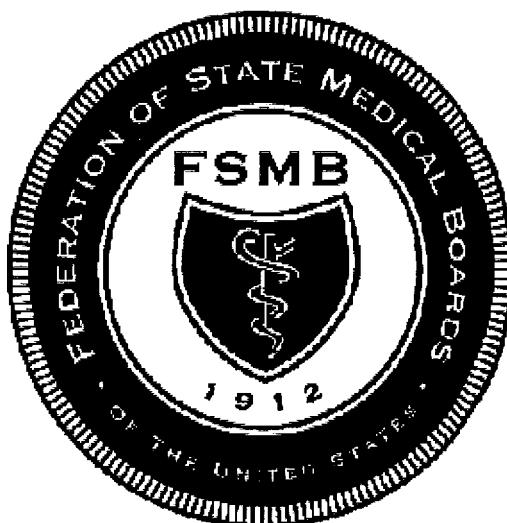


The Federation of State Medical Boards of the United States, Inc.  
**Federation Credentials Verification Service**  
P.O. Box 619850  
Dallas, Texas 75261-9850  
Telephone: (817) 868-4000  
Fax: (817) 868-4099

### Physician Information Profile



This report is compiled exclusively for:

**Name:** Sarah Kristen Smith  
**SSN:** Redacted  
**DOB:** 08/15/1978  
**Packet ID:** 82924  
**Recipient:** State Medical Board of Ohio

#### NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

## Table of Contents

### **I. FCVS / FSMB Reports**

- A. Physician Information Report
- B. Credentials Analysis Report
- C. Board Action Data Bank Search Results
- D. ABMS Specialty Certification(s)

### **II. Identity**

- A. Affidavit and Release
- B. Certified Birth Certificate or Photocopy of Original Passport

### **III. Medical Education**

- A. Verification of Medical Education Form(s)
- B. Official Medical Education Transcripts(s)
- C. Certified Photocopy of Medical School Diploma
- D. Verification of Fifth Pathway Form(s)
- E. Photocopy of Fifth Pathway Certificate of Completion
- F. Confirmation of ECFMG Certification
- G. Photocopy of ECFMG Certificate

### **IV. Postgraduate Medical Education**

- A. Verification of Postgraduate Medical Education Form(s)

### **V. Examination History / Score Transcripts (State Licensing Authorities Only)**

- A. USMLE Transcript
- B. FLEX Transcript
- C. NBME Record of Scores
- D. NBME Endorsement of Certification
- E. NBOME Transcript
- F. LMCC Transcript
- G. State Board Exam Transcript

# Section I

---

FCVS Reports

## Physician Information Report

---

**Identity:**

Name: Sarah Kristen Smith  
Other Name Used: Sarah Lengen  
Sarah Kristen Lengen  
Gender: Female  
Date of Birth: 08/15/1978  
Place of Birth: Cleveland, OH USA  
SSN: **Redacted**  
Current Address: 1220 Orchard Oriole Lane  
Durham, NC 27713  
Permanent Address: Same  
Telephone Numbers: Bus: 919-544-0263  
Fax: N/A  
Home: 919-544-0263  
Other: N/A  
Physical Description: Height: 5' 05"  
Weight: 150 lbs  
Eye Color: Green  
Hair Color: Brown  
Physical Marks: Description: N/A  
Location: N/A

---

**Premedical Education** (Reported by physician. Not verified by FCVS):

Institution: Case Western Reserve University, Cleveland, OH 44106-7042  
Dates of Attendance: 08/1996 - 05/2000  
Degree Conferred/Issued: Bachelor of Arts

---

**Medical Education:**

Medical School: Ohio State University College of Medicine and Public Health  
320 Lincoln Tower  
1800 Cannon Drive  
Columbus, OH 43210-1233  
Dates of Attendance: 08/21/2000 - 04/23/2004  
Date Degree Conferred/Issued: 06/13/2004  
Degree Conferred/Issued: Doctor of Medicine  
Unusual Circumstance: None

---

**Post Graduate Medical Education:**

Institution: **University of North Carolina  
Department of Obstetrics and Gynecology  
30134 NC Womens Hospital CB 7600  
UNC School of Medicine  
Chapel Hill, NC 27514**

Post Graduate Year: **1**  
Program Type: **Internship**  
Department: **Obstetrics and Gynecology**  
Dates of Attendance: **07/01/2004 - 06/23/2005**  
Completion: **Yes**  
Accreditation: **ACGME**

Post Graduate Year: **2-4**  
Program Type: **Residency**  
Department: **Obstetrics and Gynecology**  
Dates of Attendance: **06/24/2005 - 06/23/2008**  
Completion: **To Be Completed On 06/23/2008**  
Accreditation: **ACGME**

Unusual Circumstance: **None**

---

**Fifth Pathway:**

**N/A**

---

**Examination History:**

Transcripts Enclosed For: **USMLE Step 1  
USMLE Step 2  
USMLE Step 3**

---

**Board Action:**

A Report of the results from a search of the Board Action Data Bank is enclosed.

# Credentials Analysis Report

The Credentials Analysis Report is a comparative report of a physician's credentials as reported to FCVS by the physician applicant and the primary source (Medical School, PGT program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

---

**Physician Identification:**

Name: Sarah Kristen Smith  
DOB: 08/15/1978  
SSN: **Redacted**  
Packet ID: 82924  
Request ID: 18547824

---

**OMISSIONS**

---

There are none identified.

---

**DISCREPANCIES**

---

**Discrepancy 1:**

Section of Profile: **Medical Education**

Discrepancy: The applicant reports attendance at Ohio State Univ Col Med from 08/00/2000 to 06/00/2004. The institution reports attendance from 08/21/2000 to 04/23/2004.

Follow-Up: Left to Recipient's discretion.

---

**Discrepancy 2:**

Section of Profile: **Medical Education**

Discrepancy: The applicant reports the degree/diploma was issued/conferred/awarded by Ohio State Univ Col Med on 06/01/2004. The institution reports 06/13/2004.

Follow-Up: FCVS reports the date the degree/diploma was issued/conferred/awarded from the medical school diploma on the Physician Information Report.

---

**MISCELLANEOUS INFORMATION**

---

There are none identified.

