

Person Info

Name: MIRIAM LOUISE CREMER

Address Info

Street Address: [REDACTED] Email: [REDACTED]  
 Phone [REDACTED]  
 Fax [REDACTED]  
 City Pittsburgh  
 State PA  
 Zipcode 15208  
 Country 82  
 County Allegheny

Survey Response Summary  
 Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	Y
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	Y
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in	

the Commonwealth of Pennsylvania?	Y
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Have you met your current CE requirements?	Y
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Education Information

[Edit](#)

Profession:	Medicine	School:	UNIV OF WISCONSIN	Credit Hours:	Education Type:
From:	8/16/1993	To:	5/19/1997		

Employment Information

No employment records

remarks

Remarks:

Continuing Education Information

No CE Course records

Person Info

Name: MIRIAM LOUISE CREMER

Address Info

Street Address: [REDACTED] Email: [REDACTED]  
 Phone: [REDACTED]  
 Fax: [REDACTED]  
 City: Pittsburgh  
 State: PA  
 Zipcode: 15208  
 Country: 82  
 County: Allegheny

Survey Response Summary  
 Question Response Summary

Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	NY state med license
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party	N

payor or another authority?	
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	N
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	

Date Submitted: Monday, October 13, 2014

Education Info

<a href="#">Edit</a>			
Profession:	Medicine	School:	UNIV OF WISCONSIN
From:	8/16/1993	To:	5/19/1997
Credit Hours:		Education Type:	

Employment Information

No employment records



AA0000994174

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION				
Last Name	CREMER		First Name	MIRIAM
Middle Name	LOUISE		Suffix	
Full Name	MIRIAM LOUISE CREMER			
SSN	██████	Date Of Birth	██████	Age
			██████	Gender
ADDRESS DETAILS				
Street Address	████████████████████			
City/State/Zip	PITTSBURGH PA 15208			
County	Allegheny		Country	United States
CONTACT DETAILS				
Phone number	██████████		Mobile Phone number	
Primary Email Address	████████████████████		Secondary Email Address	████████████████████
CHECKLIST ITEMS				
Checklist name	Status	Submitted Date	Expiration Date	
Application	Pending Review	11/29/2018		
Application Fee	Completed	11/29/2018		
Child Abuse CE	Completed	11/29/2018		
LEGAL QUESTIONS				
Questions	Answer	Document Uploaded	File Name	
1	Are you submitting a name change with this renewal?	N	No	
2	First Name		No	
3	Middle Name		No	
4	Last Name		No	
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No	
6	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y	No	

7	Please provide the profession and state or jurisdiction.	Medicine-California; Medicine-New York; Medicine-Ohio; Medicine-Wisconsin	No	
8	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
9	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
11	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N	No	
12	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
14	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
15	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
16	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
17	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
18	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
19	Have you previously reported the complaint to the Board?		No	
20	Provide the docket number:		No	
21	Upload a copy of the entire Civil Complaint, which must include the filing date and the date you were served.		No	
22	Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y	No	
23	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		No	

24	Have you registered with the Pennsylvania Prescription Drug Monitoring Program?	Y	No	
25	I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.	N	No	
26	Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	N	No	
27	Upload an explanation or reason for an exemption request.		Yes	PA no insurance.docx
28	Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at <a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a> . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2020.	Y	No	

**Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction**

Profession	State/Jurisdiction
Medicine	New York
Medicine	Ohio
Medicine	California
Medicine	Wisconsin

**CONFIRMATION**

All fees are non-refundable. Please check to continue with your transaction. ( 11/29/2018 12:10:46 )

I do not practice in Pennsylvania but I practice at the Cleveland Clinic in Ohio. I still live in Pittsburgh and want to keep my license active in case I return to practicing in Pennsylvania. I also have volunteered in the past in PA and I may want to do that this year.



Medicine- Medical Physician and Surgeon-  
Accredited School Graduate  
Renewal (MD441855)  
AA0002740794



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

P. O. Box 2649

Harrisburg, PA 17105-2649

**APPLICANT INFORMATION**

PERSONAL INFORMATION					
Last Name	CREMER		First Name	MIRIAM	
Middle Name	LOUISE		Suffix		
Full Name	MIRIAM LOUISE CREMER				
SSN	██████	Date Of Birth	██████	Age	██████
				Gender	
ADDRESS DETAILS					
Street Address	██████████ PITTSBURGH, PA 15208				
City/State/Zip	Pittsburgh PA 15208				
County	Allegheny			Country	United States
CONTACT DETAILS					
Phone number	██████████		Mobile Phone number	██████████	
Primary Email Address	██████████		Secondary Email Address		
CHECKLIST ITEMS					
Checklist name	Status		Submitted Date	Expiration Date	
Application	Pending Review		12/01/2020		
Application Fee	Completed		12/01/2020		
Child Abuse CE	Completed		12/01/2020		
LEGAL QUESTIONS					
Questions	Answer		Document Uploaded	File Name	
1	Are you submitting a name change with this renewal?		N	No	
2	First Name			No	
3	Middle Name			No	
4	Last Name			No	
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.			No	
6	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		Y	No	

7	Please provide the profession and state or jurisdiction.	Medicine and Surgery-Ohio	No	
8	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
9	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
11	Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
12	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
14	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
15	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
16	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
17	Have you previously reported the complaint to the Board?		No	
18	Provide the state:		No	
19	Provide the county:		No	
20	Provide the docket number:		No	
21	Upload a copy of the entire Civil Complaint, which must include the filing date and the date you were served.		No	
22	Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y	No	
23	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		No	
24	Have you registered with the Pennsylvania Prescription Drug Monitoring Program?	Y	No	
25	I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.	N	No	

26	Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	N	No	
27	Upload an explanation or reason for an exemption request.		Yes	Malpractice PA.docx
28	Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at <a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a> . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until the end of the next renewal period.	Y	No	

**Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction**

Profession	State/Jurisdiction
Medicine and Surgery	Ohio

**PA VETERANS REGISTRY**

Questions	Answer
1 Have you served in the U.S. Armed Forces?	N
2 Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.	

**CONFIRMATION**

<input checked="" type="checkbox"/>	Any fees paid are non refundable. ( 12/01/2020 12:41:44 )
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I currently am faculty at the Cleveland Clinic and all of my clinical work is in Ohio (since 2014). I do not need malpractice in Pennsylvania at this time.



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
**MIRIAM LOUISE CREMER**

**License No:**  
**MD441855**

**2843559\_LIC\_1\_01/25/2011**

M0441855

**Regular Mailing Address**  
STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
717-783-1400/717-787-2381  
Email: [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)

**Courier Delivery Address**  
STATE BOARD OF MEDICINE  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION  
For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)**

**Application Fee:** \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."  
**Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

2325 00

NAME: Cremer Miriam Louise  
Last First Middle

Permanent Address: [Redacted]  
Street  
Brooklyn NY 11201  
City State Zip Code

All correspondence and the license will be mailed to this address unless the Board is notified of a change.

Email address: [Redacted]  
Date of Birth: [Redacted] Social Security Number: [Redacted]  
MM DD YYYY

If your medical/licensure records are listed under another name or names list below:

Are you applying using credentials verification from FCVS? YES  NO

Have you previously held a Pennsylvania graduate training license?  
YES; My license number is \_\_\_\_\_  NO

OCT 21 2010

**LIST MEDICAL SCHOOL(S) ATTENDED:**  
University of Wisconsin

**DATES OF ATTENDANCE:**  
From: 08/1993 to 05/1997  
MM/YYYY MM/YYYY  
From: \_\_\_\_\_ to \_\_\_\_\_  
MM/YYYY MM/YYYY

Date of Graduation: 05/18/1997  
MM/DD/YYYY

**Check licensing examination(s) passed:**

- ( ) FLEX - indicate state where taken: \_\_\_\_\_ Date taken: Component 1 \_\_\_\_\_ Component 2 \_\_\_\_\_
- (x) NATIONAL BOARD - PART I  PART II  PART III
- (x) USMLE - STEP 1  STEP 2  STEP 3
- ( ) LMCC - Canadian
- ( ) STATE BOARD - indicate state where taken: \_\_\_\_\_

01 (REV. 01-10)

**E Post Graduate Training:**

Y1 Hospital: Cambridge Hospital From: 6/23/98 to: 6/22/99  
 PGY2 Hospital: NYU Downtown Hospital From: 7/1/00 to: 6/30/03

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? If yes, list the jurisdiction(s) here: <u>WI, CA, NY</u>	✓	
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		✓
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		✓
4) Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		✓
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		✓
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		✓
8) Are you, or have you ever been, addicted to the imtemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date,</u> and the <u>date you were served.</u>  <i>(attached)</i>	✓	

**SIGNED STATEMENT**

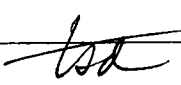
Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant: \_\_\_\_\_ Date: 9/1/10

# ACCREDITED - AMERICAN

2/07

<b>APPLYING FOR ACCREDITED:</b>		<b>X MD</b>		<b>EVALUATOR: BLONG</b>	
<b>APPLICANT'S NAME:</b>		MIRIAM LOUISE CREMER			
<b>APPLICANT'S SPECIALTY:</b>		OB/GYN			
<b>LICENSED IN OTHER STATE(S):</b>		CA, NY, WI			
<b>MEDICAL SCHOOL NAME:</b>		UNIVERISTY OF WISCONSIN			
<b>DATE OF GRADUATION:</b>		5/1997			
<b>TRAINING:</b>	PGY 1 HOSPITAL:	CAMBRIDGE HOSPITAL		DATES: 6/23/98 – 6/22/99	
	PGY 2 HOSPITAL:	UNIV OF WI, MADISON WI NY DOWNTOWN HOSPITAL		DATES: 7/1/99 – 7/1/00 7/1/00 – 6/30/01	
<b>EXAMS:</b>	USMLE 1: _1995_	NBME 1: _____	FLEX 1: _____	LMCC 1: _____	
	USMLE 2: __1997_	NBME 2: _____	FLEX 2: _____	LMCC 2: _____	
	USMLE 3: _1999_	NBME 3: _____			
<b>BOARD SPECIALTY CERTIFICATION:</b>		<b>X YES</b>			
<b>NAME OF SPECIALTY BOARD:</b>		OB/GYN			
<b>DISCIPLINARY INFORMATION:</b>		<b>ANSWERED YES TO QUESTION(S):</b>		9	
<b>SUBMITTED COPIES OF:</b>		<input type="checkbox"/> COURT DOCUMENTS <input type="checkbox"/> MALPRACTICE / CIVIL COMPLAINT <input type="checkbox"/> ACTION TAKEN BY ANOTHER JURISDICTION			
<b>REASON FOR BOARD REVIEW:</b>		UNIVERSITY OF WISCONSIN LISTED NEGATIVE REPORTS DURING HER PGY2 YEAR.			
<p>THE HOSPITAL SUGGESTED A PROBATIONARY PERIOD AND REMEDIATION. INSTEAD SHE DECIDED TO COMPLETE A SECOND PGY2 AT NYU DOWNTOWN AND SUCCESSFULLY COMPLETED HER RESIDENCY.</p> <p>SHE ANSWERED YES TO QUESTION 9, BUT THE 1 COMPLAINT WAS DISCONTINUED.</p>					
<b>DATABANK SHOWS ACTION:</b>		<input type="checkbox"/> NPDB N/A		<input type="checkbox"/> HIPDB N/A	
<b>BOARD MEETING REVIEW:</b>		<input checked="" type="checkbox"/> <b>APPROVED</b>		<input type="checkbox"/> DISAPPROVED	
<b>COMMENTS:</b>					
<b>ADMINISTRATOR'S SIGNATURE:</b>				DATE: 1/25/11	



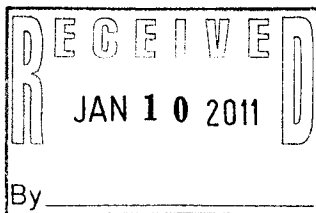
January 7, 2011

The following is an explanation of my PGY2 year at the University of Wisconsin, Madison from July of 1999- June 2000.

I was a medical student in good standing at the University of Wisconsin from 1993-1997. I was not sure what I wanted to do for specialization so after medical school I decided to pursue a Master's in Public Health, which I did from 1997-1998 at Johns Hopkins University. In 1998, I entered a PGY 1 program in Internal Medicine at Cambridge Hospital. I had a great experience at Cambridge Hospital and successfully completed my Intern year in Internal Medicine in 1999. During this year, I ran into a former mentor, Dr. Julian Schink, who worked with me on a program I started doing cervical cancer screening in El Salvador. Dr. Schink encouraged me to apply for an available PGY2 position at the University of Wisconsin since my goals and interests were more aligned with OB/GYN than Internal Medicine. I entered the University of Wisconsin as a PGY2 without having completed an internship in OB/GYN. At the University of Wisconsin, Interns complete 36 weeks in OB/GYN specialties. I had had no OB or GYN experience and was expected to function as a PGY2. I had a very difficult time meeting this expectation. I was behind my classmates in knowledge base and clinical skills. I was working more than 100 hours/week. I was exhausted, behind and unable to function as a second year resident. As a result I had very negative evaluations. I wanted to repeat my PGY2 year, however, the program could not meet this request. They suggested a probationary period and a remediation program. Instead, I chose to complete a second PGY2 year at another program where I could have a fresh start and be at an appropriate level. I went to NYU Downtown and successfully completed my residency. I also successfully completed a Fellowship in Family Planning at the University of Southern California.

It has been over 10 years since this experience, and I have had a very successful career without any citations or probations. Although it was a rocky road, I am very happy that I completed my training in Obstetrics and Gynecology. I have licenses in the states of Wisconsin, California, and New York. I hope that the State of Pennsylvania will grant me the opportunity to practice here as well.

Thank you  
Miriam Cremer



**Long, Brenda (ST)**

---

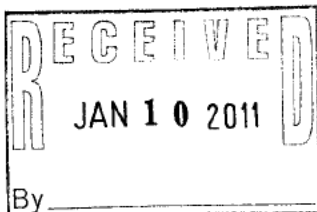
**From:** ST, MEDICINE  
**Sent:** Monday, January 10, 2011 12:12 PM  
**To:** Long, Brenda (ST)  
**Subject:** FW: Explanation of Miriam Cremer PGY 2 year  
**Attachments:** Explanation of PGY2 year.docx

PA Dept of State

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-----Original Message-----

**From:** Miriam Cremer [mailto:████████████████████]  
**Sent:** Friday, January 07, 2011 9:03 PM  
**To:** ST, MEDICINE  
**Subject:** Explanation of Miriam Cremer PGY 2 year



Northwestern University  
Feinberg School of Medicine

Division of Gynecologic Oncology  
Department of Obstetrics and Gynecology  
Suite 05-2168  
250 East Superior Street  
Chicago, Illinois 60611-2914

Julian C. Schink, MD, Chief  
John R. Lurain, MD  
Diljeet K. Singh, MD, DrPH  
Barbara M. Buttin, MD  
M. Patrick Lowe, MD



NORTHWESTERN  
UNIVERSITY

Phone 312-472-4684  
Fax 312-472-4688

January 10, 2011

RE: Miriam Cremer, MD

To Whom It May Concern:

I was the Vice Chair of Obstetrics and Gynecology at the University of Wisconsin during Miriam Cremer's PG2 year in our program. I also served as both a clinical and research mentor for her. Her description of the basis of her negative evaluations is accurate but perhaps more humble than I would have stated the circumstances.

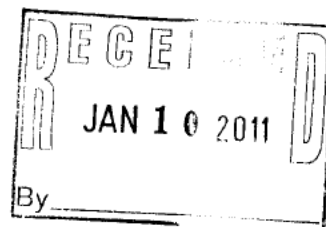
To clarify, in my opinion, she was a very adequate resident who simply had a few glaring deficits for her year in training. Those deficits were the result of minimal obstetrics exposure in her PG1 year done elsewhere. She was never on probation. There was discussion to remediate but instead she chose to simply repeat her second year elsewhere. The negative evaluations reflected the unrealistic expectations of a handful of obstetricians at one of the three hospitals involved in the training program. Dr. Cremer's success in global medicine and international outreach is remarkable and dates all the way back to those days at Madison. During that PG2 year that included some negative evaluations it should be noted that she received an award from the Central American Obstetrics and Gynecology Association for the Best Clinical Paper at their international congress.

