probation, restricted, or limited? Yes No If yes, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? Yes No If yes, please attach written explanation.
4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes No If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all the following:

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The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

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5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes No If yes, please attach written explanation.
6. Were applicant's final evaluations in every category rated satisfactory? Yes No If no, please attach written explanation.

Please affix hospital or notary seal here

Jason Whitehead Jason Whitehead 12/20/21
Printed name of person completing this form Signature Date
Chief of Wellness
Signature of Notary (if applicable) 12/20/21
Date
My commission expires: 10-7-25

If there is no hospital or notary seal, this form is unacceptable.
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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: NEW MEXICO MEDICAL BOARD

Date: 12/20/2021

Examinee: Gilbert, Allison Lynne
Alt Name(s):

Examinee ID: 5-285-166-4
Date of Birth: [REDACTED] 987

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, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/01/2012	Pass	224	(188)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/27/2013	Pass	255	(203)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
09/28/2013	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/19/2015	Pass	232	(190)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

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



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

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

Examinee: Gilbert, Allison Lynne

Examinee ID: 5-285-166-4

Date of Birth: [REDACTED] 1987

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 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

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.

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

JAN 19 2022

POSTGRADUATE TRAINING VERIFICATION

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: Alison Gilbert
Alison Gilbert
Signature
Date (Month/Day/Year) 12/20/2021

(DO NOT DETACH)

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that Alison Gilbert, MD, MPH, undertook and satisfactorily completed a full term approved program of 24 months in the Brigham and Women's Hospital, 75 Francis St, Boston MA 02115 in the field of Complex Family Planning from 07/01/2018 to 06/30/2020
(number) (full name and complete address of facility) Date: Mo/Day/Yr Date/Anticipated Date Mo/Day/Yr

1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada?
Yes X No
2. Was applicant ever placed on probation, restricted, or limited? Yes X No If yes, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? Yes X No If yes, please attach written explanation.
4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine? Yes X No If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder? Yes X No If yes, please attach written explanation.
6. Were applicant's final evaluations in every category rated satisfactory? X Yes No If no, please attach written explanation.

Please affix hospital or notary seal here

Alisa B. Goldberg, MD, MPH
Printed name of person completing this form
Jende Kauer
Signature of Notary (if applicable)
My commission expires: 5/6/2022
Signature [Signature]
Date 1/13/2022
Date 1/13/22

If there is no hospital or notary seal, this form is unacceptable.
Please return this form directly to the address above
Thank you for your cooperation.



The Commonwealth of Massachusetts Board of Registration in Medicine

178 Albion 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

JULIAN N. ROBINSON, MD
Chair, Physician Member

WOODY GIESSMANN, LADC-I, CADAC, CIP, CAI
Vice Chair, Public Member

DEBORAH LEVINE, MD
Secretary, Physician Member

HOLLY J. OH, MD
Physician Member

NAWAL M. NOUR, MD, MPH, FACOG
Physician Member

BOOKER T. BUSH, MD
Physician Member

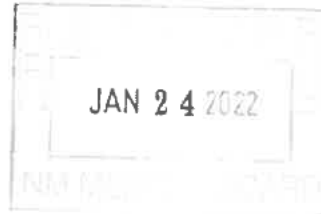
GEORGE ZACHOS, ESQ.
Executive Director

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MARGARET R. COOKE
Acting Commissioner
Department of Public Health



1/13/2022

To Whom It May Concern:

This certifies that **Alison L. Gilbert, M.D.**, a 2014 graduate of University of Oklahoma College of Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 274095 was issued to Dr. Gilbert on 03/29/2018. The license status is: Active. The expiration date is 10/29/2022.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

Staff Member, Board of Registration in Medicine

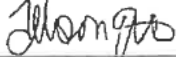
Francee Mulero

SEAL

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

VERIFICATION OF LICENSURE

I am applying for medical licensure in the State of New Mexico. The New Mexico Medical Board requires that your Board complete this form or its equivalent so that I may be considered for licensure. This is my authorization to release all information in your files, favorable or otherwise, to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505