---

End of report for Sarah Kristen Smith

Packet Id: 82924

Request Id: 18547824

Report Created By: SMH

**AMERICAN BOARD OF MEDICAL SPECIALTIES  
VERIFICATION OF CERTIFICATION**

As of: 5/1/2008

State Queried For: State Medical Board of Ohio

Physician Name: Sarah Kristen Smith

Date of Birth:

Year of Graduation:

Social Security Number:

ABMSU ID:

**The data provided to FCVS by the ABMS does not include Specialty Certification information on file for this physician. This does not mean that the physician is not certified by one or more of the Member Boards of the American Board of Medical Specialties, as the data provided by ABMS does not include some physicians for which they have incomplete data.**



## Board Action Databank Search

State Queried For: **State Medical Board of Ohio**

Physician's Name: **Smith, Sarah Kristen**

Date of Birth: **08/15/1978**

Medical School: **036050 - Ohio State University College of Medicine and Public Health**

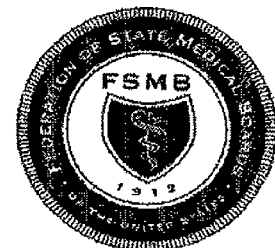
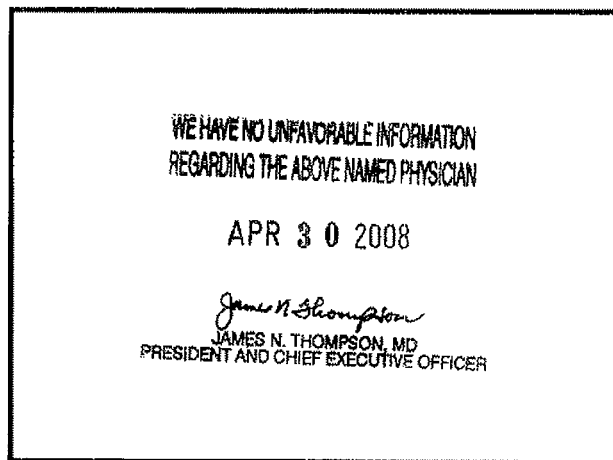
Year of Graduation: **2004**

Social Security Number: **Redacted**

ECFMG Number: **N/A**

---

### Results:





# Section II

Identity

**Affidavit and Release  
and Authorization for Release of Information,  
Documents and Records**

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

I acknowledge that I have read and understand the "Instructions for Completing the FCVS Application" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I waive confidentiality, authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service (FCVS) any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, my examination grades, or any other pertinent data and to permit FCVS or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I hereby release, discharge and exonerate FCVS, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by FCVS.

I will immediately notify FCVS in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to my FCVS Physician Information Profile being mailed.

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

SMITH  
Applicant's Printed Last Name

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

12/17/07      08/15/1978  
Date of Signature      Date of Birth

Redacted  
Applicant SSN



**NOTARY**

Your seal or stamp must be partly upon the photograph.

State of North Carolina County of Orange  
SUBSCRIBED AND SWORN TO before me this 17th day of December, 2007  
My commission expires: 6/15/2008

(NOTARY PUBLIC SIGNATURE & SEAL)  
Notary Public signature: Barbara L. Walker

I certify that on the date set forth above the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.



VERIFY PRESENCE OF ODH WATERMARK

HOLD

LIGHT TO VIEW

# STATE OF OHIO OFFICE OF VITAL STATISTICS

## CERTIFICATION OF BIRTH

STATE FILE NUMBER 1978009976

DATE RECORDED FILED 8/23/1978

NAME SARAH KRISTEN LENGEN

DATE OF BIRTH Aug 15, 1978

PLACE OF BIRTH CLEVELAND

MOTHER'S NAME HEIDI SCHATSCHNEIDER

MOTHER'S BIRTHPLACE OHIO

FATHER'S NAME WILLIAM GEORGE LENGEN

MOTHER'S MAIDEN NAME SCHATSCHNEIDER

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics. Witness my signature and seal of the Department of Health this 16 day of December, 2007.

*Sabine Ann*  
Local Registrar of Vital Statistics

**SEAL  
VERIFIED**

1978009976



VOID WITHOUT WATERMARK OR UNALTERED OR ERASED



# Marriage License

*The State of Ohio, Franklin County:*

*I, Lawrence A. Belskis*

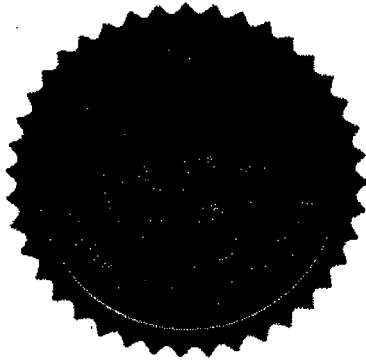
*Judge of the Franklin County Probate Court do hereby*

*License and Authorize*

*Mr.* Marc Matthew Smith

*Ms.* Sarah Kristen Lengen

*to be joined in Marriage by any Person Legally Authorized to Solemnize  
Marriages in this State.*



*I have signed and affixed the seal of this  
Court at Columbus, Ohio, this 21st  
day of August 2001*

*Lawrence A. Belskis*

*Judge of the Probate Court*

*By Jennifer P. [Signature]*

*No marriage license shall be effective nor shall it authorize the performance of a marriage ceremony after the expiration  
of Sixty (60) days from the date of issuance. (R.C. 3101.07)*

*Number* 0105917

*Retain for your records*

# Section III

Medical Education

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)  
**VERIFICATION OF MEDICAL EDUCATION**

(This form must be completed by the medical school)

**INSTRUCTIONS TO THE DEAN**

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.

**Please note:** If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

**VERIFICATION OF MEDICAL EDUCATION**

Name of Institution: Ohio State University College of Medicine and Public Health  
Complete Address: The Ohio State University  
College of Medicine  
Street Address: 155 Meiling Hall  
City: 370 West Ninth Avenue ZIP Code (Postal Code): \_\_\_\_\_  
Columbus, Ohio 43210

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

**Premedical Education:**

Years of education required for admission to your medical school: 4  
Credential/degree presented by the applicant for admission to your medical school: B.A.