Dr. Cremer will be an outstanding asset to the State of Pennsylvania. Should you have any additional questions or concerns please feel free to contact me at [REDACTED]

Respectfully submitted,

[REDACTED]

Julian C. Schink MD  
The John and Ruth Brewer Professor of Gynecology and Cancer Research  
Director, Division of Gynecologic Oncology  
Associate Director for Clinical Affairs of the  
Robert H Lurie Comprehensive Cancer Center  
Northwestern Feinberg School of Medicine



**Long, Brenda (ST)**

---

**From:** ST, MEDICINE  
**Sent:** Monday, January 10, 2011 12:34 PM  
**To:** Long, Brenda (ST)  
**Subject:** FW: Explanation of Miriam Cremer's PGY2 year from the University of Wisconsin  
**Attachments:** MCremer Letter 1 10 2011.pdf

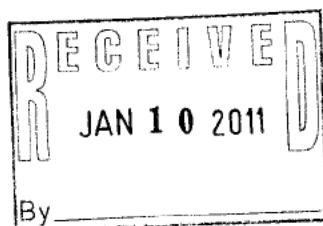
PA Dept of State

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**From:** Schink, Julian [REDACTED]  
**Sent:** Monday, January 10, 2011 10:58 AM  
**To:** ST, MEDICINE  
**Subject:** Explanation of Miriam Cremer's PGY2 year from the University of Wisconsin

Please see attached letter. If additional information is needed, I can be reached at my academic office [REDACTED]  
[REDACTED]

Julian Schink, MD  
The John and Ruth Brewer Professor of Gynecology and Cancer Research  
Director, Division of Gynecologic Oncology  
Associate Director for Clinical Affairs of the  
Robert H Lurie Comprehensive Cancer Center





University of Wisconsin  
Hospital and Clinics

Gynecologic Oncology Program  
H4/636 Clinical Science Center  
600 Highland Avenue  
Madison, WI 53792-6188  
608.263.1210  
608.265.6572 Fax

David Kushner, MD, Director  
Gynecologic Oncologist  
Joseph Connor, MD  
Gynecologic Oncologist  
A.C. Evans, MD, PhD  
Gynecologic Oncologist  
Ellen Hartenbach, MD  
Gynecologic Oncologist  
Laurel Rice, MD  
Gynecologic Oncologist

Stephen Rose, MD  
Gynecologic Oncologist  
Howard Bailey, MD  
Medical Oncologist  
Kristin Bradley, MD  
Radiation Oncologist  
Joanne Rash, PAC  
Physician Assistant  
Lori Seaborne, PAC  
Physician Assistant  
Jessica Wirkus, NP  
Nurse Practitioner

To Whom It May Concern  
Pennsylvania Medical Board  
January 10, 2011

Re: Miriam Cremer

Dear Sir/ Madame,

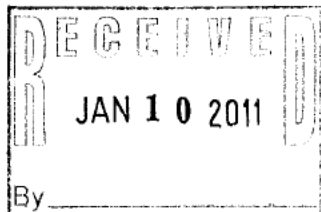
I am writing this letter on behalf of Miriam Cremer who spent a year in our Residency Program in Obstetrics and Gynecology. I have been on the faculty here at University of Wisconsin since 1995 and was an active faculty member when Miriam was here in our training program.

Miriam transferred into our residency program at the PGY 2 level. She had been a medical student here and had trained for a year in Internal Medicine at another institution. Miriam worked hard during the time she was here, but her clinical knowledge and skills were not at the level of her peers. I worked directly with her during her rotation on the Gyn Oncology service and her fund of knowledge and skills were weaker than her peers, but generally satisfactory for her level. My understanding is that at the end of her PGY2 year, the Program Director determined that she would not be able to progress to the PGY3 level. The Department put a program in place to remediate her education to try and help her catch up. To my knowledge, Miriam was never on official probation with the program. She elected to leave and take a position in New York where she was allowed to repeat her PGY 2 year. She has subsequently completed her training and held several positions and licenses in other states.

It is my understanding that she has been recruited to join the McGee Obstetrics and Gynecology Program. I do not see any reason that the events during her postgraduate training year in Wisconsin should keep her from being granted a Pennsylvania medical license. Please feel free to call with any further questions.



Ellen Hartenbach MD  
Vice Chair of Obstetrics & Gynecology  
Division of Gyn Oncology  
University of Wisconsin



**Long, Brenda (ST)**

---

**From:** ST, MEDICINE  
**Sent:** Monday, January 10, 2011 2:11 PM  
**To:** Long, Brenda (ST)  
**Subject:** FW: My PGY2 Year at Madison  
**Attachments:** Miriam Cremer LOR by EH.docx.pdf

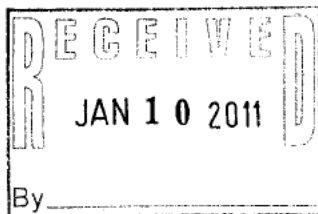
PA Dept of State

This email contains confidential, privileged, nonpublic information intended to be conveyed only to the designated recipient(s). Any unauthorized use, dissemination, distribution or reproduction of this information, including attachments, is prohibited. If you are not an intended recipient, please destroy the attachments, and reply to sender.

**From:** Lewis, Lori [REDACTED]  
**Sent:** Monday, January 10, 2011 1:28 PM  
**To:** ST, MEDICINE  
**Subject:** My PGY2 Year at Madison

Good Afternoon,  
Please see attached LOR on Miriam Cremer. Please contact me if there are any problems with this email. Thank you.

Lori Lewis  
Gyn/Onc. Fellowship Program Coordinator  
UW Hospital, H4/636 CSC  
600 Highland Avenue  
Madison, WI. 53792  
[REDACTED] Phone  
[REDACTED] Fax





January 7, 2011

To whom it may concern:

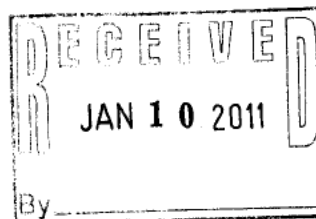
Dr. Miriam Cremer was a PGY2 obstetrics and gynecology resident at the University of Wisconsin, Madison from July of 1999 to June 2000. At that time, I was Chair of the Department.

Dr. Cremer was a medical student in good standing at the University of Wisconsin from 1993-1997. Dr. Cremer was not sure what she wanted to do for specialization so after medical school she decided to pursue a Master's in Public Health, which she did from 1997-1998 at Johns Hopkins University. In 1998, she entered a PGY 1 program in Internal Medicine at Cambridge Hospital. She had a great experience at Cambridge Hospital and successfully completed her Intern year in Internal Medicine in 1999. During this year, she ran into a former mentor, Dr. Julian Schink, who she worked with on a program in which she started doing cervical cancer screening in El Salvador. Dr. Schink encouraged her to apply for an available PGY2 position at the University of Wisconsin since her goals and interests were more aligned with OB/GYN than Internal Medicine. Dr. Cremer entered the University of Wisconsin as a PGY2 without having completed an internship in OB/GYN. At the University of Wisconsin, Interns complete 36 weeks in OB/GYN specialties. She had had no OB or GYN experience and was expected to function as a PGY2. She had a very difficult time meeting this expectation and she was behind her classmates in knowledge base and clinical skills. She was working more than 100 hours/week and was exhausted, behind and unable to function as a second year resident. As a result Dr. Cremer had very negative evaluations and wanted to repeat her PGY2 year, however, the program could not meet this request. They suggested a probationary period and a remediation program. Instead, she chose to complete a second PGY2 year at another program where she could have a fresh start and be at an appropriate level. Dr. Cremer went to NYU Downtown and successfully completed her residency. She also successfully completed a Fellowship in Family Planning at the University of Southern California.

It has been over 10 years since her experience, and she has had a very successful career without any citations or probations. Although it was a rocky road, she completed her training in Obstetrics and Gynecology. Dr. Cremer has licenses in the states of Wisconsin, California, and New York. I hope that the State of Pennsylvania will grant Dr. Cremer the opportunity to practice here as well.

Sincerely,

Douglas W. Laube, MD  
Professor and Former Chair



**Long, Brenda (ST)**

---

**From:** ST, MEDICINE  
**Sent:** Monday, January 10, 2011 2:17 PM  
**To:** Long, Brenda (ST)  
**Subject:** FW: Recommendation Letter for Dr. Miriam Cremer  
**Attachments:** AR-M355N\_20110110\_120208.pdf

PA Dept of State  
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-----Original Message-----

From: Grant, Jane [REDACTED]  
Sent: Monday, January 10, 2011 1:41 PM  
To: ST, MEDICINE  
Subject: Recommendation Letter for Dr. Miriam Cremer

Hi,  
Attached is a letter of recommendation on behalf of Dr. Miriam Cremer. Please let us know if you need any other information. Jane

Jane Grant  
Assistant to Dr. Douglas Laube  
HR Coordinator  
[REDACTED]

-----Original Message-----

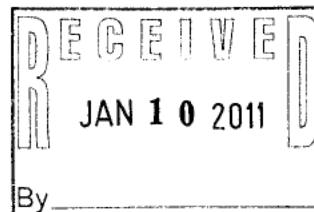
From: [REDACTED]  
Sent: Monday, January 10, 2011 12:02 PM  
To: Grant, Jane  
Subject: Scanned image from AR-M355N

DEVICE NAME:  
DEVICE MODEL: SHARP AR-M355N  
LOCATION:

FILE FORMAT: PDF MMR(G4)  
RESOLUTION: 300dpi x 300dpi

Attached file is scanned image in PDF format.  
This file can be read by Adobe Acrobat Reader.  
The reader can be downloaded from the following URL:

<http://www.adobe.com/>





MD 3L

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

RECEIVED  
JAN 06 2011  
By RECEIVED DIRECT

**Physician Information Profile**



This report is compiled exclusively for:

**Name:** Miram Louise Cremer  
**SSN:** [REDACTED]  
**DOB:** [REDACTED]  
**Packet ID:** 125626  
**Recipient:** Pennsylvania State Board of Medicine

**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.

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- D. ABMS Specialty Certification(s)

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- B. Certified Birth Certificate or Photocopy of Original Passport

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- B. Official Medical Education Transcripts(s)
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- F. Confirmation of ECFMG Certification
- G. Photocopy of ECFMG Certificate

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# Section I

FCVS Reports

# Physician Information Report

**Identity:**

Name: **Miram Louise Cremer**  
 Other Name Used: **N/A**

Gender: **Female**  
 Date of Birth: **[REDACTED]**  
 Place of Birth: **Chicago, IL USA**  
 SSN: **[REDACTED]**

Current Address: **[REDACTED]**  
**Brooklyn, NY 11201**

Permanent Address: **Same**

Telephone Numbers: Bus: **[REDACTED]**  
 Fax: **[REDACTED]**  
 Home: **[REDACTED]**  
 Other: **[REDACTED]**

Physical Description: Height: **5' 04"**  
 Weight: **140 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: **Hampshire College, Amherst, MS**

Dates of Attendance: **09/1988 - 05/1992**  
 Degree Conferred/Issued: **Bachelor of Arts**

**Medical Education:**

Medical School: **University of Wisconsin Medical School**  
**Transcripts and Certification**  
**333 East Campus Mall, #10101**  
**Madison, WI 53715**

Dates of Attendance: **08/16/1993 - 05/18/1997**  
 Date Degree Conferred/Issued: **05/18/1997**  
 Degree Conferred/Issued: **Doctor of Medicine**

Unusual Circumstance: **None**

---

**Graduate Medical Education:**

**Institution:** Cambridge Hospital  
Department of Internal Medicine  
1493 Cambridge Street  
Cambridge, MA 02139

**Training Level:** 1  
**Program Type:** Internship  
**Specialty/Subspecialty:** Internal Medicine  
**Dates of Attendance:** 06/23/1998 - 06/22/1999  
**Completion:** Yes  
**Accreditation:** ACGME

**Unusual Circumstance:** None

**Institution:** University of Wisconsin Hospital and Clinics  
Division of Obstetrics and Gynecology  
Meriter Hospital-5-East  
202 South Park Street  
Madison, WI 53715

**Training Level:** 2  
**Program Type:** Residency  
**Specialty/Subspecialty:** Obstetrics and Gynecology  
**Dates of Attendance:** 07/01/1999 - 07/12/2000  
**Completion:** Yes  
**Accreditation:** ACGME

**Unusual Circumstance:** Probation  
Negative Reports  
Limitations  
See Form

**Institution:** New York Downtown Hospital  
Department of Obstetrics/Gynecology  
170 Williams Street 8th Floor  
New York, NY 10038

**Training Level:** 2  
**Program Type:** Residency  
**Specialty/Subspecialty:** Obstetrics and Gynecology  
**Dates of Attendance:** 07/01/2000 - 06/30/2001  
**Completion:** Yes  
**Accreditation:** ACGME

**Training Level:** 3  
**Program Type:** Residency  
**Specialty/Subspecialty:** Obstetrics and Gynecology  
**Dates of Attendance:** 07/01/2001 - 06/30/2002  
**Completion:** Yes  
**Accreditation:** ACGME

Training Level: 4  
Program Type: Chief Resident  
Specialty/Subspecialty: Obstetrics and Gynecology  
Dates of Attendance: 07/01/2002 - 06/30/2003  
Completion: Yes  
Accreditation: ACGME

Unusual Circumstance: None

---

**Fifth Pathway:**

N/A

---

**Examination History:**

Licensure Examinations: 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: Miram Louise Cremer  
DOB: [REDACTED]  
SSN: [REDACTED]  
Packet ID: 125626  
Request ID: 22878523

---

## OMISSIONS

---

### Omission 1:

Section of Profile: **Post-Graduate Education**

Omission: The Postgraduate Medical Education form completed by New York Downtown Hospital does not indicate the title of signatory.

Follow-Up: FCVS has verified at the ACGME website that the signatory is the current Program Director.

---

## DISCREPANCIES

---

### Discrepancy 1:

Section of Profile: **Post-Graduate Education**

Discrepancy: The applicant responded No to all of the questions in the Unusual Circumstances Section of the application for attendance at University of Wisconsin Hospital and Clinics. The institution responded Yes to the Prob, NegRpt, Limits question in the Unusual Circumstances Section of the Verification of Postgraduate Medical Education form.

Follow-Up: FCVS does not follow up with the applicant or the institution with discrepant information on Unusual Circumstances questions. Any supporting information provided by the applicant and/or institution is included in the Physician Information Profile.

---

## MISCELLANEOUS INFORMATION

---

### Miscellaneous 1:

Section of Profile: **Post-Graduate Education**

Issue: The applicant reports program type for PGY 2 is Internship/Residency. University of Wisconsin Hospital and Clinics reports program type for PGY 2 is Residency.

Follow-Up: FCVS does not follow up on program type based on the definition of a resident per ACGME (A physician at any level of GME in a program accredited by the ACGME is considered a resident).

---

**Miscellaneous 2:**

Section of Profile: **Continuity of Education**

Issue: Time periods of 6 months or more in which the physician did not participate in activities verified as part of the Physician Information Profile were identified during medical education between:

Issuance of diploma and verified postgraduate programs

Follow-Up: Included immediately after the Credentials Analysis Report is one of the following documents which were obtained from the applicant to explain the interruption.

Explanation of Activities During Medical Education Form  
Curriculum Vitae  
FCVS Application page(s)  
Or a Written Explanation from the Applicant.

---

**Miscellaneous 3:**

Section of Profile: **Continuity of Education**

Issue: The attendance dates reported for University of Wisconsin Hospital and Clinics Division of Obstetrics and Gynecology and New York Downtown Hospital Department of Obstetrics and Gynecology overlap from 07/01/2000 to 07/12/2000.

Follow-Up: A written explanation from the institution is included immediately following the Postgraduate Medical Education form.

---

End of report for Miram Louise Cremer

Packet Id: 125

Request Id: 22878523

Report Created By: BQUALLS



**EXPLANATION OF OTHER ACTIVITIES DURING MEDICAL EDUCATION**

Please provide a complete, specific explanation regarding any graduate medical education performed in a country other than the US or Canada, externships, observation, staff positions, etc. and activities other than graduate medical education in which you engaged between the beginning of your medical education and the final year of your US graduate medical education. Do not include Canadian programs.

Dates should be reported in month/year (mm/yyyy) format.

1. From: 5/1997      To: 6/1998  
    Month Year      Month Year  
    Activity: MPH, Johns Hopkins School of Hygiene & Public Health
2. From:   /  /        To:   /  /    
    Month Year      Month Year  
    Activity:
3. From:   /  /        To:   /  /    
    Month Year      Month Year  
    Activity:
4. From:   /  /        To:   /  /    
    Month Year      Month Year  
    Activity:
5. From:   /  /        To:   /  /    
    Month Year      Month Year  
    Activity:
6. From:   /  /        To:   /  /    
    Month Year      Month Year  
    Activity:

Miriam Cremer  
Applicant Name

11/29/10  
Date

By typing my name above, I hereby certify that I am the individual referenced in the FCVS application and that I agree to the terms and conditions set forth therein. Furthermore, I acknowledge that I have answered all questions and reported all information on this application page truthfully and completely.

125626 KSR

**The Federation of State Medical Boards  
of the United States, Inc**  
PO Box 619850  
Dallas, Texas 75261-9850  
Telephone: (817)868-4000  
FAX (817)868-4099

**BOARD ACTION CLEARANCE REPORT**

January 04, 2011

FCVS  
400 Fuller Wiser Rd., #209  
Euless, TX 76039

Re: Board Action Query Dated: January 04, 2011  
Your Reference Number:  
FSMB Batch Number: BQ1852799

The following is a final report of the search results from the Board Action Data Bank as of January 04, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of January 04, 2011

---

<u>Item</u>	<u>Name</u>	<u>DOB</u>	<u>School</u>	<u>Yr/Grad</u>	<u>Request ID</u>
8	Cremer, Miram Louise		050020	1997	23193131

**LICENSE HISTORY**  
State Board  
CALIFORNIA  
NEW YORK  
WISCONSIN

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

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

As of: 1/4/2011

State Queried For: Pennsylvania State Board of Medicine  
Physician Name: Miram Louise Cremer  
Date of Birth: [REDACTED]  
Year of Graduation: (Doctor of Medicine)  
Social Security Number: [REDACTED]  
ABMSU ID: 853948

**Certification:**

**Board:** Obstetrics and Gynecology  
**Specialty:** Obstetrics and Gynecology  
**Status:** ACTIVE  
**Initial Certification:** 12/08/2006

All information on the ABMS report is based on a search of data shared with the FSMB by the American Board of Medical Specialties. For some physicians the biographic data in the ABMS database is incomplete and is not included in the shared data. FCVS is unable to verify specialty certification on these physicians. FCVS does not follow up with the applicant or ABMS on any missing or discrepant information.



# 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.

[Redacted Signature]

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

Crener

Applicant's Printed Last Name

Miriam

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

10.14.10 5/8/1969

Date of Signature Date of Birth

[Redacted SSN]

Applicant SSN



**NOTARY**

Your seal or stamp must be partly upon the photograph.