Allison Gilbert			1/4/2022
Print/Type Full Name		Signature	Date
274095	3/29/2018	8616 Greenville Ave, Ste 101	
License Number	Date Issued	Address	
		Dallas TX 75243	
		City State Zip Code	

THE SECTION BELOW SHOULD BE COMPLETED BY THE MEDICAL BOARD

Name of Licensing Authority: _____

Name of Licensee: _____

License Number: _____ Issue Date: _____ Expiration Date: _____

1. Is license current? Yes No If "No" why not? _____

2. Did you receive source documents verifying: Education? Yes No
 Postgraduate Training? Yes No
 Examination? Yes No

3. Has licensee ever been disciplined by your Board? Yes No
 If "Yes": Revoked Yes No Suspended Yes No
 Stipulated Yes No On Probation Yes No
 Dates: _____

4. Has his licensee's license ever been: Allowed to lapse for non-payment of fees? Yes No
 Placed on Retired or Inactive status? Yes No
 Surrendered Voluntarily? Yes No

5. Are there any formal charges pending against this license? Yes No

6. Has licensee ever been investigated or requested to appear before your Board for any serious matter? Yes No

If you answered "YES" to questions 3-6 please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

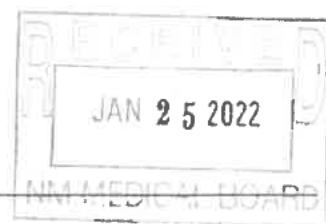


Signature of Board Official _____ Date _____

Title _____ Phone Number _____

1728613

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



MEDICAL EDUCATION VERIFICATION

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

Waiver for Release of Information

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: [Signature] Date of Birth: [Redacted] 1987
Print or Type Name: Allison Gilbert Soc Sec # [Redacted] 1080
Other Name(s) _____
Name of Medical School: University of Oklahoma College of Medicine
Address: 940 Stanton L Young Blvd #357 City Oklahoma City State OK Country USA

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

Please complete this form and forward it DIRECTLY to NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Please include dean's letter (if available) and a COPY OF THE OFFICIAL TRANSCRIPT (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations).

APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY

If name of institution was different from the above named institution when applicant attended, please enter name below:

Enrollment and Participation: Our records indicate that

Gilbert (type or print the applicant's name): Allison (Last Name) Lynne (First Name) (M)

attended our medical school on the following dates (indicate the month, day and year in the section below):

ATTENDANCE DATES:	FROM	TO	FROM	TO
	<u>8/23/10</u>	<u>8/22/11</u>	<u>7/1/13</u>	<u>1/13/14</u>
	<u>1/17/12</u>	<u>7/12/12</u>	<u>1/1</u>	<u>1/1</u>
	<u>8/20/12</u>	<u>1/14/13</u>	<u>1/1</u>	<u>1/1</u>

The applicant attended 150 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check One Was awarded a degree in Doctor of Medicine on 5/31/2014
mm dd yr
 Was NOT awarded degree. Please explain reasons(s): _____


Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. **All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.**

- | | | |
|---|------------------------------|--|
| 1. Did the applicant take any leaves of absence or breaks from his/her medical education? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Was the applicant ever placed on probation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Was the applicant ever disciplined or under investigation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Were any negative reports ever filed by instructors regarding the applicant? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

COMMENTS: _____

AFFIX INSTITUTIONAL SEAL HERE

International medical schools must attach a copy of the medical school diploma and a transcript or provide and explanation.