**Enrollment and Participation:** Our records indicate that

SMITH (KUGEN) Sarah Kristen  
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 156 weeks of medical education on the following dates (mm/dd/yy):

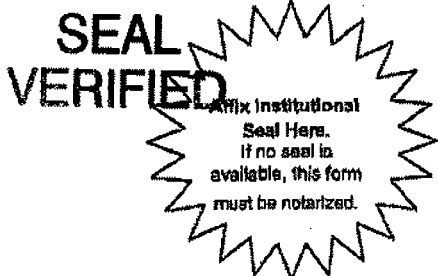
From 8 / 21 / 2000 To 4 / 23 / 2004  
Month Date Year Month Date Year

**This individual (check one):**

Was awarded the degree of DOCTOR OF MEDICINE on 6 / 13 / 2004  
Month Date Year

Was NOT awarded a degree because: \_\_\_\_\_  
(please explain - attach additional pages if necessary)

**Certification:** By my signature, I, MARYANNE PHILLIPS, certify that the above  
(type/print name)  
information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: MaryAnne Phillips

Name: MaryAnne Phillips  
Title: Acting Registrar for the College of Medicine  
Date of Signature: 4/4/08  
Phone: 614-292-5674 Fax: 614-247-7959  
Email: Medregistrar@osumc.edu

**FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)**  
(continued)

**VERIFICATION OF MEDICAL EDUCATION**

**Unusual Circumstances:** The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

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

Response: YES  NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Please Specify: \_\_\_\_\_

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

Response: YES  NO

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

From Mo/Yr                      To Mo/Yr

Academic Probation \_\_\_\_\_

Probation for unprofessional conduct/behavioral \_\_\_\_\_

Probation for other reason \_\_\_\_\_

Please specify reason: \_\_\_\_\_

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

Response: YES  NO

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

\_\_\_\_\_

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

Response: YES  NO

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

\_\_\_\_\_

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

Response: YES  NO

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

\_\_\_\_\_

The Federation Credentials Verification Service is a division of The Federation of State Medical Boards of the United States, Inc.

**Medical Education**

**School** 036050 - Ohio State University College of Medicine and Public Health

**Dates** 08/2000 to 06/2004

**Grad Date** 06/01/2004

**Degree** MD

**Unusual Circumstances:**

Interruptions: N

Probation: N

Disciplined: N

Negative Reports: N

Limitations: N

**PROVIDED BY  
APPLICANT**





College of Medicine and Public Health

Meiling Hall  
370 West 9<sup>th</sup> Avenue  
Columbus, OH 43210-1238

## MEDICAL STUDENT PERFORMANCE EVALUATION

for  
Sarah Kristen Smith

November 1, 2003

### IDENTIFYING INFORMATION

Sarah Kristen Smith is a fourth-year student at The Ohio State University (OSU) College of Medicine and Public Health in Columbus, Ohio.

### UNIQUE CHARACTERISTICS

Sarah decided to become a physician after participating in a clinical internship at a local hospital during college. She embraced the opportunity to meet different people, develop trusting relationships with them, and share in some of their most cherished life events. Sarah looks forward to incorporating her medical knowledge, physical techniques, and personal communication skills to identify, evaluate, and manage a patient's problems.

Sarah was inducted this October into the Alpha Omega Alpha Honor Medical Society. She is currently a mentor to a freshman undergraduate in the Early Admissions Pathway program. Sarah was also matched with a pregnant teen during her prenatal and birth experiences through the High-Risk Perinatal Project and with a senior citizen living in an independent living facility to better understand geriatric medicine. Her other activities included being a "big sister" to an underprivileged teenage girl and a seven-year-old through Franklin County Children Services and spending the summer of 2001 as a camp counselor in the Pocono Mountains.

Sarah also volunteered at the Columbus Free Clinic and provided health care to the homeless with the Mt. Carmel Outreach Van. She currently belongs to the American Medical Student Association and student chapters of the American Medical Association and American College of Obstetricians and Gynecologists.

Sarah is a self-starter with a great work ethic. She consistently demonstrates a good understanding of what needs to be done and is always willing to help out. Professional, well liked, and highly motivated, Sarah is a true asset to the health care team. She is also

The most comprehensive health sciences center in America

College of Dentistry / College of Medicine and Public Health / College of Nursing / College of Optometry /  
College of Pharmacy / College of Veterinary Medicine / School of Allied Medical Professions / School of Biomedical Science /  
The Ohio State University Hospitals / University Hospitals East / OSU & Harding Behavioral Healthcare and Medicine /  
The Arthur G. James Cancer Hospital and Richard J. Solove Institute

**SARAH KRISTEN SMITH**  
**CLASS OF 2004**  
**MEDICAL STUDENT PERFORMANCE EVALUATION**  
**Page 2**

conscientious in patient care and establishes wonderful rapport with patients and their families. Sarah exhibits excellent clinical judgment, has a very good command of problem-solving techniques, and reads independently to enhance her broad fund of medical knowledge.

**ACADEMIC HISTORY**

Date of Expected Graduation from Medical School: June 13, 2004  
Date of Initial Matriculation in Medical School: August 21, 2000

Sarah's attendance throughout medical school has been continuous. In addition, she was not required to remediate or repeat any coursework nor was she the recipient of any adverse action by the medical school or its parent institution.

**ACADEMIC PROGRESS**

**Preclinical/Basic Science Curriculum:**

Sarah completed her preclinical studies in the Lecture/Discussion Pathway. She did extremely well, earning Letters of Commendation in both Med 1 and 2 and Honors in the medical humanities.

**Core Clinical Clerkships and Elective Rotations:**

**Internal Medicine - Satisfactory**

Sarah was a great self-motivator; she always had a great attitude and sought to be a team player. She was also very motivated to learn about her patients and always demonstrated a compassionate attitude toward them. Sarah responded professionally to feedback from her team. She was very organized and gathered information accurately and was well on her way to gaining good clinical problem-solving abilities. Sarah demonstrated an appropriate fund of knowledge.

**Psychiatry - Honors**

Sarah did outstanding work on her clerkship. Extremely self-motivated and a true self-starter, she showed outstanding clinical skills and judgment. Sarah was always punctual and reliable and consistently functioned above her level of training. Her knowledge of psychiatry was excellent, and her presentations and progress notes were consistently well organized and comprehensive. She developed exceptional rapport with even the most difficult patients and was very well liked by patients, staff, and team members. Extremely easy to work with, Sarah sought

**SARAH KRISTEN SMITH  
CLASS OF 2004  
MEDICAL STUDENT PERFORMANCE EVALUATION  
Page 3**

out extra work when her daily duties were done. Her positive attitude was truly contagious--she helped the entire team to function at a higher level.