State of New York County of Manhattan

SUBSCRIBED AND SWORN TO before me this 14<sup>th</sup> day of October, 2010

My commission expires: 5.14.11

ELIZABETH P. WARKENTHIEN  
Notary Public, State of New York  
No. 01WAS165805  
Qualified in Queens County  
Commission Expires: May 14, 2011

(NOTARY PUBLIC SIGNATURE & SEAL)  
Notary Public signature: Elizabeth P. Warkenthiem

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.

STATE OF ILLINOIS)  
County of Cook)

DAVID ORR, County Clerk

October 26, 2010

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr  
COUNTY CLERK

1033

35544

VS 100 - (1928)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - BUREAU OF STATISTICS

MADE IN THE U.S. STANDARD GRAVURE

STATE OF ILLINOIS  
CHILD'S BIRTH NUMBER

REGISTRATION DISTRICT NO. 1610  
REGISTERED NUMBER

**CERTIFICATE OF LIVE BIRTH**

1. CHILD - NAME FIRST MIDDLE LAST  
Miriam Louise Cremer

2. DATE OF BIRTH (MONTH, DAY, YEAR) HOUR  
[REDACTED] 1:43 P.M.

3. SEX (THIS BIRTH) - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)  
Female

4. IF NOT SINGLE BIRTH - GIVE FIRST, MIDDLE, PLACE OF BIRTH (COUNTY)  
Single Cook

5. CITY, TOWN, TWP. OR ROAD DISTRICT NO. HUSB. CITY (STATE) HOSPITAL - NAME IF NOT IN HOSPITAL, GIVE STREET AND NUMBER  
Chicago Yes Michael Reese Hospital

6. MOTHER - MAIDEN NAME FIRST MIDDLE LAST AGE AT TIME OF THIS BIRTH (YEARS)  
[REDACTED] 33

7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) DIRECT AND NUMBER  
Illinois 3100 South Michigan

8. RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT NO. HUSB. CITY (STATE) DIRECT AND NUMBER  
Illinois Cook Chicago Yes 3100 South Michigan

9. MOTHER'S COMPLETE MAILING ADDRESS (STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP)  
Chicago Illinois 60616

10. FATHER - NAME FIRST MIDDLE LAST AGE AT TIME OF THIS BIRTH (YEARS) BIRTHPLACE (STATE OR FOREIGN COUNTRY)  
[REDACTED] 33 West Virginia

11. RELATION TO CHILD  
Mother

12. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. DATE SIGNED (MONTH, DAY, YEAR) ATTENDANT - M.D., D.O., MIDWIFE, OTHER (SPECIFY)  
[REDACTED] May 8, 1969 M.D.

13. SIGNATURE ILLINOIS LICENSE NUMBER  
[REDACTED] 22015

14. CERTIFIER'S COMPLETE MAILING ADDRESS (STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP)  
Chicago Illinois 60602

15. LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
[REDACTED] MAY 12 1969

SEAL  
VERIFIED

# Section III

Medical Education

**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 to the address at the bottom of page 2.**

**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: \_\_\_\_\_  
Complete Address: UW School of Medicine and Public Health  
Office of Student Services, Rm. 2141 HSLC  
Street Address: 750 Highland Ave.  
City: Madison, WI 53705-2221

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: No pre-Med requirement.

Credential/degree presented by the applicant for admission to your medical school: BA

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

attended our medical school for total of 148 weeks of medical education on the following dates (mm/dd/yy):

From 08/16/1993 To 05/18/1997  
Month Date Year Month Date Year

This individual:

Was awarded the degree of M.D. on 05/18/1997  
Month Date Year

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

Certification: By my signature, I \_\_\_\_\_, 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. The signature line must contain the original signature, or the electronic typed signature, of the authorized signatory.



Signature: Sharon J. Stuebel

Title: Certification Officer

Date of Signature: 11/24/10

Phone: [Redacted] FAX: [Redacted]

Email: [Redacted]

125626

KSR



**VERIFICATION OF MEDICAL EDUCATION**

**OPERATION CREDENTIALS VERIFICATION SERVICE (FCVS)**

(continued)

**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.

	From Mo/Yr	To Mo/Yr	Approved	Unapproved
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 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.

\_\_\_\_\_

Please complete both pages of this form, sign, date and seal on the front page then return to:  
Federation Credentials Verification Service / 400 Fuller Wisser Road, Suite  
300, Euless, TX 76039-3855 or e-mail to: fcvsforms@fsmb.org

**Medical Education**

<b>School</b>	050020 - University of Wisconsin Medical School		
<b>Address</b>	750 Highland Drive		
	Madison, WI 53705		
	USA		
<b>Phone</b>	608-262-3811		
<b>Dates</b>	08/1993 - 05/1997	<b>Grad Date</b>	05/18/1997
<b>Degree</b>	MD - Doctor of Medicine		
<b>Program 5+ years:</b>	N		
<b>Completed clinical clerkship in a country other than where my medical school was located:</b>	N		
<b>Clinical Training</b>			
<b>Unusual Circumstances</b>			
<b>Leaves/Extensions</b>	N		
<b>Probation</b>	N		
<b>Disciplined</b>	N		
<b>Negative Reports</b>	N		
<b>Limitations</b>	N		

**PROVIDED BY  
APPLICANT**



UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

November 1, 1996

RE: Miriam L. Cremer

Dear Program Director:

The above-named fourth year student at the University of Wisconsin Medical School is an applicant for residency training in your program. The Dean's Letter to evaluate this student includes:

- (1) **Student Transcript Analysis.** This form shows the student's percentile rank for the first two years. In addition, grades for each required clinical clerkship in the third year and the percentage distribution of grades received by the class are shown.
- (2) **Evaluations of clinical performance.** These are unedited comments and reflect the student's progress in the third and fourth year. Clinical grades are included.

Miriam Cremer graduated from Hampshire College in 1992 with a Bachelor of Arts degree. She did her senior thesis on "The Relationship Between Poverty and Undernutrition in the United States: A Dietary Intake Study of Sixth Grade School Children in Holyoke, MA". She received a Threshold Grant to publish her senior thesis. Miriam was very involved in extracurricular activities. In 1988, she was a waterfront instructor at Summit Camp in Pennsylvania; this is a camp for disabled children. She was a lifeguard and swim instructor for four years at Hampshire College. In 1989, Miriam was a student intern at the Institute for Central American Development Studies in Theresa, Nicaragua. She was an emergency medicine medical technician at Hampshire College. In 1989, she coordinated the "Chili Project" which is a three-acre organic farm that provides food for social agencies in western Massachusetts. In 1991-92, she was a nutrition advisor and menu analyst to social service agencies. Miriam was a student intern at the Western Massachusetts Food Bank for four years. In 1992, she was also a student teacher in an ESL class in Holyoke. She also served as a Student Health Coalition nutrition educator at health fairs in rural Tennessee and in 1992, she was a teacher of English as a second language in the English Village, Tokyo, Japan.

In medical school, Miriam turned in a good performance in years one and two. She has done a topnotch job on her clinical clerkships. She is a bright, very hardworking, enthusiastic, dedicated, mature, responsible and caring student. She has lots of energy and initiative. She reads in-depth about her patients. Miriam is very good at integrating information and clinical

Medical School Administration

Dean's Office 608/263-4910  
Admissions 608/263/4925

1300 University Avenue Madison, WI 53706-1532 608/263-4900

FAX 608/262-2327

Registrar 608/263-4912  
Student Services 608/263-4920

problem-solving. Her work-ups, progress notes and presentations were thorough and focused. She has terrific interpersonal skills. She interacts very well with patients, families, staff and peers. She is deeply interested in patient care and social issues. She has a great sense of humor. Miriam did a very interesting fourth-year elective: she spent two months in a clinic in El Salvador where she helped provide primary care, delivered babies, did 150 PAP smears (which she arranged to be read in Madison, Wisconsin), and organized a reproductive health campaign.

Miriam was very involved in extracurricular activities as a medical student. She participated in Doctors Ought to Care and she spoke to school children about smoking, alcohol use and sexually transmitted disease prevention. She also was a volunteer in the MEDIC clinics for the underserved. She participated in the BICE Program as a companion for a pregnant, single teenager who was a victim of sexual abuse. Miriam was active in the Medical Student Volunteer Corps where she took intensive training in domestic violence and then was on-call for the UW emergency room to help victims of domestic violence. She participated in the Poverty Workshop. In 1994, she was a translator-educator for cancer screening in a migrant women's health promotion/disease prevention summer internship which was sponsored by AMSA. She was a valuable student member of our Educational Policy Council for four years. She helped develop the highly regarded fourth-year breast cancer elective. She participated in a spring break trip to Cuba to study the health care system there. She is also the author of a patient education handout on postpartum depression. In 1994-95, she worked as a translator at a health fair for migrant farm workers. For her leadership role in many of these activities, Miriam has received several medical school leadership awards.

Miriam will graduate from medical school in 1997. For the following year, 1997-98, she will enroll in the Maternal-Child Health Program at Johns Hopkins School of Public Health.

Miriam Cremer's clinical performance puts her in the top third of her class. She is a very high energy, creative and caring person. She is deeply committed to maternal-child health and the overall well-being of the community. I think she will be an excellent house officer and physician who is likely to make outstanding contributions in her chosen field.

Sincerely,



Sheldon D. Horowitz, M.D.  
Associate Dean

<b>Overall Evaluation of Student Performance</b>					
<input type="checkbox"/> Outstanding (top sixth)	<input checked="" type="checkbox"/> Excellent (top third)	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Please see Dean's Letter above for evaluation	
The overall evaluation of student performance is based on GPA, clinical performance in years 3 & 4, interpersonal skills and extracurricular activities. It is determined by the writer of the Dean's Letter.					

meh  
Enclosure

**University of Wisconsin Medical School  
Student Transcript Analysis**

Date: 08/30/97

**Cremer, Miriam Louise**

ID: 3886081548

**Performance in 1st and 2nd Year**

	GPA (1st & 2nd year)	Credits by Grade...						Total
		A	B	C	S	F	Ex	
This student:	3.18	20	58	4	1	0	0	83
Class Mean:	3.45	41	38	5	1	0	0	85

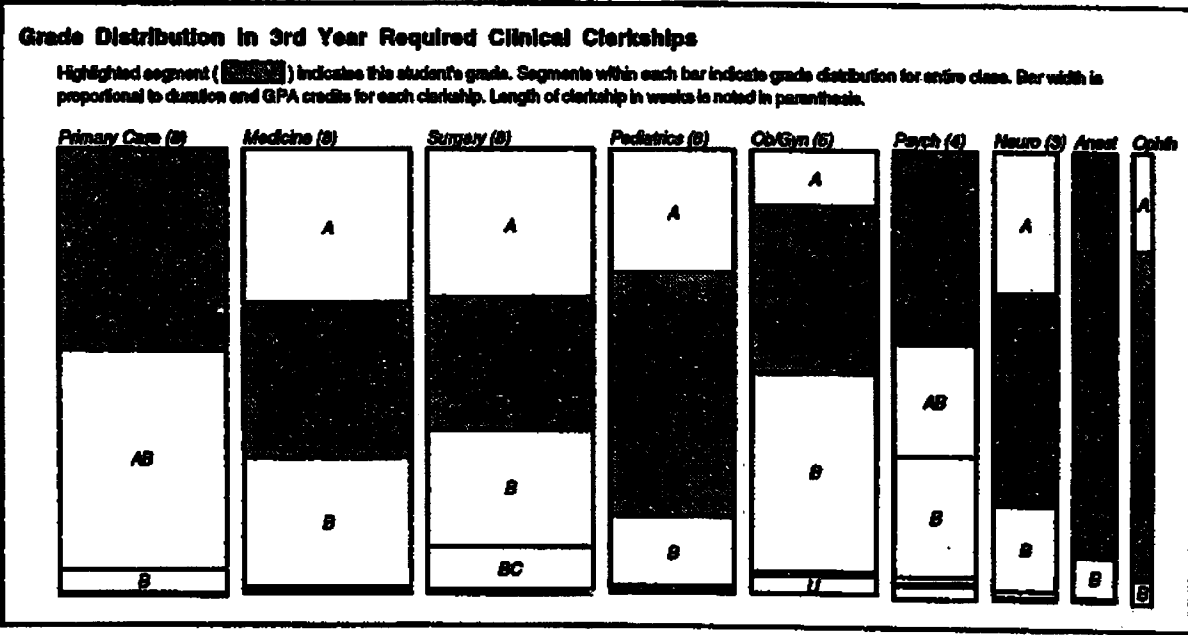
All failed courses must be repeated. Only the final (passing) grade is included in the GPA.  
Ex = Excused credits based on work completed prior to matriculation at this medical school.

Year 1&2 GPA for the middle 70% of the class falls between 3.05 and 3.82.

**Performance in 3rd Year Required Clinical Clerkships**

	GPA (3rd year)	Prim Care	Medicine	Surgery	Pediatrics	Ob/Gyn	Psych	Neuro	Anest	Ophth
This student:	3.65	A	AB	AB	AB	AB	A	AB	A	AB
Class Mean:	3.53									

Year 3 GPA for the middle 70% of the class falls between 3.28 and 3.82.



**Overall Evaluation of Student Performance**

Outstanding (top sixth)    
  Excellent (top third)    
  Very Good    
  Good    
  Please see Dean's Letter for evaluation

The overall evaluation of student performance is based on GPA, clinical performance in years 3 & 4, interpersonal skills and extracurricular activities. It is determined by the writer of the Dean's Letter.

University of Wisconsin  
Medical School

GENERAL INFORMATION ON CURRICULUM AND GRADING

- CLASS OF 1987 -

Curriculum

The regular course of study at the University of Wisconsin Medical School consists of a first year of 35 weeks of instruction in basic science subjects, a second year of 34 weeks in an organ-oriented program in pathophysiology, a third year with 48 weeks of basic clinical clerkships and selectives, and fourth year of 32 weeks minimum. Students may count toward the fourth year requirements up to 8 weeks of research. Twenty weeks of the fourth year work must be completed in direct patient care experiences within the UW Clinical Campus.

Grading System

- |  |   |
|--|---|
| A - Outstanding performance                          | I - Incomplete course or clerkship  |
| AB - Very Good (above average performance)           | NR - Course complete, no grade report yet.  |
| B - Good (the performance expected of most students) | U - Unsatisfactory performance on end of clerkship exam. Exam may be repeated once. |
| BC - Satisfactory, but somewhat below expectations   | F - Failure. Course must be repeated.   |
| C - Minimally acceptable level of performance        |   |
| S - Passing performance in a pass/fail course        |   |
| EX - Excused on the basis of prior coursework        |   |

Although a C is accepted as a passing grade in an individual course, a student whose overall performance is consistently rated as "C" is not performing at a passing level and will be required to repeat coursework. A GPA of approximately 2.5 is required for promotion and graduation.

All failed courses must be repeated and passing grade achieved.

USMLE Exam

The USMLE Part I is taken after completion of the second year. A score at the national pass level is required for promotion to the clinical years. The USMLE Part II must be taken during the fourth year. USMLE scores are recorded for internal purposes only and will not be supplied to residency programs by the Medical School.

Requirements

First Year	Second Year	Third Year	Fourth Year
Histology 5 cr.	Neuropathology 2 cr.	Primary Care 8 wks	Preceptorship 8 wks
Gross Anatomy 8	Infectious Disease 3	Medicine 8	Required Medicine 4
Biomolecular Chem. 8	Hematology 3	Surgery 8	Surgical Subspecialty 4
Med Genetics 1	Immunology 2	Pediatrics 6	Electives 18
Med Microbiology 2	Muculoskeletal 1	Gyn & Obstet 6	32 wks
Neuroanatomy/physiol 3	Special Senses-Ear 1	Psychiatry 4	
Pathology 3	Psychiatry 2	Neurology 3	<i>In the fourth year, all students are required to complete a minimum of 20 weeks in direct patient care experiences supervised by the UW Medical School.</i>
Physiology 4	Pharmacology 4	Anesthesiology 2	
Clinical Medicine and Practice : 4	Special Senses-Eye 1	Ophthalmology 1	
37 cr.	Neoplastic Disease 2	Selective 2	
	Cardiovascular 3	48 wks	
	Gastrointestinal 2		
	Hepatic 2		
	Renal 2		
	Male Reprod 1		
	Endocrine 2		
	Respiratory 3		
	Female Reprod 1		
	Hypertension 1		
	Autopsy Pathology 1		
	CMP II and III 7		
	46 cr.		

## EVALUATIONS OF CLINICAL PERFORMANCE

MIRIAM L. CREMER

Students are given both a written evaluation and a grade for their clinical performance on each clerkship. Most required clerkships also have a written examination which may count for up to 50 percent of the final grade, depending upon departmental policy. Clinical performance grades and a verbatim transcription of the overall assessment of the student's progress, indicating both strengths and weaknesses, as prepared by supervising faculty, are recorded here.

### 3rd Year Evaluations

<u>Rotation</u>	<u>Date</u>	<u>Comments</u>
Rehab Medicine Selective	08/95	"Excellent communication skills; will make a fine physician." Clinical Grade: A
Neurology	09/95	"Performed procedures with skill. Good at hunting down labs and maintaining the data base." "Intense and hardworking. Great sense of humor. Compassionate physician in training." Clinical Grade: AB
Ophthalmology	09/95	No written comments Clinical Grade: B
Obstetrics and Gynecology	11/95	"Miriam was described as hardworking, enthusiastic and deeply interested in patient care issues. Miriam was also described as very interested in psychosocial issues. On several occasions on call, she took the extra time to go to the medical library and research an interesting case and return with a written report. Miriam was also very helpful and willing to act as a Spanish interpreter." Clinical Grade: A
Pediatrics	10/95	"Miriam is a bright, energetic student. She has superb ability to relate interpersonally with her patients. Her histories are, therefore, excellent. Physical examination skills are about average and, at times, she has difficulty with organization of verbal presentations." Clinical Grade: AB
Medicine	01/96	"A hardworking, reliable student. Excellent, comprehensive histories and physical examinations and pertinent follow-up notes. Some hesitancy yet in oral presentations. Average fund of knowledge and curiosity. Showed above average interest and compassion for her patients. Worked slowly but completed tasks and followed through." "Miriam is an enthusiastic and capable student who really seems to enjoy her clinical experience. She is motivated, articulate and outgoing. Her oral presentations were very good on the two she did (a patient with alcoholic cirrhosis ascites and jaundice, and a patient with hypertension with bilateral renal artery stenosis). She also gave a very complete didactic discussion on an assigned topic (microcytic anemias). Miriam also did a good job organizing and recording histories and physical findings. I predict that this student will be a very fine house officer and that she will become an excellent physician." Clinical Grade: AB

MIRIAM L. CREMER

-2-

3rd Year Evaluations cont.