Signature: 
Print Name: Mark Ferguson M.D.
Title: Associate Dean for Student Affairs
Date: 1/13/2022

**This form will not be accepted unless it is stamped with the institutional seal.
Thank you for helping us process this application for licensure.**



The UNIVERSITY of OKLAHOMA
Health Sciences Center

Office of Admissions and Records Enrollment Verification

Enrollment Verification as of 12-21-2021

School Code: 003184-01

Name: Gilbert, Allison Lynne
ID Nbr: 1728613

Degrees Earned

Degree Date	Degree	Program
2014-05-31	MD	Medicine - MD

Current Program of Study

Student does not have a current program of study.

Enrollment History

Term	Career	Begin-Date	End-Date	Units	GPA	Status
Fall 2010	MED	2010-08-23	2010-12-17	514.50	0.00	Full-Time
	Actual Enrollment:	2010-08-16	2011-05-13			
Spring 2011	MED	2011-01-18	2011-05-13	358.00	0.00	Full-Time
Fall 2011	MED	2011-08-22	2011-12-16	495.00	0.00	Full-Time
	Actual Enrollment:	2011-08-08	2012-03-16			
Spring 2012	MED	2012-01-17	2012-05-11	248.00	0.00	Full-Time
	Actual Enrollment:	2012-01-16	2012-05-11			
Summer II 2012	MED	2012-07-02	2012-08-24	320.00	4.00	Full-Time
Fall 2012	MED	2012-08-20	2012-12-14	640.00	3.50	Full-Time
Spring 2013	MED	2013-01-14	2013-05-10	982.00	4.00	Full-Time
	Actual Enrollment:	2013-01-02	2013-06-14			
Summer II 2013	MED	2013-07-01	2013-08-23	320.00	4.00	Full-Time
Fall 2013	MED	2013-08-19	2013-12-13	640.00	4.00	Full-Time
	Actual Enrollment:	2013-08-26	2013-12-13			
Spring 2014	MED	2014-01-13	2014-05-09	560.00	4.00	Full-Time
	Actual Enrollment:	2014-01-06	2014-05-23			

Due to the number of requests received, this form is used to complete all verifications.

Lori Klimkowski
Lori Klimkowski
Registrar OUHSC

Robert M. Bird Library, Room 121, Post Office Box 26901, Oklahoma City, Oklahoma 73126-0901

ADMISSIONS AND RECORDS (405) 271-2359 FAX (405) 271-2480

EMAIL: admissions@ouhsc.edu WEB SITE: <http://www.admissions.ouhsc.edu>



University of Oklahoma Health Sciences Center
 P. O. Box 26901
 Oklahoma City, OK 731260901
 United States

Official Transcript

Name : Allison Gilbert
 Student ID: 1728613
 Birthdate : xxxx-10-29

Degrees Awarded

Degree : Doctor of Medicine
 Confer Date : 2014-05-31
 Plan : Medicine

External Degrees

Colorado College
 2009-12-01 Bachelor of Arts
 Field of Study : Biology
 Field of Study : No Minor

Academic Program History

Program : Medicine MD
 2010-07-07 : Active in Program
 2010-07-07 : Medicine - MD Major
 2014-05-31 : Completed Program

Fall 2010

Course	Description	Attempted	Earned	Grade	Points
IMDT 8108	Molecular and Cellular Systems	100.00	100.00	P	0.000
IMDT 8116	Disease, Diagnosis & Therapy	101.00	101.00	P	0.000
IMDT 8122	Clinical Medicine	111.50	111.50	H	0.000
IMDT 8124	The Human Structure	85.00	85.00	P	0.000
IMDT 8244	Patients, Physicians and Soc	87.00	87.00	H	0.000
IMDT 9106	Prologus	30.00	30.00	S	0.000
TERM GPA :	GPE:	0.00	0.00	TOTALS :	514.50
514.50	514.50	0.000	0.000		
OUHSC GPA :	GPE:	0.00	0.00	TOTALS :	534.50
534.50	534.50	0.000	0.000		