**Neuroscience - Satisfactory**

Sarah completed the required clinical neuroscience rotation on the neurology ward service. By the end of the rotation, she demonstrated a well-developed ability to conduct a detailed and accurate neurologic interview and examination. Sarah was able to localize neurologic signs and symptoms to the appropriate level of the neuroaxis with consistency. Her knowledge base in clinical neuroscience was appropriate to her level of training. Sarah's progress notes, presentations, and updates to the team were concise and accurate. She was enthusiastic about learning and read independently about patient disorders. Sarah was "likable, affable, and capable; her care of patients [was] noteworthy. She was an extremely hard worker who was professional in demeanor and compassionate with her patients and their families."

**Pediatrics - Letter of Commendation**

Sarah was enthusiastic, hard working, and always willing to help out members of the team. She consistently was the first to arrive in the morning and ensured that all the work was done prior to her departure in the evening. Sarah's patient assessments were detailed and accurate, demonstrating a complete understanding of patient problems. Oral and written presentations were clear and well organized and showed her excellent clinical judgment and problem-solving abilities. She demonstrated a broad fund of knowledge, asked excellent questions, and interpreted data accurately to create well thought out differential diagnoses and management plans. Sarah was always well prepared for patient rounds, and it was obvious that she independently read and thought about patient problems. Sarah actively participated in all ward activities and was an asset to the patient care team. She always exhibited a positive attitude, displayed wonderful rapport, and was a true advocate for her patients and their families. Sarah also worked well with staff and colleagues.

**Obstetrics and Gynecology - Honors**

Sarah completed her clerkship at one of the more strenuous clinical sites. She had excellent clinical judgment and problem-solving skills. Sarah's knowledge base was well beyond that expected of a student at her level of training. She always had a good sense of what needed to be done and worked well with minimal direction. Sarah also was a very dependable student who worked well with the health care team. She established exceptional rapport with patients and their families and was always enthusiastic. Sarah had an outstanding rotation and will make a wonderful asset to any program.

**SARAH KRISTEN SMITH  
CLASS OF 2004  
MEDICAL STUDENT PERFORMANCE EVALUATION  
Page 4**

**Surgery - Letter of Commendation**

Sarah possessed strong communication and interpersonal skills. She was an active member of the team, reliable and responsible. Progress notes and charts reflected developing clinical insight and her ability to use basic knowledge to assess and manage the patients. Sarah was able to reach logical conclusions using available data. Histories and physical examinations were conducted in a thorough and methodical manner. She also demonstrated an acceptable level of professional development and behavior.

**Ambulatory Medicine - Honors**

This integrated 12-week ambulatory experience includes four weeks each of Family Medicine, Internal Medicine, and a specialty selective.

Family Medicine: Sarah received exceptional ratings for focused histories, differential diagnosis, motivation, and acceptance of instruction and feedback. Her basic medical knowledge, focused physical exams, and rapport with staff were very good. She was extremely personable while maintaining a professional demeanor. Sara also developed an outstanding working rapport with patients soon after meeting them. She maintained an enthusiasm for medicine and for people. Her documentation was excellent.

Internal Medicine: Sarah's motivation and rapport with staff were exceptional. She earned very good ratings for basic medical knowledge, focused histories and physical exams, differential diagnosis, rapport with patients, and acceptance of instruction and feedback. Sarah took outstanding initiative. She saw patients independently, looked up data, formed a differential diagnosis, and elaborated on a solid treatment plan. Sarah functioned at the level of an intern.

Urgent Care Selective: Sarah received exceptional ratings for basic medical knowledge, focused histories and physical exams, differential diagnosis, motivation, rapport with patients and staff, and acceptance of instruction and feedback. In all respects she was an outstanding student and an asset to the urgent care center.

**Urology Subinternship - Letter of Commendation**

Sarah did an excellent job on this busy service. She possessed a solid fund of knowledge, applying it to patient assessment and management. Sarah's initiative, dependability, and ability to function well in stressful situations made her an asset to the team. She was a bright and responsible student who demonstrated a sincere interest in learning. Sarah also demonstrated an acceptable level of professional development and behavior.

**SARAH KRISTEN SMITH  
CLASS OF 2004  
MEDICAL STUDENT PERFORMANCE EVALUATION  
Page 5**

**High-Risk Obstetrics Subinternship - Honors**

Sarah did an excellent job. She was willing to take on extra work when needed and often went out of her way to research patient conditions/problems. Motivated and enthusiastic, Sarah also established good rapport with patients and team members. She was an exceptional student who will make an excellent house officer.

**Gynecologic Oncology - Honors**

Sarah demonstrated all the attributes of a successful physician. She was compassionate, intelligent, effective, and driven. Sarah also accepted responsibilities above the requirements of her elective. She was a very bright, personable, and hard-working student who was very comfortable in her relationship to her patients. Sarah's team-oriented attitude will make her an asset in any program. She will make a great resident.

**SUMMARY**

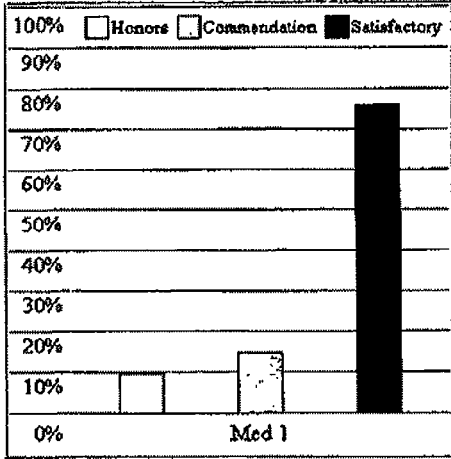
Students at the OSU College of Medicine and Public Health may choose from three pathways to satisfy their preclinical, basic science requirements: Independent Study, Problem-Based Learning, or Lecture/Discussion. Though the curriculum is comparable, it is extremely difficult to compare performance across pathways. The college is, therefore, a nonranking institution. Sarah's performance compared to her peers can only be demonstrated as shown in the appendix graphs for preclinical program and clinical clerkship grades.