<u>Rotation</u>	<u>Date</u>	<u>Comments</u>
Medicine	02/96	<p>"Miriam performed solidly on a rather busy inpatient service. She was diligent in all aspects of the care she administered to her patients. She is clearly a sensitive young woman, and I believe she will excel as a physician and as a primary care giver, because of her compassion. I believe Miriam was exposed to some difficult ethical decisions during her rotation which she handled with strength and professionalism. I would be glad to work with her in the future." "Miriam is a strong student with a good knowledge base and above average reasoning skills. While she is currently at the level of her peers in her development, I expect her work ethic to bring her above average, but through her hard work and initiative they are now outstanding. I identify no remarkable weaknesses and expect Miriam to develop into an excellent physician."</p> <p>Clinical Grade: AB</p>
Surgery General	03/96	<p>"Miriam is an extremely enthusiastic and motivated student. She really enjoys being in the operating room. She was very active with patient care and read about her patients' clinical problems."</p> <p>Clinical Grade: A</p>
Vascular	03/96	<p>"Ms. Cremer was attentive on rounds and in clinic; she easily mastered the skills necessary to take a history and examine patients with vascular disease."</p> <p>Clinical Grade: S</p>
Urology	04/96	<p>"Interested student. Interacted well with staff."</p> <p>Clinical Grade: B</p>
Orthopedic	04/96	<p>"Socially, she does well but needs a little more work on her knowledge base."</p> <p>Clinical Grade: AB</p>
Primary Care	05/96	<p>"Miriam was very enthusiastic and positive in her clinic interactions. Many patients commented on her excellent interpersonal techniques. She asked insightful questions, was responsible in clinic duties and charted well. One preceptor commented that she seemed to genuinely love what she was doing."</p> <p>Clinical Grade: A</p>
Anesthesiology	06/96	<p>"Interested and helpful. A pleasure to work with. Careful job with intubation. Good student. Wrote paper 'Pain Relief During Labor'."</p> <p>Clinical Grade: A</p>



MIRIAM L. CREMER

4th Year Evaluations

<u>Rotation</u>	<u>Date</u>	<u>Comments</u>
Individual 4th Year Clerkship, CSC	07/96	"Miriam is a very special, talented person. She was very helpful to me in defining my teaching interactions with the students and in developing the 'breast elective'. Fortunately, both she and I had a very good experience." Clinical Grade: A
Preceptorship Shawano, WI	09/96	"A student with tremendous potential to be an excellent physician." Clinical Grade: A
Required Medicine CSC	11/96	"Work-ups were well done. Organized, efficient, very conscious of patients' social issues and disease processes. Needs to continue to improve knowledge base." Clinical Grade: AB
Fundamentals of International Health MSC	11/96	No written comments. Clinical Grade: B
Family Practice Lawrence, MA	11/96	"Miriam was mature, reliable and easy to work with. Her language skills and energy give her a smooth and effective work style. She connects with her patients and becomes an advocate. Her presentations showed good thinking, especially in terms of synthesizing data into a plan." Clinical Grade: AB
Individualized Clerkship in Obstetrics and Gynecology, CSC	01/97	"Ms. Cremer is an enthusiastic student. She exhibited interest in the field of obstetrics and gynecology." Clinical Grade: B
Primary Care Arcatao, El Salvador	03/97	"An outstanding student. I have observed in her excellent interpersonal relationships, not only with the clinic team but with consultants in the community, and the patients." Clinical Grade: A

UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

11/22/10 PAGE 1

OFFICIAL COPY

BIRTHDATE Amherst, MA

Clames, Miriam Louise  
INSTITUTION(S) ATTENDED: Univ of Massachusetts Amherst  
DEGREES: BR 05/1992 Hampshire College, Amherst, MA

MATRICULATION DATE 09/02/93

CRS SR PTS

CRS GR PTS

Fall 1993-94 MED P1 Med Prof Medical  
SESSION A1: SEP 02 - DEC 15

ANATOMY 710 Histology and Organology 5.000  
ANATOMY 711 Gross Human Anatomy 8.000  
BIOCHEM 704 Comprehensive Human Biochem 6.000  
SUM: 19.000

Spring 1993-94 MED P1 Med Prof Medical  
SESSION A1: JAN 24 - MAY 13

MD GENET 721 Medical Genetics 1.000  
MED MICR 701 General Medical Microbiology 3.000  
MED SC-M 714 Neuroanatomy & Neurophys 3.000  
MED SC-M 801 Clin Medicine & Practice I 4.000  
PATH 703 General Pathology 3.000  
PHYSIOL 720 Prin of Human Physiology 4.000  
SR MED 790 Community Medicine Outreach 0.000  
SUM: 18.000

Fall 1994-95 MED P2 Med Prof Medical  
SESSION A1: SEP 01 - DEC 15

MED SC-M 701 Neuropathology 2.000  
MED SC-M 702 Infectious Diseases 3.000  
MED SC-M 703 Hematology 3.000  
MED SC-M 704 Immunology 1.000  
MED SC-M 705 Skeletomuscular System 3.000  
MED SC-M 706 Cardiovascular System 3.000  
MED SC-M 713 Ear 1.000  
MED SC-M 717 Pharmacology 1.000  
MED SC-M 720 Eye 1.000  
MED SC-M 721 Neoplastic Diseases 2.000  
MED SC-M 802 Clin Medicine & Practice II 3.000  
SUM: 25.000

Spring 1994-95 MED P2 Med Prof Medical  
SESSION A1: JAN 23 - MAY 12

PAM MED 699 Directed Study 1.000  
MED SC-M 707 Gastrointestinal Tract 2.000  
MED SC-M 708 Hepatic 2.000  
MED SC-M 709 Rehab 2.000  
MED SC-M 710 Male 1.000  
MED SC-M 711 Endocrine 2.000  
MED SC-M 715 Respiratory System 2.000  
MED SC-M 716 Psychiatry 2.000  
MED SC-M 718 Autopsy Pathology 1.000  
MED SC-M 722 Female 1.000  
MED SC-M 723 Hypertension 1.000  
MED SC-M 803 Clin Medicine Practice III 4.000  
SR MED 790 Community Medicine Outreach 0.000  
SPANISH 203 Third Semester Spanish 4.000  
SUM: 25.000

Fall 1995-96 MED P3 Med Prof Medical  
SESSION A1: SEP 05 - DEC 15

OBS&GYN 812 3rd Year Obs & Gynecology 6.000  
NEUROL 812 Third Year Neurology 3.000  
OPHTHALM 812 Third Year Ophthalmology 1.000  
PEDIAT 812 3rd Year Pediatrics 6.000  
REAB MED 820 Rehab Med Selective 2.000  
SUM: 18.000

Spring 1995-96 MED P3 Med Prof Medical  
SESSION A1: JAN 22 - MAY 10

ANESTHES 812 Third Year Anesthesia 2.000  
MEDICINE 812 Prin Int Med-Basic Clerkship 8.000  
SR MED 812 3rd Yr Primary Care Clerkship 8.000  
SURGERY 812 Third Year Surgery 8.000  
SUM: 26.000

Fall 1996-97 MED P4 Med Prof Medical  
SESSION A1: SEP 03 - DEC 13

MEDICINE 920 Red 4th Yr Med Subinternship 4.000  
PREV MED 915 Fundmtls Interntl Hlth-MS 2.000  
PSYCHIAT 812 Third Year Psychiatry 4.000  
SR MED 867 Preceptorship-Shawano 8.000  
SR MED 922 Extramur Elect-Family Med 4.000  
SURGERY 919 Individualized 4th Yr Clerk 2.000  
SUM: 24.000

Spring 1996-97 MED P4 Med Prof Medical  
SESSION A1: JAN 21 - MAY 09

OBS&GYN 919 Individualized 4th Yr Clerk 4.000  
MEDICINE 915 Therapeut&Cl Pharmacol-VAH 3.000  
SR MED 935 Extramural Elec-Primary Care 8.000  
PAGE 2 FOLLOWS

SEAL VERIFIED

REGISTRAR

050020

KSK

125621

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

11/22/10  
PAGE 2

Crimes, William Louise

OFFICIAL COPY

CRS GR FTS  
15.000

SUM

Doctor of Medicine  
Degree Conferred May 18, 1997

MAJOR: Medicine

END OF RECORD

*Dr. W. J. ...*  
REGISTRAR

SEAL  
VERIFIED

THIS TRANSCRIPT IS NOT OFFICIAL UNLESS THE CHAIN LINK WATERMARK IS VISIBLE. HOLD TO LIGHT TO VIEW THE CHAIN LINK PATTERN.  
STUDENT IS IN GOOD STANDING UNLESS OTHERWISE NOTED  
OFFICIAL TRANSCRIPTS BEAR THE SIGNATURE AND SEAL OF THE REGISTRAR

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT PROVIDES THAT THIS TRANSCRIPT IS NOT TO BE RELEASED TO ANY OTHER PERSON OR AGENCY WITHOUT WRITTEN CONSENT OF THE STUDENT

**GRADING SYSTEM**

All credits are based on semester hours. A 4.000 grading system is used. Prior to 1954-55 a 3.00 grading system was used. Intermediate grades of AB and BC were instituted as of September 1973.

**Grades With Associated Grade Points Per Credit**

GRADE	GRADE POINTS
A	4
AB	3.5
B	3
BC	2.5
C	2
D	1
F	0
NR	No Report prior to 1999

**Grades Which Do Not Have Associated Grade Points**

CR	Credit	NW	No Work
DEF	Deferred	P	Progress
DR	Dropped	PE	Permanently Excused
ET	Extended	PI	Permanent Incomplete
EX	Excused	Q	Question on credits
I	Incomplete	R	Registered
IF	Incomplete - Medical School Courses only	S	Satisfactory
IN	Incomplete in Credit/No Credit Course	U	Unsatisfactory
N	No Credit	W	Withdraw
NR	No Report beginning in 1999		

**ABBREVIATIONS AND SYMBOLS**

#	Failed course that has been repeated. Credits are not used to calculate cumulative GPA
**	Course taken On a pass/fail basis
**	Grades of Failure Or No Report . Credits do not count toward degree
@	Full name in body of transcript
>	Question on credits
X	Repeat of a failed course
X	Course does not count toward degree
X	Repeat of a non repeatable course
↓	Credit/No Credit course in progress
ADV STG CRS	Credits not earned on UW-Madison Campus
AU	Course taken for Audit credit
CRS	Number of credits
CUM	Cumulative totals
EARNED CRS	Total credits earned
GPA CR	Grade Point Average
GPA CR	Credits included in Grade Point Average calculation
GR	Grade received
H	Course taken for Honors credit
PTS	Grade Points
SUM	Semester/Term totals

**YEAR LEVEL DEFINITIONS**

- 1 = FRESHMAN - Less than 24 credits and 48 grade points
- 2 = SOPHOMORE - 24 credits and 48 grade points
- 3 = JUNIOR - 54 credits and 108 grade points
- 4 = SENIOR - 86 credits and 172 grade points
- 5/GR# = GRADUATE - A student pursuing a graduate degree
- P# = Professional & Year

**COURSE NUMBERING SYSTEM**

- 000 - 099 Special Purpose Courses
- 100 - 299 Undergraduate Courses
- 300 - 699 Courses Open to Either Undergraduates Or Graduates
- 700 - 999 Graduate And Professional Courses Including Seminars

A middle digit of 8 (i.e. 181) indicates an honors course. Honors courses are also shown by an H immediately preceding course credit.

**INCOMPLETES**

The undergraduate student in Letter and Science must remove the grade of I (incomplete) by the end of the fourth week of classes in the next semester (excluding summer) the student is in attendance. All other undergraduate students and most special students must remove the incomplete by the end of the next semester they are in attendance. Incompletes that are not removed by the deadline dates lapse into a grade of F (Failure). The deadlines for removal of Incompletes may be extended with approval of the student's Dean's office. Graduate and professional students are not subject to the above Incomplete deadlines. Students who are not in attendance for a five year period after an Incomplete is received may not remove the Incomplete without permission from the students' Dean's Office. These Incompletes remain on the record as Permanent Incompletes and do not lapse into failure.

**LAW SCHOOL GRADES**

The Law School has its own grading scale. Law students entering in 2005 and thereafter are given letter grades of A+, A, A-, B+, B, and so on through F.

Law students entering in 1992 through 2004, were graded on a numerical scale of 65 through 95. Letter-grade equivalents during that time period are as follows:

87-95	A	77-79	C
85-86	AB	70-76	D
83-84	B	65-69	F
80-82	BC		

From 1970 to 1992, the following grading system and letter-grade equivalents were used:

87-100	A	70-76	D
82-86	B	0-69	F
77-81	C		

Detailed information concerning Law grades is available from the University of Wisconsin Law School Registrar's Office.

**MEDICAL SCHOOL GRADES**

Detailed information concerning a student's grades, relative class standing and clinical performance is available upon request of the student from the UW-Madison Medical School Registrar's Office. The grade of IF is available to medical students in Medical School Courses.

**THE HONORS PROGRAM**

Some Schools & Colleges have developed special Honors programs that replace or supplement the designation of awards based on grade point average alone. These programs encourage and recognize work of greater depth, scope and originality by undergraduates whose abilities and interests make them eligible. The content and pace of honors courses are adapted to students who have chosen to do intensive work (either of an accelerated or enriched nature) in the subjects. The programs are entirely voluntary.

**TRANSCRIPTS FROM OTHER INSTITUTIONS**

The University of Wisconsin - Madison does not issue copies of transcripts or other documents received from other institutions, including the University of Wisconsin - Extension.

**RECORDING OF UW WORK PRIOR TO JANUARY 1972**

Prior to January 1972 all courses and grades for work taken within the former University of Wisconsin System (UW-Madison, UW-Milwaukee, UW-Green Bay, UW-Parke, UW-Platteville, UW-Stout, and UW-Whitewater) were recorded on one record and may appear on this transcript.

Transcripts  
Office of the Registrar  
University of Wisconsin - Madison  
Madison, Wisconsin  
608-262-3811  
www.registrar.wisc.edu

This is watermarked security paper and contains invisible fibers. Do not accept as authentic without noting watermark.



Held to light to verify watermark.

**ADDITIONAL TESTS:** When photocopied the words VOID VOID VOID appear over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office at (608) 262-3811.

ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

# University of Wisconsin-Madison



SEAL  
VERIFIED

The Board of Regents of the University of Wisconsin System,  
on the nomination of the faculty, has conferred upon

**MIRIAM LOUISE CREMER**

The Degree of

**DOCTOR OF MEDICINE**

Together with all honors, rights, and privileges belonging to that degree.  
In witness whereof, this diploma is granted.

Given at Madison in the State of Wisconsin  
this eighteenth day of May in the year nineteen hundred ninety-seven  
and of the University the one hundred forty-seventh.

*Katherine Lyall*  
President, University of Wisconsin System

*Daniel J. Wink*  
Chancellor, University of Wisconsin-Madison

*W. H. ...*  
President of the Board of Regents

I certify that this is a true and correct copy of the original diploma of Miriam Louise Cremer, M.D.

Sharon J. Grueel  
Sharon J. Grueel  
Certification Officer  
11/24/2010

NOV 29 2010

# Section IV

Graduate Medical Education Training



Federation Credentials Verification Service (FCVS)

Federation Place, P.O.Box 619850, Dallas, TX 75261-9850

Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Postgraduate Medical Education

Institution: Cambridge Hospital  
Address: INTERNAL MEDICINE  
Cambridge, MA 02139

Attention: Program Director

Verification For: Name: Cremer, Miram Louise

DOB: [REDACTED]

Individual's Name on Record (if different from above):

Packet ID:125626

Request ID:22878523

IFM CODE:11054

ACGME  
OK

PGY: 1	Specialty/Subspecialty: Internal Medicine
Program: Internship	From: 6/23/1998 To: 6/22/1999
	Complete?: Y Accreditation: ACGME

Unusual Circumstances:

- 1. Did this individual ever take a leave of absence or break from his/her training? N
- 2. Was this individual ever placed on probation? N
- 3. Was this individual ever disciplined or placed under investigation? N
- 4. Were any negative reports for behavioral reasons ever filed by instructors? N
- 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reasons? N

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.



Name: Linda M Fowler

Signature: Linda M Fowler

Title: Program Admin.