Spring 2011

Course	Description	Attempted	Earned	Grade	Points
IMDT 8132	Musculoskeletal and Integument	78.00	78.00	H	0.000
IMDT 8140	Gastrointestinal & Hepatobil	85.00	85.00	P	0.000
IMDT 8148	Metabolism and Nutrition	85.00	85.00	P	0.000
IMDT 8156	Blood, Hematopathosis & Lymph	94.00	94.00	P	0.000
IMDT 8301	Enrichment program: Humanities	16.00	16.00	S	0.000
Course Topic(s) :	The Art of Observation				
TERM GPA :	GPE:	0.00	0.00	TOTALS :	358.00
358.00	358.00	0.000	0.000		
OUHSC GPA :	GPE:	0.00	0.00	TOTALS :	872.50
872.50	872.50	0.000	0.000		

Fall 2011

Course	Description	Attempted	Earned	Grade	Points
IMDT 8264	Cardiovascular, Resp & Renal	182.00	182.00	P	0.000
IMDT 8266	Patients, Physicians & Soc II	50.00	50.00	H	0.000
IMDT 8272	Neurosciences and Psychiatry	148.00	148.00	P	0.000
IMDT 8275	Clinical Medicine II	99.00	99.00	H	0.000
IMDT 8306	Enrichment Prog: Clin Learning	16.00	16.00	S	0.000
Course Topic(s) :	Medicine in Action				
TERM GPA :	GPE:	0.00	0.00	TOTALS :	495.00
495.00	495.00	0.000	0.000		
OUHSC GPA :	GPE:	0.00	0.00	TOTALS :	1367.50
1367.50	1367.50	0.000	0.000		

Spring 2012

Course	Description	Attempted	Earned	Grade	Points
IMDT 8280	Reprod & Gender-Based Medicine	98.00	98.00	P	0.000
IMDT 9200	Capstone	150.00	150.00	P	0.000
TERM GPA :	GPE:	0.00	0.00	TOTALS :	248.00
248.00	248.00	0.000	0.000		
OUHSC GPA :	GPE:	0.00	0.00	TOTALS :	1615.50
1615.50	1615.50	0.000	0.000		

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This information is released in accordance with the Family Education Privacy Act of 1974 and is also released under the condition that other parties will not have access to this information without the student's written consent.



Handwritten signature

REGISTRAR, OUHSC

University of Oklahoma Health Sciences Center
 P. O. Box 26901
 Oklahoma City, OK 731260901
 United States

Official Transcript

Name : Allison Gilbert
 Student ID: 1728613
 Birthdate : XXXX-10-29

Summer II 2012

Course	Description	Attempted	Earned	Grade	Points
IMDT 9510	Current Topics in Medicine		0.00	X	
IMDT 9555	Clinical Site Req & Resur III		0.00	CR	
NRUR 9370	Neurology Clerkship	160.00	160.00	A	640.000
FM 9540	Family Medicine Clerkship	160.00	160.00	A	640.000
TERM GPA :		4.000	GPR: 320.00	TOTALS :	320.00
OURSC GPA :		4.000	GPR: 320.00	TOTALS :	1280.000
Fall 2012					
OURSC GPA :		4.000	GPR: 320.00	TOTALS :	1280.000

Summer II 2013

Course	Description	Attempted	Earned	Grade	Points
IMDT 9556	Clinical Site Req & Resur IV		0.00	CR	
MRD 9230	Ambulatory Care/Medicine	160.00	160.00	A	640.000
OSBY 9208	Extern in OB: Maternal Fetal	160.00	160.00	A	640.000
TERM GPA :		4.000	GPR: 320.00	TOTALS :	320.00
OURSC GPA :		3.886	GPR: 2000.00	TOTALS :	3877.50
Fall 2013					
OURSC GPA :		3.886	GPR: 2000.00	TOTALS :	3877.50