Sincerely,



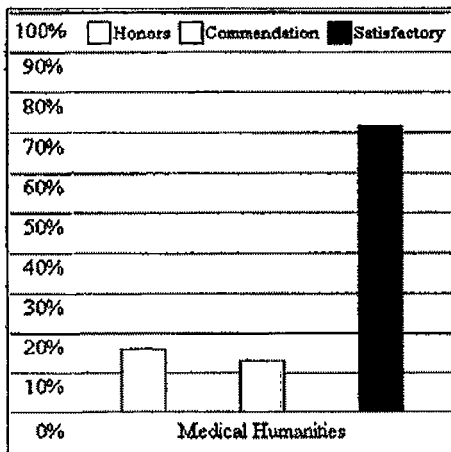
Daniel M. Clinchot, M.D.  
Associate Dean for Clinical Education  
and Outreach  
clinchot.1@osu.edu

**Sarah Kristen Smith**  
**Appendix A.**  
**Comparative Performance (Preclinical)**



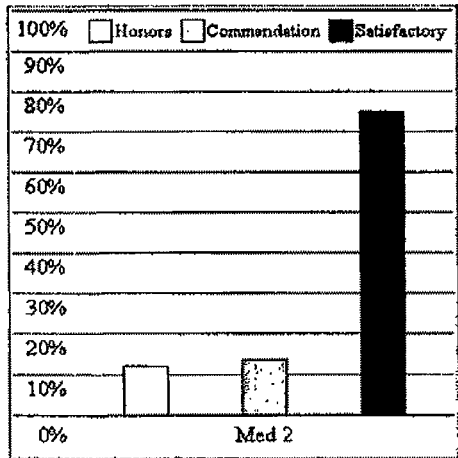
**Med 1: Basic Medical Sciences**

Sarah received a  
**Letter of Commendation**



**Med 1: Medical Humanities**

Sarah received  
**Honors**



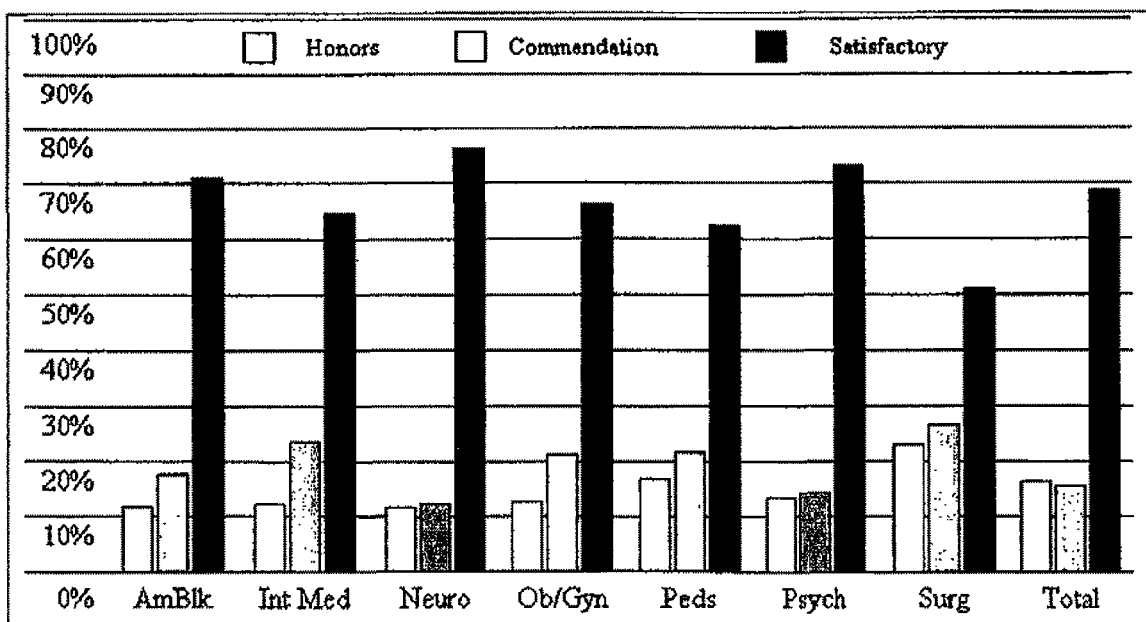
**Med 2: Pathophysiology of Disease**

Sarah received a  
**Letter of Commendation**

**Sarah Kristen Smith**  
**Appendix B.**  
**Comparative Performance (Clinical)**

**The Ohio State University**  
**College of Medicine and Public Health**

**2002-03 Core Clerkship Performance**



Sarah Kristen Smith received the following grades:

- |                           |                        |
|---------------------------|------------------------|
| Ambulatory Medicine       | Honors                 |
| Internal Medicine         | Satisfactory           |
| Neuroscience              | Satisfactory           |
| Obstetrics and Gynecology | Honors                 |
| Pediatrics                | Letter of Commendation |
| Psychiatry                | Honors                 |
| Surgery                   | Letter of Commendation |

**Appendix C.**

**Comparative Performance in Professional Attributes**

Not applicable.

**Appendix D.**

**Overall Comparative Performance in Medical School**

Not applicable.



## Appendix E.

### Medical School Information Page

The Ohio State University College of Medicine and Public Health  
Columbus, Ohio 43210

#### **Special programmatic emphases, strengths, mission/goals of the medical school:**

The purpose of the M.D. curriculum at the OSU College of Medicine and Public Health is to prepare students for postgraduate education and the practice of medicine. The specific goals of the M.D. educational program are broad based and not tailored to specific medical specialties, patient populations, geographic locations, or academic versus community practice.

#### **Special characteristics of the medical school's educational program:**

Students may choose from three separate pathways for their preclinical education: Lecture/Discussion, Problem-Based Learning, or Independent Study. All students do similar clinical education requirements in years three and four. Twenty-four students complete their clinical education requirements at the Cleveland Clinic Foundation campus.

#### **Average length of enrollment (initial matriculation to graduation) at the medical school:**

The standard length of enrollment is four years. The average is 4.1 years due to students completing fellowships or combined degree programs that extend the length of enrollment an additional one to three years.

#### **Description of the evaluation system used at the medical school:**

Students are evaluated on a pass-fail system. Those who distinguish themselves by exceptional performance may receive either "Honors" or a "Letter of Commendation," which are internal designations that are not transmitted to the university transcripts. The College of Medicine and Public Health is a nonranking institution.