Date of Signature: 11/19/2010

Email: [REDACTED]

Packet ID:125626

Request ID:22878523

IFM CODE:11054



**Graduate Medical Education**

**Hospital** Cambridge Hospital  
**Affiliated School**  
1493 Cambridge St  
Cambridge , MA 02138

**PROVIDED BY  
APPLICANT**

<b>Year(s)</b>	1	<b>Program Type</b>	Internship
<b>Complete?</b>	Yes	<b>Specialty/Subspecialty</b>	Internal Medicine
<b>Dates</b>	06/1998 - 07/1999		

**Unusual Circumstances**

**Leaves/Extensions** N  
**Probation** N  
**Disciplined** N  
**Negative Reports** N  
**Limits** N



# Cambridge Hospital



Cambridge Health Alliance

affiliated with

Harvard Medical School

Cambridge, Massachusetts

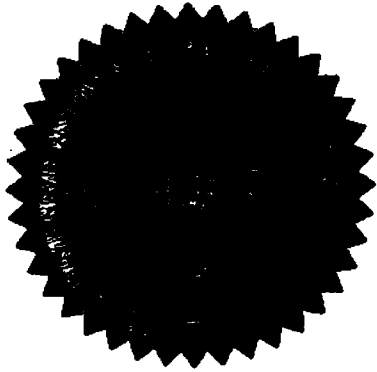
Be it known that

## Miriam Cremer, M.D., M.P.H.

has faithfully served as a

### Medical Intern

June 23, 1998 - June 22, 1999



*David Bok*

Chief of Service

*Richard Lee*

Program Director

*Ellen M. DeLoe*

Chair, Joint Hospital Board

*[Signature]*

Chief Executive Officer

**Verification of Graduate Medical Education**

Institution: University of Wisconsin Hospital and Clinics  
Address: Division of Obstetrics and Gynecology  
Madison, WI 53792

Attention: **Program Director**  
Affiliated University: \_\_\_\_\_

Verification For:

Name: Cremer, Miram Louise

DOB: [REDACTED]

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

*ACME  
ADK*

**Program**

**Participation:**

Important:

Report Incomplete Training Levels (years) separate from those that were successfully completed.

Training Level: PGY-2  
(e.g., 1, 2, 3, etc.)

- Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

Specialty/Subspecialty: Obstetrics & Gynecology

From: 07/01/1999

To: 07/12/2000

Successfully Completed?:  Yes  No  In Progress

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

If the training level (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.

Training Level: \_\_\_\_\_  
(e.g., 1, 2, 3, etc.)

- Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

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

From: / /

To: / /

Successfully Completed?:  Yes  No  In Progress

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

Training Level: \_\_\_\_\_  
(e.g., 1, 2, 3, etc.)

- Internship  
 Residency  
 Chief Residency  
 Fellowship  
 Research

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

From: / /

To: / /

Successfully Completed?:  Yes  No  In Progress

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

**Unusual**

**Circumstances:**

Check the correct response. Omitted responses require written explanation.

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

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:

See attached addendum

**Certification:**

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 - PLEASE REPORT WHICH).

Affix  
yo

**ELECTRONIC  
SEAL VERIFIED**

Name: Laura A. Sabo, M.D.

Signature: Laura Sabo, MD

Title of Signatory  
(e.g., Program Director): Program Director

Date of Signature: 12/7/10

Tel: [REDACTED]

Fax: [REDACTED]

E-Mail: [REDACTED]

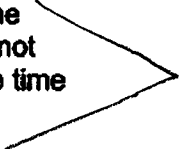
Federation Credentials Verification Service

12/7/10

Dr. Miram Louise Cremer, 05/08/1969

**Addendum: Unusual Circumstances Section**

Our record regarding the status of Dr. Cremer's completion of the PGY2 year at the University of Wisconsin is ambiguous. There is a letter to ABOG stating "Dr. Cremer successfully completed her second post-graduate year in Obstetrics & Gynecology at the University of Wisconsin Hospital Madison from July 1, 1999 to June 30, 2000". There is also documentation that the Resident Education Committee recommended probation status, and that Dr. Cremer was not promoted to PGY3, that she was on a remediation plan while on probationary status at the time of her resignation.



**Hospital** University of Wisconsin  
**Affiliated School**  
750 Highland Ave  
  
Madison, WI 53705

**PROVIDED BY  
APPLICANT**

<b>Year(s)</b>	2	<b>Program Type</b>	Internship/Residency
<b>Complete?</b>	Yes	<b>Specialty/Subspecialty</b>	Obstetrics and Gynecology
<b>Dates</b>	06/1999 - 07/2000		

**Unusual Circumstances**

**Leaves/Extensions** N  
**Probation** N  
**Disciplined** N  
**Negative Reports** N  
**Limits** N

**Verification of Graduate Medical Education**

Institution: <u>New York Downtown Hospital</u> Address: <u>Department Of Obstetrics and gynecology</u> <u>New York, NY 10038</u>	Attention: <b>Program Director</b> Affiliated University: <u>NYU</u>
--	---

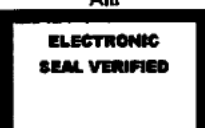
<b>Verification For:</b>	Name: <u>Cremer, Miram Louise</u> DOB: <span style="background-color:black; color:black;">[REDACTED]</span> Individual's Name on Record (if different from above): _____
--------------------------	--

<b>Program Participation:</b> Important: Report Incomplete Training Levels (years) separate from those that were successfully completed.	Training Level: <u>2</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: <u>Ob/Gyn</u> From: <u>07/01/00</u> To: <u>06/30/01</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	AC GME OK
--	---	---	--------------

If the training level (year) is currently in progress report the expected completion date in the "To" field.  Report Internships, Residencies and Fellowships separately.	Training Level: <u>3</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: <u>Ob/Gyn</u> From: <u>07/01/01</u> To: <u>06/30/02</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	
---	---	---	--

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	Training Level: <u>4</u> (e.g., 1, 2, 3, etc.) <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input checked="" type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	Specialty/Subspecialty: <u>Ob/Gyn</u> From: <u>07/01/02</u> To: <u>06/30/03</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	
--	---	---	--

<b>Unusual Circumstances:</b> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____
--	---

<b>Certification:</b> Affi 	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 - PLEASE REPORT WHICH). Name: <u>Allan Klapper, MD.</u> Signature: <u>Allan Klapper</u> Title of Signatory _____ Date of Signature: <u>12/10/10</u> (e.g., Program Director): _____ Tel: <span style="background-color:black; color:black;">[REDACTED]</span> Fax: <span style="background-color:black; color:black;">[REDACTED]</span> E-Mail: <span style="background-color:black; color:black;">[REDACTED]</span>
--	--

**Hospital** NYU Downtown Hospital  
**Affiliated School**  
 170 Williams St  
 New York, NY 10038

**PROVIDED BY  
 APPLICANT**

<b>Year(s)</b>	2-4	<b>Program Type</b>	Residency
<b>Complete?</b>	Yes	<b>Specialty/Subspecialty</b>	Obstetrics and Gynecology
<b>Dates</b>	06/2000 - 07/2003		

**Unusual Circumstances**

**Leaves/Extensions** N  
**Probation** N  
**Disciplined** N  
**Negative Reports** N  
**Limits** N

# NYU DOWNTOWN HOSPITAL

in affiliation with

## NEW YORK UNIVERSITY MEDICAL CENTER

Upon recommendation of the Attending Staff hereby certify that

**Miriam L. Cremer, M.D.**

HAS SUCCESSFULLY COMPLETED THE PRESCRIBED COURSES OF PROFESSIONAL CLINICAL TRAINING WITH ABILITY AND INTEGRITY AS

**Resident and Chief Resident in Obstetrics and Gynecology**

from July 1, 2000 to June 30, 2003

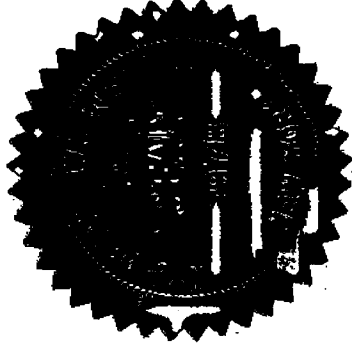
In Witness Whereof THIS CERTIFICATE IS ISSUED, WITH THE SIGNATURES OF THE CHAIRMAN OF THE BOARD OF TRUSTEES, THE PRESIDENT OF THE HOSPITAL, THE CHIEF OF SERVICE AND THE SEAL OF THE INSTITUTION HEREUNTO AFFIXED.

Given in the City of New York, in the one hundred fifty first year of the Hospital, this thirtieth day of June, two thousand three.

*Robert M. Long*  
Chairman, Board of Trustees

*David A. ...*  
President & Chief Executive Officer

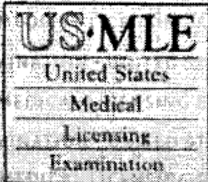
President & Chief Executive Officer





# 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) 868-4041

Date: 11/30/2010

**Recipient:**

Federation Credentials Verification Service  
ATTN: FCVS

Eules, TX 76039

Packet ID: 125626

Examinee ID#: 4-055-209-3

Examinee: Cremer, Miriam Louise

Date of Birth: [REDACTED]

Alt Name(s):

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	
06/14/1995	Pass	192	176	79	75	

### USMLE STEP 2

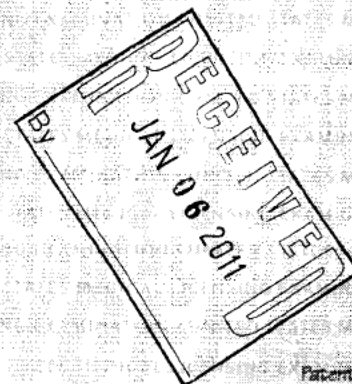
#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
03/03/1997	Pass	183	170	78	75	

### USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
05/13/1999	Pass	196	177	80	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.



Patent 5636674



CDS

v051221

23075011

Page 1 of 1

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

*KSR*

**CURRICULUM VITAE****Personal Information:**

<b>Name</b>	Miriam Cremer, M.D., M.P.H.
<b>Office Address</b>	Department of OB/GYN The Mount Sinai Medical Center One Gustave, L. Levy Place, Box 1170 New York, NY 10029-6574
<b>Office Telephone Number</b>	[REDACTED]
<b>Office Fax Number</b>	[REDACTED]
<b>Home Address</b>	[REDACTED] Brooklyn, NY 11201
<b>Cell Number</b>	[REDACTED]
<b>E-Mail Address</b>	[REDACTED]
<b>Place of Birth</b>	Chicago, IL
<b>Citizenship</b>	United States of America

**Education:**

<b>College</b>	Hampshire College Amherst, MA B.A. May, 1992
<b>Medical School</b>	University of Wisconsin- Madison Medical School Madison, WI M.D. May, 1997

OCT 21 2010

**Graduate School**

Johns Hopkins University  
 School of Hygiene and Public Health  
 M.P.H.  
 May, 1998

**Postgraduate Training:**

## Internship

Internal Medicine  
 Cambridge Hospital  
 Cambridge, MA  
 June, 1998 – July, 1999

## Residency

Obstetrics and Gynecology  
 University of Wisconsin-Madison  
 Madison, WI  
 June, 1999 – July, 2000

## Residency

Obstetrics and Gynecology  
 NYU Downtown Hospital  
 New York, NY  
 July, 2000 – June, 2003

## Fellowship

Family Planning  
 Department of Obstetrics and Gynecology  
 University of Southern California  
 Women's and Children's Hospital  
 Los Angeles, California  
 July, 2003 – April, 2005

**Licensures:**

State of Wisconsin  
 Expiration date

4186-020  
 October 31, 2010

State of New York  
 Expiration date

235281  
 April 30, 2012

**Certification:**

The American Board of Obstetrics and Gynecology    December 2006

OCT 21 2010

**Smith, Shawn (Supervisor)**

---

**From:** Miriam Cremer [REDACTED]  
**Sent:** Friday, November 19, 2010 4:56 PM  
**To:** ST, MEDICINE  
**Subject:** Miriam Cremer Post Graduate Time

Medical School Graduation May 1997

① June 1997-June 1998 Johns Hopkins School of Hygiene and Public Health- MPH obtained May 2005-  
May 2009 New York University School of Medicine- Department of OB/GYN Faculty June 2009-  
December 2010 Mount Sinai School of Medicine-Department of OB/GYN Faculty ⑥  
⑦

**ACGME Post Graduate Training:**

*See other page 2*

PGY1 Hospital: Cambridge Hospital From: 6/1/98 to: 7/1/99  
 PGY2 Hospital: NYU Downtown Hospital From: 7/1/00 to: 6/1/03

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? <u>If yes, list the jurisdiction(s) here: WI, CA, NY</u>	✓	
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		✓
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		✓
4) Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		✓
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		✓
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		✓
8) Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <b>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)</b>		
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u> , <u>filing date</u> , and the <u>date you were served</u> .  <i>(attached)</i>	✓	

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant \_\_\_\_\_

Date 9/1/10

OCT 21 2010

### Certification of Moral Character

To be completed by **two** physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at **least six months**. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Miriam Cremer

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 7 year(s)      month(s).

SIGNATURE: [Redacted] Date: 9/20/2010

Print or type name as signed above: P Blumenthal, MD MPH

State in which licensed: CA License Number: G47601

Name of Applicant: MIRIAM CREMER

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 5 year(s)      month(s).

SIGNATURE: [Redacted] Date: 9/22/10

Print or type name as signed above: RACHEL MASCH, MD, MPH

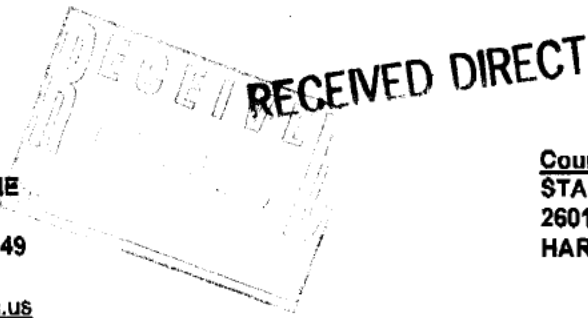
State in which licensed: NY License Number: 208168

**Return Completed Form to Applicant**

OCT 21 2010

49-101 (REV. 01-10)

**Regular Mailing Address**  
STATE BOARD OF MEDICINE  
P.O. BOX 2849  
HARRISBURG, PA 17105-2649  
717-783-1400/717-787-2381  
Email: [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)



**Courier Delivery Address**  
STATE BOARD OF MEDICINE  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

### VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates

NAME: Cremer Miniam Louise  
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

**This Section to be completed by the program director at the hospital where the graduate training occurred.**

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: CAMBRIDGE HOSPITAL  
NAME OF SPONSORING INSTITUTION: CAMBRIDGE HEALTH ALLIANCE  
LOCATED IN: CAMBRIDGE MASS.  
City State

ACGME  
ADIL

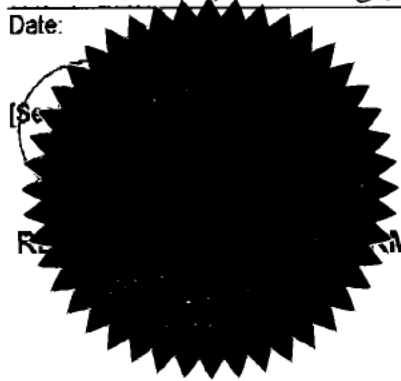
1st Year from 06/23/1998 To 06/22/1999 Specialty INTERNAL MEDICINE Level (PGY) 1  
2nd Year from 1/1 To 1/1 Specialty \_\_\_\_\_ Level (PGY) \_\_\_\_\_

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: RICHARD PELS MD  
11-23-2010  
Date:

[ notary seal ]  
Notary's Signature: \_\_\_\_\_  
Notary's Commission expires on: \_\_\_\_\_



DEPARTMENT OF MEDICINE  
CAMBRIDGE HOSPITAL  
1493 CAMBRIDGE STREET  
CAMBRIDGE, MA 02139

RETURN TO THE BOARD DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.