Course	Description	Attempted	Earned	Grade	Points
IMDT 9510	Current Topics in Medicine		0.00	X	
MRD 9760	Surgery Clerkship	320.00	320.00	A	1280.000
MRD 9250	Medicine Clerkship	320.00	320.00	B	960.000
TERM GPA :		3.500	GPR: 640.00	TOTALS :	640.00
OURSC GPA :		3.667	GPR: 960.00	TOTALS :	2575.50
Spring 2013					
OURSC GPA :		3.667	GPR: 960.00	TOTALS :	2575.50

Spring 2014

Course	Description	Attempted	Earned	Grade	Points
IMDT 9510	Current Topics in Medicine	22.00	22.00	S	960.000
IMDT 9650	Pediatric Clerkship	240.00	240.00	A	960.000
OSBY 9210	OB/Gyn & Gynecology Clerkship	240.00	240.00	A	960.000
MRD 9110	Anesthesiology Selective	80.00	80.00	S	320.000
OSBY 9101	Ophthalmology Selective	80.00	80.00	S	320.000
MRD 9101	Urology Selective	80.00	80.00	S	320.000
MRD 9520	Psychiatry Clerkship	240.00	240.00	A	960.000
TERM GPA :		4.000	GPR: 720.00	TOTALS :	982.00
OURSC GPA :		3.810	GPR: 1680.00	TOTALS :	3557.50

Course	Description	Attempted	Earned	Grade	Points
RADI 9101	Radiology Selective	80.00	80.00	S	320.000
RADI 9702	Diagnostic Ultrasound Clrk	80.00	80.00	A	320.000
FM 9093	Preceptorship-Blackwell, OK	160.00	160.00	A	640.000
MRD 9276	Clinical Cardiology VA/OU Med	80.00	80.00	A	320.000
MRD 8507	Directed Read in Pharmacology	80.00	80.00	S	320.000
MRSG 9101	Neurosurgery	80.00	80.00	S	320.000
TERM GPA :		4.000	GPR: 320.00	TOTALS :	560.00
OURSC GPA :		3.886	GPR: 2800.00	TOTALS :	5077.50

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Janie Klein



REGISTRAR, OUHSC

Official Transcript

University of Oklahoma Health Sciences Center
P. O. Box 26901
Oklahoma City, OK 731260901
Dated States

Name : Allison Gilbert
Student ID: 1728613
Birthdate : XXXX-10-29

Medicine Career Totals

OUHSC GPA : 3.886 GPH: 2800.00 TOTALS : 5077.50 5077.50 10880.000

Post-Baccalaureate Career Totals

OUHSC GPA : 3.886 GPH: 175.00 TOTALS : 317.34 317.34 680.000
----- End Of Career (1 of 1) -----
----- End Of Transcript -----

For Kline



REGISTRAR, OUHSC

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This information is released in accordance with the Family Education Privacy Act of 1974 and is also released under the condition that other parties will not have access to the information without the student's written consent.

STUDENT IS IN GOOD STANDING UNLESS NOTED. THIS DOCUMENT REFLECTS ONLY THE ACADEMIC RECORD OF THE STUDENT

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

JAN 26 2022
 NEW MEXICO MEDICAL BOARD

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 Allison Gilbert	Applicant Signature <i>Allison Gilbert</i>
Address 8616 Greenville Ave, Ste 101	*Dates of Privilege/Employment mm/yy to mm/yy (must be provided) 07/2018-06/2020
City/State/Zip Dallas, TX 75243	Telephone Number 405-245-5291

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
Thomas BARTOY MD

Title
Chair, Obstetrics & gynecology; Chair, Credentialing Commi

Name of Institution
Newton - Willimley Hospital

Address
2000 Washington St, Suite 764

City / State / Zip
Newton, MA 02462

- 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.

Please affix hospital or notary seal here

Thomas Bartoy MD *TB* *1/3/2022*
 Printed name of person completing this form Signature Date

Signature of Notary (if applicable) Date

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

There is no hospital Notary