#### **Medical school requirements for successful completion of USMLE Step 1, 2:**

USMLE Step 1: Required for promotion to Med 3 and graduation

USMLE Step 2: Required for graduation

#### **Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. OSCEs are used for:**

A required capstone OSCE is used at the end of Med 3 clerkships. An additional OSCE is administered as part of the required Med 4 Chronic Care clerkship.

**Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as:**

Narrative comments are edited for length or grammar, but not for content.

**Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is:**

The College of Medicine and Public Health is in compliance with all but one recommendation: The Ohio State University, not the college, gives the institution name, degree, and date of degree received on the transcript.

**Description of the process by which the MSPE is composed at the medical school (including the number of school personnel involved in composition of the MSPE):**

Under the direction of the Associate Dean for Clinical Education, one staff member is responsible for obtaining and verifying all information for the MSPE. That individual also composes all letters to ensure accurate reporting and consistency in style and tone. Students are required to complete a web-based form on their research (including publications and presentations), scholarships/awards, volunteer efforts, extracurricular activities, and employment during medical school. Preclinical and clinical academic performance is obtained from a web-based Student Information System. Leaves of absences, military service, adverse actions, academic problems, or illnesses are verified through student files. Students meet with designated faculty members to review their MSPE, and all letters undergo final review by the Associate Dean.

**Students are permitted to review the MSPE prior to its transmission:**

Yes.



*Brad Myers*  
University Registrar

COURSE TITLE DEPARTMENT COURSE NUMBER CREDIT GRADE

PROVIDED SOLELY FOR:

INSTITUTIONS ATTENDED  
CASE WSTRN RESERVE UNIV CLEVELAND OH  
BACHELOR OF ARTS 05/00  
08/96 TO 05/00

FEDERATION CREDENTIALS  
VERIFICATION SERVICE  
PO BOX 619850  
DALLAS TX 75261-9850

MEDICINE

COURSE TITLE DEPARTMENT COURSE NUMBER CREDIT GRADE

\*\*\*\*\* RECORD COMMENTS \*\*\*\*\*

WI04: COURSEWORK THROUGH STUDY ABROAD PROGRAM  
IN MEXICO.

\*\*\*\*\* NO ENTRIES BELOW THIS LINE \*\*\*\*\*

AUTUMN QUARTER 2000  
MED I: MED HUM BEH COM & PH 661 4 S  
NAT-LIFE PROCESSES COM & PH 662 20 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

WINTER QUARTER 2001  
MED I: MED HUM BEH COM & PH 661 4 S  
NAT-LIFE PROCESSES COM & PH 662 20 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

SPRING QUARTER 2001  
MED I: MED HUM BEH COM & PH 661 4 S  
NAT-LIFE PROCESSES COM & PH 662 20 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

AUTUMN QUARTER 2001  
PATH-MANIF DISEASE COM & PH 663 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

WINTER QUARTER 2002  
PATH-MANIF DISEASE COM & PH 663 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

SPRING QUARTER 2002  
PATH-MANIF DISEASE COM & PH 663 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

SUMMER QUARTER 2002  
CLINICAL MEDICINE COM & PH 664 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

AUTUMN QUARTER 2002  
CLINICAL MEDICINE COM & PH 664 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

WINTER QUARTER 2003  
CLINICAL MEDICINE COM & PH 664 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

SPRING QUARTER 2003  
CLINICAL MEDICINE COM & PH 664 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

SUMMER QUARTER 2003  
CLINICAL MEDICINE COM & PH 664 5 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 5

AUTUMN QUARTER 2003  
CLINICAL MEDICINE COM & PH 664 24 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

WINTER QUARTER 2004  
CLINICAL MEDICINE COM & PH 664 8 S  
CLINICAL MEDICINE COM & PH 664 16 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 24

SPRING QUARTER 2004  
CLINICAL MEDICINE COM & PH 664 5 S  
QTR: HR= 0 PT= 0.0 PH=0.00 EH= 5

CUM: HR= 0 PT= 0.0 PH=0.00 EH=0298

MAJOR: MEDICINE

\*\*\*\*\* CUMULATIVE SUMMARY \*\*\*\*\*  
CUM: HR= 0 PT= 0.0 PH=0.00 EH=0298

\*\*\*\*\* CONTINUED IN COLUMN 2 \*\*\*\*\*

**SEAL  
VERIFIED**





Office of the University Registrar  
Public Support (Transcripts)  
320 Lincoln Tower  
1800 Cannon Drive  
Columbus, Ohio 43210-1282  
Telephone: 614-292-8500

**TRANSCRIPT KEY**

**RELEASE OF INFORMATION**

This transcript cannot be released to another person, agency or organization except to officials internal to your own organization or agency who have a reasonable business use for the information. Release to other parties requires written consent of the student.

**TRANSCRIPT AUTHENTICITY**

Transcripts for students last enrolled since Autumn Quarter 1985 will be laser printed from our automated records systems in portrait format. A transcript will be official when it bears the fac-simile signature of the University Registrar and the university seal in black ink. If the transcript was issued to the student, the message "issued to student" will appear below the signature of the University Registrar.

Transcripts for most students last enrolled prior to Winter Quarter 1973 will be photocopied from a hard copy permanent academic record in landscape format. A transcript will be official when it bears the machine signature of the University Registrar, printed seal and date of issuance in red-orange ink that is fluorescent under black light. Transcript background will be white. If the transcript was issued to the student, the message, "Official Transcript Issued to Student" will appear in red ink.

Please contact the Office of the University Registrar at 614-292-8500 if clarification is needed.

**ACCREDITATION**

The Ohio State University (Columbus, Lima, Mansfield, Marion, Newark and the Agricultural Technical Institute, Wooster, Ohio) is accredited by the North Central Association of Colleges and Secondary Schools as a degree-granting institution at the associate, baccalaureate, masters, professional and doctoral levels.