49-101 (REV. 01-10)

**Regular Mailing Address**  
STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
717-783-1400/717-787-2381  
Email: [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)

**RECEIVED DIRECT**

**Courier Delivery Address**  
STATE BOARD OF MEDICINE  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING  
Accredited Medical School Graduates**

NAME: Cremer Last Miniam First Louise Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
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3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

**This Section to be completed by the program director at the hospital where the graduate training occurred.**

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: CAMBRIDGE HOSPITAL

NAME OF SPONSORING INSTITUTION: DEPARTMENT OF MEDICINE  
CAMBRIDGE HOSPITAL  
LOCATED IN: 1493 CAMBRIDGE STREET  
CAMBRIDGE, MA 02139

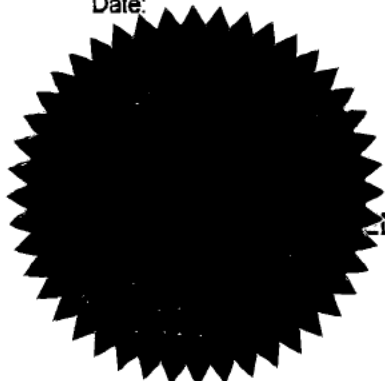
1st Year from 06/16/1998 To 06/22/1999 Specialty MEDICINE INTERN Level (PGY) 1  
2nd Year from    /   /    To    /   /    Specialty     Level (PGY)    

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: RICHARD PERS MD  
9-13-10  
Date:

[ notary seal ]  
Notary's Signature: \_\_\_\_\_  
Notary's Commission expires on: \_\_\_\_\_



**SEND FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.**

SEP 16 2010  
By \_\_\_\_\_

232500

49-101 (REV. 01-10)

**Regular Mailing Address**

STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
717-783-1400/717-787-2381  
Email: [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)

RECEIVED DIRECT

**Courier Delivery Address**

STATE BOARD OF MEDICINE  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING  
Accredited Medical School Graduates**

NAME: Cremer Last Miriam First Louise Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

**This Section to be completed by the program director at the hospital where the graduate training occurred.**

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: New York Downtown Hospital

NAME OF SPONSORING INSTITUTION: \_\_\_\_\_

LOCATED IN: New York City ACGME NY State

1st Year from 07/2000 To 06/2003 Specialty OB/GYN Level (PGY) \_\_\_\_\_

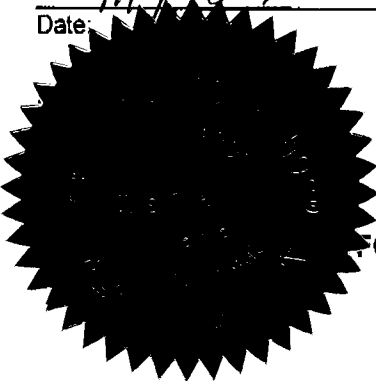
2nd Year from 1/1 To 1/1 Specialty \_\_\_\_\_ Level (PGY) \_\_\_\_\_


"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: \_\_\_\_\_

Date: 11/10





[ notary seal ]

Notary's Signature: \_\_\_\_\_

Notary's Commission expires on: \_\_\_\_\_

FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

RECEIVED  
NOV 15 2010

232500

RECEIVED DIRECT

49-101 (REV. 01-10)  
State Board of Medicine  
717-783-1400  
717-787-2381

VERIFICATION OF MEDICAL EDUCATION  
For Graduates of Accredited Medical Schools

**SECTION 1: To be completed by applicant:**

Name: Cremer Miriam Louise  
Last First Middle

Name of medical school: University of Wisconsin

Location: Madison, WI

**SUBMIT THE VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.**

**SECTION 2: To be completed by Dean or Registrar of medical school:**

Name of medical student: Miriam Louise Cremer

Date student began to attend this medical school: 08/16/1993  
MM/DD/YYYY

Date of graduation: 05/19/1997  
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar:  
Sharon J. Stuebel

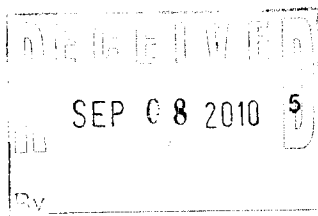
Date: 9/2/2010

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

**DO NOT RETURN TO APPLICANT**

**Regular Mailing Address**  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649

**Courier Delivery Address**  
State Board of Medicine  
2601 North Third Street  
Harrisburg, PA 17110



NOV 22 2010

5500000064891069  
Process Date: 10/21/2010  
Page: 1 of 1

<http://www.npdb-hipdb.hrsa.gov>

## SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

### A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

### B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: CREMER, MIRIAM L  
Gender: FEMALE  
Date of Birth: [REDACTED]  
Other Name(s) Used:  
Organization Name: MOUNT SINAI HOSPITAL  
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)  
Home or Work Address: [REDACTED]  
City, State, ZIP: BROOKLYN, NY 11201  
Telephone: [REDACTED]  
Social Security Numbers (SSN): [REDACTED]  
Individual Taxpayer Identification Numbers (ITIN):  
Professional School(s) & Year of Graduation: UNIVERSITY OF WISCONSIN (1997)  
JOHNS HOPKINS SCHOOL OF HYGIENE AND PUBLIC HEALTH (1998)  
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)  
State License Number, State of Licensure: 235281, NY  
Specialty: OBSTETRICS & GYNECOLOGY (50)  
Drug Enforcement Administration (DEA) Numbers: BC6655623  
National Provider Identifiers (NPI): 142711072  
Federal Employer Identification Numbers (FEIN):  
Unique Physician Identification Numbers (UPIN):

### C. PAYMENT INFORMATION

Credit Card Number: [REDACTED] Expiration Date: [REDACTED]  
Additional Paper Copies Requested: 0  
NPDB Charge: \$8.00\* NPDB Bill Reference Number: N24113673  
HIPDB Charge: \$8.00\* HIPDB Bill Reference Number: H24113673  
\* Each charge will appear separately on your credit card statement. Transaction Date: 10/21/2010

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

MD BL

National Practitioner Data Bank  
Healthcare Integrity and Protection  
Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

NOV 22 2010

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Process Date: 10/21/2010  
Page: 1 of 1

<http://www.npdb-hipdb.hrsa.gov>

To: CREMER, MIRIAM L



BROOKLYN, NY 11201

From: National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank

Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners. Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB is a flagging system and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

**Honors and Awards:**

Undergraduate	Threshold grant to publish senior thesis 1992
Medical School	Leadership Awards, 1993-1995
Residency	First prize for original research Federation of Latin American Obstetrics and Gynecology (FLASOG) Conference San Salvador, El Salvador, 1999
Fellowship	Woman of the Year Western Center for Law and Poverty June 23, 2005
Faculty	Berlex Faculty Development Award August 2006
Faculty	Doctors Against Cervical Cancer Award EUROGIN February 2009
Faculty	Outstanding Researcher Award Reproductive Health 2010

**Academic Appointments:**

2003-Present	Adjunct Professor, Hampshire College, Amherst, MA
2003 – 2005	Clinical Instructor, Department of Obstetrics and Gynecology, Keck School of Medicine of the University of Southern California, Los Angeles, CA
2005-2009	Assistant Professor, Tenure Track, New York University School of Medicine <i>NY</i>
2009-Present	Assistant Professor Mount Sinai School of Medicine <i>NY</i>

**Ad Hoc Reviewer for Scientific Journals:**

International Journal of Gynecology and Obstetrics, 2002-present  
Contraception, 2003-present

**Society Memberships**

Founding member, Society of Family Planning  
American College of Obstetricians and Gynecologists, Junior Fellow  
Association of Reproductive Health Professionals  
American Society of Reproductive Health Professionals

OCT 21 2010

**Languages:**

Spanish: Fluent in spoken and written communications  
 French: Intermediate level written communication

**Other Activities:**

1993-1997 Student member, Educational Policy Committee, University of Wisconsin Medical School-Madison Medical School, Madison, WI  
 1996 Authored a patient educational handout on postpartum depression at the University of Wisconsin Hospitals and Clinics, Madison, WI  
 2004 Participant- Policy Advocacy Legislation and Media workshop: Reproductive Health Technologies Project: Washington D.C.  
 2005 Founder, New York City, City-Wide Family Planning Journal Club  
 2006 Speaker, HPV vaccine, Merck Vaccine Division

**Grants:**

1999	Cytec Corporation Research Grant	\$ 5,000
2001	Einhorn Family Trust	\$ 10,000
2003	Einhorn Family Trust	\$ 5,000
2003	Research Grant, Family Planning Fellowship	\$ 33,000
2004	Einhorn Family Trust	\$ 20,000
2004	Research Grant Family Planning Fellowship	\$101,000
2004	Morris S. Smith Foundation	\$ 5,000
2005	Morris S. Smith Foundation	\$ 2,000
2005	Morris S. Smith Foundation	\$ 2,000
2005	Merck Laboratories	\$ 3,000
2005	Merck Laboratories	\$ 3,000
2005	Einhorn Family Trust	\$ 65,000
2006	Merck Laboratories	\$ 10,000
2006	Compton Foundation	\$ 15,000
2006	Berlex Clinical Scholar	\$ 50,000
2006	Einhorn Family Trust	\$307,000
2007	Capstone Grant with NYU Global Health	\$ 10,000
2008	Einhorn Family Trust	\$514,000
2009	Einhorn Family Trust	\$614,000
2010	Einhorn Family Trust	\$596,777

OCT 21 2010

ms BL



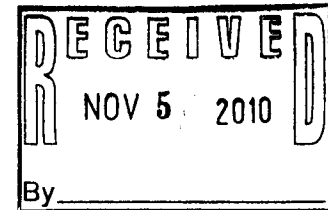
**MEDICAL BOARD OF CALIFORNIA  
LICENSING DEPARTMENT**

2005 EVERGREEN STREET, SUITE 1200, SACRAMENTO, CA 95815  
Phone (916) 263-2645 · Fax (916) 263-8936 · [www.mbc.ca.gov](http://www.mbc.ca.gov)



November 1, 2010

**RECEIVED DIRECT**



PENNSYLVANIA STATE BOARD OF MEDICINE  
PO BOX 2649  
HARRISBURG PA 17105-2649

To Whom It May Concern:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

Physician:	Miriam L Cremer
License Number:	A 82957
Issued Date:	May 2, 2003
Exam Type:	A written examination
Expiration Date:	May 31, 2011
License Status:	License Renewed & Current
Board Discipline:	No

If Board Discipline is indicated, you may contact the Board's Enforcement Program, Central File Room by email at [fileroom@mbc.ca.gov](mailto:fileroom@mbc.ca.gov), by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Further public records pertaining to the above licensee, as well as information related to license status may be available from the Board's Web site at <http://www.mbc.ca.gov>.

Curtis J. Worden  
Chief of Licensing



RECEIVED DIRECT

PA MD BL

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

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, **CREMER MIRIAM** was issued license/certificate number 235281 for the practice of MEDICINE on 02/18/05.

Our records also indicate the following information:  
Date of birth: [REDACTED]  
School attended: U WIS MADISON  
Date of graduation: 05/18/97  
Degree earned: MD

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NOV 12 2010  
By

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

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
05/99									00080 OOSMA
03/97						00078			
06/95			00079						

EXMS TAKEN=03

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

Currently Registered: YES Reg period ends: 04/30/12  
Address: [REDACTED] BROOKLYN NY 11201-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

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

SEAL



*Martin Carmody* 11/08/10  
Principal Clerk

MS BL

Jim Doyle  
Governor

WISCONSIN DEPARTMENT OF  
REGULATION & LICENSING

1400 E Washington Ave  
PO Box 8935  
Madison WI 53708-8935  
Email: web@drl.state.wi.us  
Voice: 608-266-2112  
FAX: 608-267-0644  
TTY: 608-267-2416

Celia M. Jackson  
Secretary



RECEIVED DIRECT

NOV 1 2010

PA STATE BD OF MEDICINE  
2601 N 3RD ST  
HARRISBURG PA 17110

CERTIFICATION

DATE: 10/28/2010

I, Cathy Pond, do hereby certify that I am the Division Administrator in the Department of Regulation and Licensing, a department of the government of the State of Wisconsin; that I am the custodian of the records relating to Medicine and Surgery and its seal; that a standard search of the available records of this office indicates the following:

THIS IS TO CERTIFY THAT: MIRIAM L CREMER  
WAS ISSUED LICENSED NO: 41836 - 020  
ON: 12/17/1999  
CREDENTIAL TYPE: MEDICINE AND SURGERY  
LICENSE EXPIRATION DATE: 10/31/2009

Credential Holder History

Date	Code	Description
05/18/1997	GRADUATED FROM	GRADUATED FROM UW MADISON-MADISON WI
12/17/1999	ENDORSED FROM	ENDORSED FROM USMLE-USM

According to our records, this credential holder has not been disciplined.

The information above is the only certification information provided by this Department. To expedite the certification process, the above format is the standard format for all professions regulated by this Department.

SEAL

Cathy Pond  
Division Administrator

**The Federation of State Medical Boards  
of the United States, Inc**  
PO Box 619850  
Dallas, Texas 75261-9850  
Telephone: (817)868-4000  
FAX (817)868-4099

**BOARD ACTION CLEARANCE REPORT**

October 25, 2010

Attn: Tammy Radel, Administrator  
Pennsylvania State Board of Medicine  
PO Box 2649  
Harrisburg, PA 17105

Re: Board Action Query Dated: October 25, 2010  
Your Reference Number: BLONG  
FSMB Batch Number: BQ1828655

The following is a report of the search results from the Board Action Data Bank as of October 25, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of October 25, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
2	CREMER, MIRIAM	[REDACTED]		1997	22966475

**LICENSE HISTORY**  
State Board  
CALIFORNIA  
NEW YORK  
WISCONSIN

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

RECEIVED  
DEC 18 2008  
TW

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

-----X  
ISABEL SLAUGHTER PENA, an infant by her  
mother & natural guardian, ROSA PENA and **015776**  
ROSA PENA, Individually,

Index No. 100234/07

File No. 06TT00620

Plaintiffs,

-against-

STIPULATION OF  
DISCONTINUANCE  
WITH PREJUDICE.

NEW YORK CITY HEALTH & HOSPITALS  
CORPORATION and BELLEVUE HOSPITAL  
CENTER,

Defendant

**FILED**  
**DEC 18 2008**  
**NEW YORK**  
**COUNTY CLERK'S OFFICE**

-----X  
**IT IS HEREBY STIPULATED AND AGREED**, by and between the undersigned, the  
attorneys of record for all the parties to the above entitled action, that whereas no party hereto is  
an infant or incompetent person for whom a committee has been appointed and no person not a  
party has an interest in the subject matter of the action, the above entitled action be, and the same  
hereby is discontinued, with prejudice, without costs, disbursements and/or recourse to either  
party as against the other. This Stipulation may be filed without further notice with the Clerk of  
the Court.

Dated: New York, New York  
November , 2008

Dated: New York, New York  
November 24, 2008

RICHARD LEVY, GENERAL COUNSEL

FIGMAN & EPSTEIN, LLP

By: *Richard Levy*

By: *Steven A. Epstein*  
STEVEN A. EPSTEIN

Attorneys for Defendants  
The Medical Litigation Unit  
346 Broadway, Room 600  
New York, New York 10013  
(212) 323-2263

Attorneys for Plaintiff  
11 Broadway, Suite 868  
New York, New York 10004  
(212) 248-7800

RECEIVED  
JAN 10 2011  
By \_\_\_\_\_

Long, Brenda (ST)

---

**From:** ST, MEDICINE  
**Sent:** Monday, January 10, 2011 2:03 PM  
**To:** Long, Brenda (ST)  
**Subject:** FW: stipulation of discontinuance Miriam Cremer  
**Attachments:** stipulation of dicontinuance.jpg

PA Dept of State

This email contains confidential, privileged, nonpublic information intended to be conveyed only to the designated recipient(s). Any unauthorized use, dissemination, distribution or reproduction of this information, including attachments, is prohibited. If you are not an intended recipient, please destroy the attachments, and reply to sender.

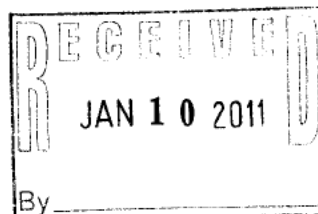
-----Original Message-----

**From:** Miriam Cremer [REDACTED]  
**Sent:** Monday, January 10, 2011 12:47 PM  
**To:** ST, MEDICINE  
**Subject:** Fwd: stipulation of discontinuance Miriam Cremer

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

**From:** Beatrix Hartmann [REDACTED]  
**Date:** Mon, Dec 27, 2010 at 1:54 PM  
**Subject:** stipulation of discontinuance Miriam Cremer  
**To:** [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
**Cc:** Miriam Cremer [REDACTED]

Attached is the stipulation of discontinuance for the case against Dr. Miriam Cremer and Bellevue Hospital.




WebCivil Supreme - Case Search Results - Windows Internet Explorer provided by Department of State

http://apps.courts.state.ny.us/webcivil/PCASearch

File Edit View Favorites Tools Help

WebCivil Supreme - Case Search Results

## New York State Unified Court System



WebCivil Supreme - Case Search Results

2 Case(s) Match Your Search. Page 1 of 1 pages  
[New Search](#) [Edit Search](#)

Please scroll down to see more cases.

County	Index Number	Case Status	Plaintiff	Plaintiff Firm	Defendant	Defendant Firm	Appearance Date	Justice
1 New York	100234/2007	Disposed	[REDACTED]	FIGMAN & EPSTEIN, LLP	HEALTH S. HOSPITALS	MEDICAL LITIGATION UNIT-NYCHH	11/06/2008	MCKEON, DOUGLAS E.
2 Richmond	100234/2007	Disposed	GULIZIA, JOHN	BISOGNO & MEYERSON	TERRY'S TOWN DELI AND PIZZA	LAW OFFICE OF JAMES TOOMEY	01/09/2008	JUDITH N. MCMAHON

[New Search](#) [Edit Search](#)

[Index Search](#)  
[Party Search](#)  
[Appears Firm Search](#)  
[Justice Search](#)  
[Court Calendars](#)  
[Attorney Firm Calendars](#)  
[Document Search](#)  
[eTrack](#)  
[eCourts Home](#)

Ready | start | License:000 | Z Sybase Inc. | Microsoft Excel | 2 Microsoft Of... | JURO KEVIN | WebCivil Supre... | 2:00 PM

*Discontinued  
Per NR*

*Figman & Epstein, LLP*

ATTORNEYS AT LAW  
11 BROADWAY, SUITE 868  
NEW YORK, NEW YORK 10004

ALAN H. FIGMAN  
STEVEN A. EPSTEIN

TELEPHONE: (212) 248-7800  
FACSIMILE: (212) 248-2960  
www.figmanepstein.com

November 19, 2010

To Whom It May Concern

Re: Pena v. New York City Health & Hospitals Corp.

Dear Sir/Madam:

We are the attorneys who represented the plaintiff in the above referenced action.

One of the defendants who was originally named was Miriam Cremer, M.D. This letter shall serve to confirm that the above entitled action was discontinued as against Dr. Cremer during the pretrial phase.

Should you require any further information, please do not hesitate to contact the undersigned.

Very truly yours,



STEVEN A. EPSTEIN

SAE:sls

# *Figman & Epstein, LLP*

**Attorneys at Law**

11 Broadway, Suite 868  
New York, New York 10004  
Tel. #: 212-248-7800  
Fax #: 212-248-2960

**Date:** November 19, 2010

**To:** Miriam Cremer, M.D.

**Fax #:** (888) 849-4888

**From:** STEVEN A. EPSTEIN

**Re:** Pena

NUMBER OF PAGES INCLUDING COVER SHEET: 2  
IF PROBLEM WITH TRANSMISSION PLEASE CALL 212-248-7800

**THIS TRANSMISSION IS INTENDED ONLY FOR THE PARTY TO WHOM IT IS ADDRESSED AND MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION OR COPYING OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THIS TRANSMISSION AND ANY COPIES TO US BY MAIL.**

Dear Dr. Cremer-

Attached please find the letter you requested. Hope it is sufficient.