**GOOD STANDING/PROBATION/DISMISSAL**

To remain in good standing an undergraduate must maintain a 2.0 point hour ratio. Probation is posted as formal notice that a judgment on the dismissal of a student will be made following the subsequent quarter based on a satisfactory progress that quarter. Students may be placed on probation by accumulating a deficiency of 15 or more credit points below that required for a 2.0 point hour ratio or by special action of the college when preparation, progress, or the success with their Academic Program is determined to be unsatisfactory. When students do not make satisfactory progress in meeting the conditions placed by the college or school probation, they are dismissed. Dismissed students are ineligible to re-enroll until reinstated by any college or school within the University. Effective autumn quarter 2002, suspensions or dismissals for disciplinary or academic misconduct reasons will appear on the transcript.

**CALENDAR**

- The quarter system replaced the semester system in Autumn Quarter 1922 university wide.
- The semester system replaced the quarter system for the College of Law in Autumn Quarter 1984.

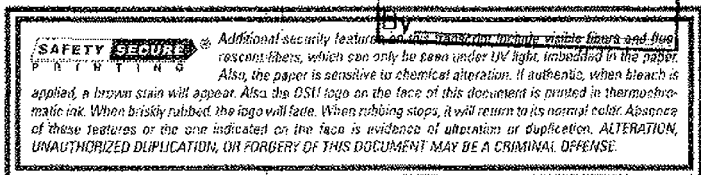
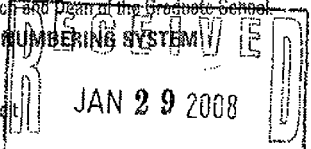
**COURSE NUMBERING SYSTEM**

(Established September 1967-Revised January 1975)

- 000-099 Non-Credit Courses (except certain seminars and colloquia) for orientation, remedial, or other noncollege-level experiences. Credit is not applicable to Graduation Requirements.
- 100-199 Basic Courses providing undergraduate Credit but not to be counted on a major or field of specialization in any department. Beginning Courses, Required, or Elective Courses that may be prerequisite to other courses.
- 200-299 Basic Courses providing Undergraduate Credit and may be counted on a major or field of specialization.
- 300-499 Intermediate Courses providing Undergraduate Credit or Basic Professional Credit that may be counted on a major or field of specialization.
- 500-599 Intermediate Courses providing Undergraduate or Professional Credit that may be counted on a major or field of specialization and may provide Graduate Credit only in other departments.
- 600-699 Courses providing Undergraduate or Professional Credit that may be counted on a major or field of specialization, and may provide Graduate Credit (in all departments).
- 700-799 Advanced Courses providing Undergraduate, Graduate, or Professional Credit.
- 800-899 Courses providing Graduate Credit and are open to undergraduates only with the approval of the Vice Provost for Research and Dean of the Graduate School.

**COLLEGE OF LAW COURSE NUMBERING SYSTEM**

- 500-599 First Year Courses
- 600-799 Upper Level Courses (2nd & 3rd Year)
- 800-899 Law Courses for General University Credit



**GRADING SYSTEM**

A	•	Excellent	4.0 Pts	EN	•	Failure-Non Attendance	0 Pts
A-	•	Excellent	3.7 Pts	K	•	Transferred Credit	0 Pts
B+	•	Above Average	3.3 Pts	I	•	Incomplete	0 Pts
B	•	Above Average	3.0 Pts	IP	•	In Progress	0 Pts
B-	•	Above Average	2.7 Pts	P	•	Progress	0 Pts
C+	•	Average	2.3 Pts	PA	•	Pass	0 Pts
C	•	Average	2.0 Pts	NP	•	Non-pass	0 Pts
C-	•	Average	1.7 Pts	R	•	Registered to Audit	0 Pts
D+	•	Poor	1.3 Pts	S	•	Satisfactory	0 Pts
D	•	Poor	1.0 Pts	U	•	Unsatisfactory	0 Pts
E	•	Failure	0 Pts	W	•	Withdrew	0 Pts
EM	•	Examination Credit	0 Pts	*	•	Grade unreported by Instructor	

Plus and minus values were added to the grading system Winter Quarter 1976. # notation denotes a course involved in the substitution of marks --- see Recalculation of Averages

**COLLEGE OF LAW NUMERIC GRADING SYSTEM**

Prior to Summer 2006		
A 100-93	4.0 Pts	E 68-61 0.0 Pts
D 76-69	1.0 Pts	
Effective Summer 2006		
A 100-93	4.0 Pts	B+ 89-87 3.3 Pts
B 88-83	3.0 Pts	C+ 79-77 2.3 Pts
C 76-70	2.0 Pts	E 64-60 0.0 Pts

**UNIVERSITY CLASS RANKING SYSTEM**

(Effective Summer Quarter 1975)

Student rank in all the undergraduate colleges is based on total credit hours completed and recorded. Graduate students are not ranked. Professional students are ranked according to progress within their curriculum.

Rank	Earned Hours
Freshman	0 through 44
Sophomore	45 through 89
Junior	90 through 134
Senior	135 and up

Rank begins anew when student enrolls in the professional divisions, schools, or colleges of Allied Medical Professions, Dentistry, Education-Professional, Law, Medicine, Nursing, Optometry, Pharmacy, Veterinary Medicine, and the Agricultural Technical Institute.

\*The provision is not applicable after Summer Quarter 1979.

**GRADUATE CREDIT**

All courses appearing once the student enters the Graduate School carry credit toward a graduate degree and are calculated in the graduate totals except where a "U" appears to the left of the credit hours notation for a course. The "U" indicates the course was taken for undergraduate credit only and has no effect on the calculation of the Graduate School totals.

**HONORS CREDIT**

An "E" prefix to the course number indicates an honors embedded course. (Effective September 2005.) An "H" prefix to the course number indicates an honors course or honors version of a course. (Effective July 1969.)

**TECHNICAL CREDIT**

A "T" prefix indicates a technical course which is part of a two year technical program. Some credit may later be transferred to a baccalaureate degree and are then separately recorded (effective September 1972).

**RECALCULATION OF AVERAGES**

**SUBSTITUTION OF MARKS:** Before the end of the sophomore level, an undergraduate student who has received a grade of D+, D or E in a course or courses taken during his/her freshman level may repeat or substitute up to 15 credit hours. The course or courses being substituted or repeated will bear the symbol "#" to the left of the grade. The previous course's grades are printed as #, for the D+; #D for the D; #E for the E; and #N for the EN. Both the original course and grade and the new course and grade appear on the transcript; however, only the new grade counts toward hour totals and cumulative point hour ratios (effective September 1973).

The Graduate School and graduate professional colleges of Dentistry, Law, Medicine, Optometry, Pharmacy, and Veterinary Medicine, may formulate appropriate versions of this rule, subject to the approval of the Council on Academic Affairs, and will publish the rule in their respective bulletins. Students enrolled in the College of Veterinary Medicine may repeat or substitute a course for which the grade of C- or lower was earned in certain courses within their academic programs. The previous grade will be printed as previously noted, with C- being printed as #.

The College of Law may permit students to repeat a first-year course where an initial grade of "D" or "E" was earned. The grade shall remain on the permanent record noted by a pound sign (#) but shall not count toward the cumulative point-hour average or credit toward graduation. A student may also be permitted to repeat an upper level course; the initial grade and the repeated grade are averaged for the purpose of cumulative point-hour determination. In this case, a record comment will appear on the transcript.

**CUMULATIVE INFORMATION RECALCULATED:** An undergraduate who enrolls in the University after an absence of five or more years may petition to have his/her point hour ratio recalculated. If the petition is approved, the student resumes his academic program with no cumulative point hour ratio. All courses taken will remain on the permanent record but only courses with marks of "A", "A-", "B+", "B-", "C+", "C-", "EM", "K", "PA", or "S" will be allowed toward degree requirements and count in the total hours earned (effective June 1979). A graduate student who re-enrolls in the Graduate School after an absence of five or more years may petition that previous graduate credit not be counted toward the total earned hours and graduate cumulative point hour ratio. No previous credit hours count in the student's total earned hours, averages or apply toward graduate degree requirements; and no previous grades are computed in the student's graduate cumulative point hour ratio. All previous courses taken and grades earned in the Graduate School remain on the student's official permanent record (effective September 1981).

# The Ohio State University

SEAL  
VERIFIED

hereby confers upon

Sarah Kristen Smith

the degree of

Doctor of Medicine

together with all the rights, privileges and honors appertaining thereto in consideration of the satisfactory completion of the course prescribed in

The College of Medicine and Public Health

In Testimony Whereof, the seal of the University and the signatures as authorized by the Board of Trustees are herewith affixed.

Given at Columbus on the thirtieth day of June, in the year of our Lord  
two thousand four and of the University the one hundred thirty-fifth.



I certify that this is a true copy of the original  
Diploma.

Mary Anne Phillips

Mary Anne Phillips, Acting Registrar, for the  
Ohio State University College of Medicine  
Office of Student Records Date: 4/14/08

John S. Springer

Chairman of the Board of Trustees

Robert T. Wallace

President of the University

Paul O. Frantz

Secretary of the Board of Trustees

Ann Hande

# Section IV

Postgraduate Training

**Verification of Postgraduate Medical Education**

Institution: University of North Carolina  
Address: Department of Obstetrics and Gynecology  
Chapel Hill, NC 27514

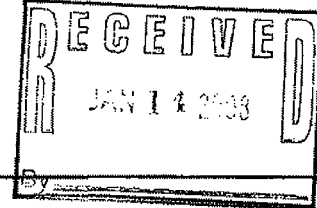
Attention: **Program Director**  
Affiliated University: University of North Carolina

**Verification For:**

Name: Smith, Sarah Kristen

DOB: 08-15-1978

Individual's Name on Record (If different from above): \_\_\_\_\_



**Program Participation:**  
**Important:**

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

PGY: 1

Specialty/Subspecialty: OB/GYN

- Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

From: 7/1/2004

To: 6/23/2005

Successfully Completed?:  Yes  No  In Progress

Accredited by:  ACGME  AOA  LCGME  RSC  CFPC  
 RCPCSC  APPAP  None of these

PGY: 2, 3 & 4

Specialty/Subspecialty: OB/GYN

- Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

From: 6/24/2005

To: 06/23/2008

Successfully Completed?:  Yes  No  In Progress

Accredited by:  ACGME  AOA  LCGME  RSC  CFPC  
 RCPCSC  APPAP  None of these

PGY: \_\_\_\_\_

Specialty/Subspecialty: \_\_\_\_\_

- Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

From:  / /

To:  / /

Successfully Completed?:  Yes  No  In Progress

Accredited by:  ACGME  AOA  LCGME  RSC  CFPC  
 RCPCSC  APPAP  None of these

**Unusual Circumstances:**

**Circumstances:**

Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

1. Did this individual ever take a leave of absence or break from his/her training? .....  Yes  No
2. Was this individual ever placed on probation? .....  Yes  No
3. Was this individual ever disciplined or placed under investigation? .....  Yes  No
4. Were any negative reports for behavioral reasons ever filed by instructors? .....  Yes  No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? .....  Yes  No

Please explain any "Yes" response from above:

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

**Certification:**

Affix your institutional seal in this space. If no seal is available, you must have this form notarized.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: AnnaMarie Connolly, MD

Signature: *AnnaMarie Connolly, MD*

Title: Program Director

Date of Signature: January 8, 2008

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*CAC*

**Postgraduate Medical Education  
UNC Hospitals**

**Hospital**                      UNC Hospitals

**Affiliated School**

101 Manning Drive  
Chapel Hill, NC 27514  
099

**Unusual Circumstances:**

Interruptions: N

Probation: N

Disciplined: N

Negative Reports: N

Limitations: N

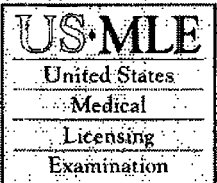
**PGY**

**Year(s):**4    **Residency: Complete?:** In progress  
Obstetrics and Gynecology  
**Dates:** 07/2004 to 06/2008



# Section V

Examination History/Score Transcripts



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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, PO Box 619850, Dallas, TX 75261-9850 - Telephone (817) 368-4041

Date: 01/10/2008

**Recipient:**

Federation Credentials Verification Service  
ATTN: FCVS2

Packet ID: 82924

Examinee ID#: 5-105-126-6

Examinee: Smith, Sarah Kristen  
Alt Name(s):

Date of Birth: 08/15/1978

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. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

### USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/24/2002	Pass	224	182	91	75	

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/07/2003	Pass	237	182	96	75	

### USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
NORTH CAROLINA 12/05/2006	Pass	245	184	99	75	

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



KGB

v051221

19758676

Page 1 of 1

Patent 5636874

TouchSafe®