Good luck to you!

STEVEN A. EPSTEIN



SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

\_\_\_\_\_ x  
[REDACTED], an infant by her mother  
& natural guardian, [REDACTED]  
Individually,

Plaintiffs,

-against-

NEW YORK CITY HEALTH & HOSPITALS  
CORPORATION, BELLEVUE HOSPITAL CENTER,  
Yael ANTEBI, M.D., MIRIAM CREMER, M.D.,  
M. HOPE, M.D. and A. DULAY, M.D.,

Defendants.  
\_\_\_\_\_ x

VERIFIED COMPLAINT

Index No.: 100234/07

Date Filed: JAN 08 2007

Plaintiffs, above named, by their attorneys, FIGMAN & EPSTEIN, L.L.P.,  
complaining of the defendants herein, respectfully show to this Court and allege as  
follows, upon information and belief:

AS AND FOR A FIRST CAUSE OF ACTION  
ON BEHALF OF INFANT PLAINTIFF ISABEL SLAUGHTER PENA:

FIRST: Defendant NEW YORK CITY HEALTH & HOSPITALS  
CORPORATION, hereinafter referred to as "NYCHHC", was and still is body corporate  
and politic constituting a public benefit corporation, duly-organized and existing under  
and by virtue of the laws of the State of New York.

SECOND: At all times hereinafter mentioned, defendant NYCHHC owned  
and operated a municipal general hospital known as BELLEVUE HOSPITAL CENTER,  
said hospital being duly accredited as such by the State of New York and having a

OC1 21 2010

principal place of business at First Avenue and East 27<sup>th</sup> Street, New York, New York.

THIRD: Defendant NYCHHC, its agents, servants and/or employees, through its division known as BELLEVUE HOSPITAL CENTER, provided certain medical and hospital services, including, but not limited to, obstetrical, gynecological and surgical services.

FOURTH: That the plaintiffs herein have complied with all of the conditions precedent to the bringing of this action and in particular have on or about February 14, 2006, and within ninety (90) days after the causes of action herein had accrued, duly served upon defendant NYCHHC a Notice of Claim and Intention to Sue.

FIFTH: That on May 10, 2006, an oral examination pursuant to Section 50-H of the General Municipal Law was conducted of plaintiff [REDACTED] by defendant NYCHHC.

SIXTH: That no pre-suit physical examination was requested by defendant NYCHHC and, as such, has been waived.

SEVENTH: That more than thirty (30) days have elapsed since the presentation of the said Notice of Claim, and the claim remains unadjusted, defendant NYCHHC having wholly failed, neglected and refused to make adjustment of same.

EIGHTH: That this action is commenced with one (1) year and ninety (90) days of these causes of action having accrued.

NINTH: Defendant YAEL ANTEBI, M.D. was and still is a medical doctor duly licensed to practice medicine in the State of New York, with a specialty in the field of

OCT 21 2010

Obstetrics/Gynecology.

TENTH: At all times hereinafter mentioned, defendant YAEL ANTEBI, M.D. was an agent, servant and/or employee of defendant NYCHHC and was acting within the scope of and/or during the course of said employment.

ELEVENTH: Defendant MIRIAM CREMER, M.D. was and still is a medical doctor duly licensed to practice medicine in the State of New York, with a specialty in the field of Obstetrics/Gynecology.

TWELFTH: At all times hereinafter mentioned, defendant MIRIAM CREMER, M.D. was an agent, servant and/or employee of defendant NYCHHC and was acting within the scope of and/or during the course of said employment.

THIRTEENTH: Defendant M. HOPE, M.D. was and still is a medical doctor duly licensed to practice medicine in the State of New York, with a specialty in the field of Obstetrics/Gynecology.

FOURTEENTH: At all times hereinafter mentioned, defendant M. HOPE, M.D. was an agent, servant and/or employee of defendant NYCHHC and was acting within the scope of and/or during the course of said employment.

FIFTEENTH: Defendant A. DULAY, M.D. was and still is a medical doctor duly licensed to practice medicine in the State of New York, with a specialty in the field of Obstetrics/Gynecology.

SIXTEENTH: At all times hereinafter mentioned, defendant A. DULAY, M.D. was an agent, servant and/or employee of defendant NYCHHC and was acting within

the scope of and/or during the course of said employment.

SEVENTEENTH: From on or about September, 2005 through on or about December 16, 2005, plaintiff [REDACTED] was a patient of and was medically cared for and treated by defendants NEW YORK CITY HEALTH & HOSPITALS CORPORATION, BELLEVUE HOSPITAL CENTER, YAEL ANTEBI, M.D., MIRIAM CREMER, M.D., M. HOPE, M.D. and A. DULAY, M.D., their agents, servants and/or employees.

EIGHTEENTH: During the aforesaid times, while plaintiff, [REDACTED] was a patient of defendants, their agents, partners, servants, and/or employees, said defendants departed from accepted and proper medical, hospital and obstetrical practices and standards, were negligent and committed malpractice upon plaintiff, [REDACTED] and infant plaintiff, [REDACTED] in, amongst other things, failing to timely and properly deliver the infant plaintiff; failing to timely and properly perform a Caesarean Section; in causing, permitting and/or allowing to occur shoulder dystocia; in failing to anticipate the potential for shoulder dystocia based upon prenatal findings; in causing, permitting and/or allowing the infant plaintiff to sustain an Erb's Palsy of the left arm, all without any fault, lack of care or negligence on the plaintiffs' part contributing thereto.

NINETEENTH: As a result of the foregoing, the infant plaintiff, [REDACTED] [REDACTED] was caused to suffer severe and serious personal injuries, neurological damage and pain and suffering and will be required to continue to receive medical care, all of which conditions, injuries and disabilities are claimed to be permanent and lasting in nature, and all to her damage in a sum of money exceeding the monetary jurisdiction of all lower Courts.

AS AND FOR A SECOND CAUSE OF ACTION ON  
BEHALF OF ISABEL SLAUGHTER PENA, AN INFANT:

TWENTIETH: Plaintiff [REDACTED] repeats, reiterates and realleges each and every allegation contained hereinabove with the same force and effect as if hereinafter set forth at length.

TWENTY-FIRST: Upon information and belief, at all times hereinafter mentioned, defendants, their agents, partners, servants and/or employees, failed to disclose to plaintiff, ROSA PENA, the alternatives to and the reasonably foreseeable risks and benefits of the medical treatment hereinbefore mentioned as reasonable medical practitioners under similar circumstances would have disclosed, in a manner permitting the plaintiff to make a knowledgeable evaluation; failed to disclose the risks and hazards of the medical treatment hereinbefore set forth in a manner that would have permitted plaintiff to make a knowledgeable decision regarding the medical treatment; and had defendants disclosed the alternatives to and the risks and benefits of said medical treatment, plaintiff, as a reasonable person, would not have undergone said medical treatment; and the failure of defendants, their agents, servants, partners and/or employees, to obtain an informed consent was a proximate cause of the injuries sustained by infant plaintiff, [REDACTED], herein; that in failing to obtain plaintiff's informed consent in the manner set forth above, defendants, their agents, servants, partners and/or employees violated the provisions of Public Health Law, Section 2805-d (1) and (3).

TWENTY-SECOND: By reason of the foregoing, the infant plaintiff, [REDACTED] [REDACTED], was caused to suffer and sustain, without any fault, lack of care or negligence on her part contributing thereto, serious personal injuries, all to her damage in a sum

of money exceeding the monetary jurisdictional limits of all lower courts.

AS AND FOR A THIRD CAUSE OF ACTION  
ON BEHALF OF ROSA PENA:

TWENTY-THIRD: Plaintiff repeats, reiterates and realleges each and every allegation contained hereinabove with the same force and effect as if hereinafter set forth at length.

TWENTY-FOURTH: At all times hereinafter mentioned, plaintiff, [REDACTED], was and is the natural mother and natural and legal guardian of the infant plaintiff, [REDACTED]

TWENTY-FIFTH: As a result of the departures, aforesaid negligence and malpractice by the defendants herein, their agents, servants and/or employees, plaintiff, [REDACTED], has lost and been deprived of the services of the infant plaintiff, [REDACTED], has been required to provide nursing and other care and chores, has been caused to expend and/or been obligated to expend sums of money for the infant plaintiff's medical care and treatment, all to her damage in a sum of money exceeding the monetary jurisdiction of all lower courts.

STATEMENT REGARDING ARTICLE 16 OF THE  
CIVIL PRACTICE LAW AND RULES:

One of more of the exceptions set forth in Article 16 of the CPLR apply to one or more of the causes of action herein, such that defendants are jointly and severally liable with all other tortfeasors, whether parties to this action or not.

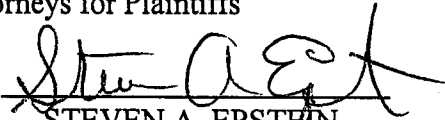
WHEREFORE, infant plaintiff, [REDACTED], an infant, by her mother and natural guardian, [REDACTED], demands judgment against the defendants herein, in the First and Second Causes of Action in sums of money exceeding the monetary jurisdictional limits of all lower Courts, and plaintiff, [REDACTED], individually, demands judgment against the

defendants herein in the Third Cause of Action in a sum of money exceeding the monetary jurisdictional limits of all lower Courts, together with interest, costs and disbursements of this action.

Yours, etc.

FIGMAN & EPSTEIN, L.L.P.  
Attorneys for Plaintiffs

BY:

A handwritten signature in black ink, appearing to read "Steven A. Epstein", written over a horizontal line.

STEVEN A. EPSTEIN

Office & P.O. Address  
11 Broadway, Suite 868  
New York, New York 10004  
(212) 248-7800

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

\_\_\_\_\_<sup>x</sup>  
[REDACTED], an infant by her mother  
& natural guardian, [REDACTED]  
Individually,

Plaintiffs,

-against-

Certificate of Merit

Index No.: \_\_\_\_\_

NEW YORK CITY HEALTH & HOSPITALS  
CORPORATION, BELLEVUE HOSPITAL CENTER,  
Yael ANTEBI, M.D., MIRIAM CREMER, M.D.,  
M. HOPE, M.D. and A. DULAY, M.D.,

Defendants.

\_\_\_\_\_<sup>x</sup>

**STEVEN A. EPSTEIN, ESQ.**, an attorney duly admitted to practice before the Courts of the State of New York, affirms the following to be true under penalty of perjury:

I am a member of FIGMAN & EPSTEIN, LLP, attorneys for the plaintiffs in the within matter, and I am fully familiar with all of the facts and circumstances heretofore had herein.

Your affirmant has reviewed the facts of this matter, and has consulted with a physician about the case, and I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of an action.

Dated: New York, New York  
January 5, 2007

  
\_\_\_\_\_  
STEVEN A. EPSTEIN



**ATTORNEY'S VERIFICATION**

STEVEN A. EPSTEIN, an attorney duly admitted to practice before the Courts of the State of New York affirms the following to be true under penalty of perjury:

That he is the attorney for the plaintiffs in the within action.

That he has read the within **VERIFIED COMPLAINT** and knows the contents thereof, and that the same is true to his own knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters, he believes it to be true.

That the sources of his information and knowledge are investigations and records on file.

That the reason his verification is made by deponent, and not by the plaintiffs, is that the plaintiffs are not within the County where the attorney has his office.

Dated: New York, New York  
January 5, 2007

  
STEVEN A. EPSTEIN

OCT 21 2010

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK**

**Index No.: 100234/07**

---

**[REDACTED], an infant by her mother  
& natural guardian, [REDACTED] Individually,**

**Plaintiffs,**

**-against-**

**NEW YORK CITY HEALTH & HOSPITALS CORPORATION,  
BELLEVUE HOSPITAL CENTER, YAEL ANTEBI, M.D.,  
MIRIAM CREMER, M.D., M. HOPE, M.D. and A. DULAY, M.D.**

**Defendants.**

---

**SUMMONS and VERIFIED COMPLAINT**

---

**FIGMAN & EPSTEIN, LLP  
Attorneys for Plaintiffs  
Office & P.O. Address & Telephone  
11 Broadway, Suite 868  
New York, New York 10004  
(212) 248-7800**

---

**[REDACTED] an infant by her mother  
& natural guardian, [REDACTED] Individually,**

**Plaintiffs,**

**-against-**

**NEW YORK CITY HEALTH & HOSPITALS CORPORATION,  
BELLEVUE HOSPITAL CENTER, YAEL ANTEBI, M.D.,  
MIRIAM CREMER, M.D., M. HOPE, M.D. and A. DULAY, M.D.**

**Defendants.**

---

**SUMMONS and VERIFIED COMPLAINT**

---

**FIGMAN & EPSTEIN, LLP  
Attorneys for Plaintiffs  
Office & P.O. Address & Telephone  
11 Broadway, Suite 868  
New York, New York 10004  
(212) 248-7800**

OCT 21 2010

COPY

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

Index No.: 100234/07

-----X  
[REDACTED], an infant by her mother  
& natural guardian, [REDACTED]  
Individually,  
Plaintiffs,

Date Filed: JAN 08 2007

Plaintiff designates  
NEW YORK  
County as the place of trial

-against-

The basis of venue is  
Place of Occurrence

NEW YORK CITY HEALTH & HOSPITALS  
CORPORATION, BELLEVUE HOSPITAL CENTER,  
Yael ANTEBI, M.D., [REDACTED], M.D.,  
M. HOPE, M.D. and A. DULAY, M.D.,

SUMMONS

Defendants.

Plaintiff resides at 804  
Ashford Street, Apt. 2D  
Brooklyn, New York 11207

-----X  
To the above named Defendant(s)

**YOU ARE HEREBY SUMMONED** to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorney(s) within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: New York, New York  
January 5, 2007

Defendants' Address:

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, 125 Worth Street, Suite 514,  
New York, New York 10013.  
BELLEVUE HOSPITAL CENTER, First Avenue & 27<sup>th</sup> Street, New York, New York 10016.  
Yael ANTEBI, M.D., c/o BELLEVUE HOSPITAL CENTER, First Avenue & 27<sup>th</sup> Street, New York, New York 10016.  
MIRIAM CREMER, M.D., c/o BELLEVUE HOSPITAL CENTER, First Avenue & 27<sup>th</sup> Street, New York, New York 10016.  
M. HOPE, M.D., c/o BELLEVUE HOSPITAL CENTER, First Avenue & 27<sup>th</sup> Street, New York, New York 10016.  
A. DULAY, M.D., c/o BELLEVUE HOSPITAL CENTER, First Avenue & 27<sup>th</sup> Street, New York, New York 10016.

2007 JAN -9 P 12:22  
RISK MANAGEMENT DEPT  
For Miriam Cremer M.D.

FIGMAN & EPSTEIN, L.L.P.

BY: Steven A. Epstein  
STEVEN A. EPSTEIN

Attorney(s) for Plaintiff(s)  
Office and Post Office Address  
11 Broadway, Suite 848  
New York, New York 10004  
212-248-7800

OCT 21 2010

**NEW YORK  
COUNTY CLERK'S OFFICE  
JAN 08 2007**

**NOT COMPARED  
WITH COPY FILED**



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
[www.dos.state.pa.us/med](http://www.dos.state.pa.us/med)  
January 7, 2011

MIRIAM LOUISE CREMER 9849  
[REDACTED]  
BROOKLYN NY 11201

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769

**RE: DISCREPANCY NOTICE – Unrestricted (American)**

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Application – Page #2.

RECD 1 COMPLAINT. STILL NEED TO PROVIDE YOUR COMPLETE DETAILS REGARDING COMPLAINT ON SEPERATE SHEET OF PAPER, FOLLOWING APPLICATION DIRECTIONS.  
REC'D LETTER STATING THIS CASE WAS DISCONTINUED. NEED COPY OF THE LEGAL COURT DOCUMENT THAT LISTS DISCONTINUED OR DISMISSED FROM CASE.

- Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.**

REC'D VERIFICATION OF PGY2 TRAINING DIRECT FROM FCVS. UNIV OF WI LISTS DURING PGY2 TRAINING YOU WERE ON PROBATION, REMEDIATION, LIMITATIONS AND NEGATIVE REPORTS DURING THAT PGY2 TRAINING. YOU WILL NEED TO HAVE THE HOSPITAL SEND A LETTER OF EXPLANATION AND YOU WILL NEED TO SEND A LETTER OF EXPLANATION.

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS  
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

**You may check the status of your application online at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us). Click on the link [duplicate licenses/address changes/application status](#). First time users will be required to register and create a user ID and password. Your registration code to register is: GUGjJnB**



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
[www.dos.state.pa.us/med](http://www.dos.state.pa.us/med)  
December 7, 2010

MIRIAM LOUISE CREMER 9849  
[REDACTED]  
BROOKLYN NY 11201

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769

**RE: DISCREPANCY NOTICE – Unrestricted (American)**

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Application – Page #2.

RECD 1 COMPLAINT. STILL NEED TO PROVIDE YOUR COMPLETE DETAILS REGARDING COMPLAINT ON SEPERATE SHEET OF PAPER, FOLLOWING APPLICATION DIRECTIONS.  
REC'D LETTER STATING THIS CASE WAS DISCONTINUED. NEED COPY OF THE LEGAL COURT DOCUMENT THAT LISTS DISCONTINUED OR DISMISSED.

- Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.**

REC'D PGY1. STILL NEED PGY2.

- ✓ JSMLE scores **must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope.** (817-868-4000)

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS  
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

You may check the status of your application online at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us). Click on the link **duplicate licenses/address changes/application status**. First time users will be required to register and create a user ID and password. Your registration code to register is: GUGjJnB



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
[www.dos.state.pa.us/med](http://www.dos.state.pa.us/med)  
November 24, 2010

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769

MIRIAM LOUISE CREMER 9849  
[REDACTED]  
BROOKLYN NY 11201

**RE: DISCREPANCY NOTICE – Unrestricted (American)**

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REC'D VERIFICATION FROM NY DOWNTOWN HOSP. HOSPITAL DID NOT LIST DAY OR PGY LEVEL. NEED TO RESUBMIT.

NEED TO RESUBMIT PGY1. CAMBRIDGE HOSPITAL LISTS PG1 TRAINING DATES AS 6/63/98 - 6/22/99. SPECIALTY IS LISTED AS "MEDICINE". THEY MUST LIST WHAT KIND (E.G. EMERGENCY, INTERNAL) NEED PGY1 AND PGY2 VERIFIED CORRECTLY

- USMLE scores **must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope. (817-868-4000)**

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[st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
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November 17, 2010

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769

MIRIAM LOUISE CREMER 9849  
[REDACTED]  
BROOKLYN NY 11201

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PAGE 2 DID NOT HAVE COMPLETE TRAINING DATES LISTED AT TOP OF PAGE. RESUBMIT.

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- ✓ Verification of Medical Education **must be received DIRECTLY from the medical school in an official, sealed Medical School envelope.**

- USMLE scores **must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope. (817-868-4000)**

- Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

NEED LIST OF ACTIVITY FOR 6/97 - 5/98 AND 5/05 TO PRESENT IN MONTH/YEAR FORMAT FOLLOWING APPLICATION DIRECTIONS.

- ✓ **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information ([www.npdb-hipdb.com](http://www.npdb-hipdb.com)) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**



**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS  
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Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
[www.dos.state.pa.us/med](http://www.dos.state.pa.us/med)  
October 25, 2010

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769

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[REDACTED]  
BROOKLYN NY 11201

**RE: DISCREPANCY NOTICE – Unrestricted (American)**

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- Verification of Medical Education **must be received DIRECTLY from the medical school in an official, sealed Medical School envelope.**

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NEED LIST OF ACTIVITY FOR 6/97 - 5/98 AND 5/05 TO PRESENT IN MONTH/YEAR FORMAT FOLLOWING APPLICATION DIRECTIONS.

- Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states:

✓ WI, CA, NY

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information ([www.npdb-hipdb.com](http://www.npdb-hipdb.com)) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

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Sincerely,

Pennsylvania State Board of Medicine



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
MIRIAM LOUISE CREMER

**License No:**  
MD441855

2843559\_LIC\_2\_09/21/2017

# STATE BOARD OF MEDICINE

## REACTIVATION or STATUS CHANGE APPLICATION PHYSICIAN AND SURGEON

<b>Send to:</b>  STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 <a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a> or STATE BOARD OF MEDICINE 2601 North Third Street Harrisburg, PA 17110	Full Name	Last <b>CREMER</b>	First <b>MIRIAM</b>	Middle <b>LOUISE</b>	
	Address	[REDACTED]			
	Address	[REDACTED]			
	Address	City <b>PITTSBURGH</b>	State <b>PA</b>	ZIP <b>15208</b>	
	Email:	[REDACTED]			
	License No.	<b>MD441855</b>	Telephone No.	[REDACTED]	

Name Change

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name (Please Print): \_\_\_\_\_

### LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

#### APPLICANTS MUST COMPLETE THE FOLLOWING:

1.	Enclose a check or money order, in the amount of \$360.00, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.  <b><u>FEES ARE NOT REFUNDABLE.</u></b> Check or money order must be in "US funds." <b>Note:</b> A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
2.	Complete the legal questionnaire. ✓
3.	If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.). ✗
4.	Complete the Verification of Practice / Non-Practice form. ✓
5.	<b><u>AS APPLICABLE:</u></b> Attach a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. <u>The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.</u>
6.	<b><u>AS APPLICABLE:</u></b> Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. <b>When you receive the "Response to your Self Query," forward the entire report directly to the Board Office.</b> <u>You should make a copy for your records.</u> ✗
7.	<b><u>AS APPLICABLE:</u></b> Submit copies of your continuing medical education certificates/documentation. Continuing medical education requirements can be found at <a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a> . ✗
	<b><u>ALL HEALTH-RELATED LICENSEES:</u></b> Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at <a href="http://www.dos.pa.gov">www.dos.pa.gov</a> . For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. <u>Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.</u> ✗

RECEIVED  
FEB 17 2017

RECEIVED  
FEB 17 2017

**YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION**

By \_\_\_\_\_  
FEB 17 2017

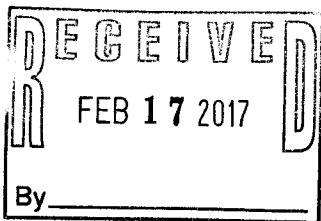
**PLEASE NOTE:** If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

You are hereby reminded that in order to practice in Pennsylvania, you must comply with the professional liability insurance requirements of your profession as required by law and/or regulation.

**PLEASE NOTE**

A reactivation/status change application for a Pennsylvania license/certification which has been inactive/expired/active-retired for four years or more will require a review by the full Board. Please note that the Board has the authority to place conditions on your return to practice in order to protect the health, safety and welfare of the public.

The Board may require applicants who have not actively practiced for four or more years and are requesting reactivation of an expired/inactive/active-retired license/certification to successfully complete a clinical skills evaluation and/or retraining program. This may delay the reactivation of your license until an approved skills evaluation and/or retraining program has been successfully completed.



## ACTIVE STATUS – REQUESTING ACTIVE-RETIRED STATUS

I am retired from practice but desire to keep my license active to treat immediate family members only. I understand that I am exempt from the medical professional liability insurance and continuing education requirements. (I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.)

- Complete Sections A and B.
- Return your "Active" wall and wallet licenses.
- Submit a \$5 check or money order made payable to the "Commonwealth of Pennsylvania."

## ACTIVE/RETIRED STATUS – REQUESTING ACTIVE STATUS

I wish to reinstate my license to an active status. I have completed the continuing education requirements and will hold medical professional liability insurance while practicing in Pennsylvania.

- Complete Sections A, B and C.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
- Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. **When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.**
- Return your "Active-Retired" wall and wallet licenses.
- Submit copies of your continuing education certificates/documentation.
- Submit a \$5 check or money order made payable to the "Commonwealth of Pennsylvania."

## ACTIVE STATUS – REQUESTING INACTIVE STATUS

I do not wish to practice as a physician and surgeon in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. (I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.)

- Complete Sections A and B.
- Return your "Active" wall and wallet licenses.
- No fee is required.

## EXPIRED/INACTIVE STATUS – REQUESTING ACTIVE STATUS

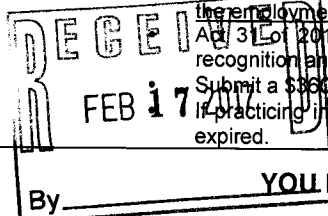
I wish to reinstate my license to an active status. I have completed the continuing education requirements and will hold professional liability insurance.

- Complete Sections A, B and C.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
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- Submit copies of your continuing education certificates/documentation.
- Act 31 of 2014 requires all licensees to complete 2 hours of Department of State approved continuing education in child abuse recognition and reporting requirements to reactivate a license.
- Submit a \$360 check or money order made payable to the "Commonwealth of Pennsylvania."
- If practicing in Pennsylvania after the license expired, in addition to \$360, submit \$5 per month, or part of a month, since the license expired.

## EXPIRED/INACTIVE STATUS – REQUESTING ACTIVE-RETIRED STATUS

I wish to reinstate my license to an active-retired status to treat immediate family members only. I understand that I am exempt from the medical professional liability insurance and continuing education requirements. (I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.)

- Complete Sections A, B and C.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
- Act 31 of 2014 requires all licensees to complete 2 hours of Department of State approved continuing education in child abuse recognition and reporting requirements to reactivate a license.
- Submit a \$360 check or money order made payable to the "Commonwealth of Pennsylvania."
- If practicing in Pennsylvania after the license expired, in addition to \$360, submit \$5 per month, or part of a month, since the license expired.



By \_\_\_\_\_ **YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION**

## SECTION A - LEGAL QUESTIONS

**THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED.** If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. **Sign and date below.**

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession or occupation in any state or jurisdiction? <b>If you answered yes, provide the profession and state or jurisdiction.</b>  LIST: <u>OHIO, NEW YORK</u>	X	
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		X
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		X
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		X
8.	Have you had your DEA registration denied, revoked or restricted?		X
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		X
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? <b>If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served.</b> Submit a statement which includes complete details of the complaints that have been filed against you.  If you previously reported the complaint(s) to the Board provide the docket number(s) _____		X

## SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name	Last <u>CREMER</u>	First <u>MIRIAM</u>	Middle <u>LOUISE</u>
Social Security #			
Name of University or School			
Signature (Mandatory)			Year of Graduation
			Date <u>2/14/17</u>

RECEIVED

FEB 17 2017

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION

By \_\_\_\_\_



**SECTION C – VERIFICATION OF PRACTICE/NON-PRACTICE**

**VERIFICATION OF PRACTICE / NON-PRACTICE**

\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\*

Full Name	Last <b>CREMER</b>	First <b>MIRIAM</b>	Middle <b>LOUISE</b>
License No.			

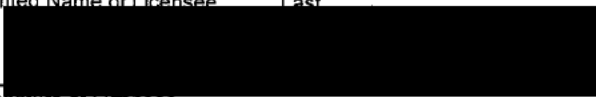
Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license you are reactivating. THEN, answer the following questions.		Yes	No
1.	Have you engaged in or practiced in your profession in Pennsylvania since your license lapsed or since you placed it on inactive status?		X
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?		X

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**MIRIAM CREMER** **LOUISE**

---

Printed Name of Licensee Last First Middle

 **2/14/17**

---

Signature of Licensee Date



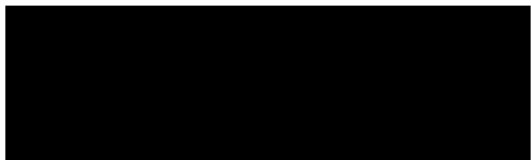
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STATE BOARD OF MEDICINE  
P. O. BOX 2649  
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[st-medicine@pa.gov](mailto:st-medicine@pa.gov)  
[www.dos.pa.gov/med](http://www.dos.pa.gov/med)  
August 29, 2017

MIRIAM LOUISE CREMER 9849  
[REDACTED]  
PITTSBURGH PA 15208

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769



**RE: DISCREPANCY NOTICE – Reactivation Application - Physician**

Dear Doctor Cremer:

The Board has received your reactivation application. The items listed below are needed to complete your application. Your license cannot be reactivated until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until your license has been reinstated by the Board.**

- Continuing Medical Education – As instructed in the CME Requirements, the Category 2 items being claimed must have the amount of time claimed for each journal reading or activity, down to the nearest quarter hour. It is not admissible to group them together and claim a total of 50 hours altogether.
- **CME requirements can be found at [www.dos.pa.gov/med](http://www.dos.pa.gov/med).**
- From the additional document submitted, 16.25 can be used. Any CME's outside the renewal period of Jan 1, 2015 to the present cannot be accepted.
- The total accepted now is 28.25. The total still needed is 71.75, with 1.75 still needed in Category 1. Your Patient Safety/Risk Management requirement has been met.

**NOTE: PLEASE RETURN A COPY OF THIS LETTER  
WITH THE INFORMATION AND DOCUMENTS REQUESTED.**

**Bronshtein, Jeannie**

---

**From:** Annie Bergman <[REDACTED]>  
**Sent:** Thursday, September 14, 2017 12:59 PM  
**To:** Bronshtein, Jeannie  
**Subject:** Miriam Cremer 8949  
**Attachments:** ACOGCognateTranscriptLink\_nfacog\_3b047e7a-a903-4ac0-95bd-20062650f6879142017.PDF; Dr. Cremer.pdf; Miriam Cremer CME Cat 2 Form.pdf

Good Afternoon Jeannie,

Attached below is a transcript from ACOG that has more category 1 hours to be claimed. In addition, attached is the newly formatted category 2 hour reporting form with added hours to be claimed as well. This should complete Miriam's requirements, but please let me know if you need any more documentation. Thank you for your help through all of this.

Best,

Anne Bergman



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
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[st-medicine@pa.gov](mailto:st-medicine@pa.gov)  
[www.dos.pa.gov/med](http://www.dos.pa.gov/med)  
August 29, 2017

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PITTSBURGH PA 15208

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The Board has received your reactivation application. The items listed below are needed to complete your application. Your license cannot be reactivated until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until your license has been reinstated by the Board.**

- Continuing Medical Education – As instructed in the CME Requirements, the Category 2 items being claimed must have the amount of time claimed for each journal reading or activity, down to the nearest quarter hour. It is not admissible to group them together and claim a total of 50 hours altogether.
- **CME requirements can be found at [www.dos.pa.gov/med](http://www.dos.pa.gov/med).**
- From the additional document submitted, 16.25 can be used. Any CME's outside the renewal period of Jan 1, 2015 to the present cannot be accepted.
- The total accepted now is 28.25. The total still needed is 71.75, with 1.75 still needed in Category 1. Your Patient Safety/Risk Management requirement has been met.

**NOTE: PLEASE RETURN A COPY OF THIS LETTER  
WITH THE INFORMATION AND DOCUMENTS REQUESTED.**

The American College of Obstetricians and Gynecologists  
**PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT**



**ACOG COGNATE PROGRAM**

**TRANSCRIPT**

409 12th Street, SW  
 PO Box 96920  
 Washington, DC 20090-6920  
 (800) 673-8444 - (202) 863-2543  
 fax: (202) 484-1586  
 e-mail: cognates@acog.org

ACOG ID Number: 000429087I

Miriam Louise Cremer MD  
 [REDACTED]  
 Pittsburgh, PA 15208-2715

Cognates Posted Through Thursday, September 14, 2017

<b>Primary Cycle Credits</b>				
Activity Date	Code	ACOG/ACCME Approved Category 1 Activity	COGNATE Credits	Cumulative Total by Cycle
07/31/2015	04415	MOC Part IV-Diagnosis and Treatment of Ectopic Pregnancy	3.00	3.00
12/31/2015	04	ABOG MOC Part II Article Review	25.00	28.00
01/12/2016	04405	MOC Part IV-Human Papillomavirus Vaccination	3.00	31.00
10/16/2016	04401	MOC Part IV-Chlamydia Screening	3.00	34.00
12/31/2016	04	ABOG MOC Part II Article Review	25.00	59.00
09/14/2017	6088	CLIN EXPERT - Treating Spontaneous and Induced Septic Abortions	2.00	61.00

<b>Secondary Cycle Credits</b>				
Activity Date	Code	ACOG/ACCME Approved Category 1 Activity	COGNATE Credits	Cumulative Total by Cycle

**Summary of Category 1 COGNATE  
Credits for Primary Cycle**

Reporting Years	Total COGNATE Credits
2015	28.00
2016	31.00
2017	2.00

**Total COGNATE Credits This Cycle: 61.00**

**Summary of Category 1 COGNATE  
Credits for Secondary Cycle**

Reporting Years	Total COGNATE Credits
2018	0.00
2019	0.00
2020	0.00

**Total COGNATE Credits This Cycle: 0.00**



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
 STATE BOARD OF MEDICINE  
 P. O. BOX 2649  
 HARRISBURG, PENNSYLVANIA 17105  
 st-medicine@state.pa.us

## Continuing Medical Education Reporting Form (AMA PRA Category 2 Credit Only)

The Pennsylvania State Board of Medicine requires that physicians document AMA PRA Category 2 Credit that they have completed to fulfill the Board's Continuing Medical Education requirement for licensure. This form is provided to assist licensees in documenting these credits and can be found on our web site at [www.dos.state.pa.us/med](http://www.dos.state.pa.us/med).

Name: Miriam Cremer, MD, MPH

License No. MD 441855 CME Hours for Biennial Period: Jan 1, 2015 to Dec 31, 2016

The American Medical Association defines Category 2 activities as those which have not been formally designated by an accredited provider for AMA PRA Category 1 Credit. Individual physicians may claim AMA PRA Category 2 Credits for learning experience that have improved the care they provide their patients. Category 2 activities include reading journal articles.

AMA PRA Category 2 Credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. **Credit claimed should be commensurate with the actual time spent on an activity.** Information regarding the requirements to obtain AMA PRA certification can be found on their web site at [www.ama-assn.org/cme](http://www.ama-assn.org/cme).

Acts of charity, volunteer time and service on a council or committee DO NOT earn a physician CME credit. Credit CANNOT be claimed for education incidental to the regular professional activities of a physician, such as learning that occurs from clinical experience. Credit IS NOT awarded for passing examinations.

**THIS FORM SHOULD BE USED TO RECORD ONLY CATEGORY 2 ACTIVITIES**

**IF REQUESTING CREDIT FOR CATEGORY 1 ACTIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN REACTIVATING A LICENSE OR IF YOU ARE CHOSEN FOR AN AUDIT OF YOUR CME**

Date of Activity	Activity Title (i.e., Name of Journal, Online Activity, etc.)	Subject or Content Area (i.e., Article Title, etc.)	Credits Claimed
3/21/2016	International Journal of Gynecology and Obstetrics	Comparison of clinical efficacy and side effects of levonorgestrel releasing intrauterine system inserted indifferent periods.	5
7/8/2016	International Journal of Gynecology and Obstetrics	Factors associated with the desire for companionship in labor among parturients in a south- western Nigerian community	5
12/31/2016	International Journal of Gynecology and Obstetrics	The outcomes of conception subsequent to Methotrexate treatment of an ectopic pregnancy	5
5/06/2016	International Journal of Gynecology and Obstetrics	Improving abortion care in rural areas of Burkina Faso	5
3/03/2015	International Journal of Gynecology and Obstetrics	Clinical significance of endometrial cells in Pap smears of women attending organized cervical cancer screening programs	5
11/6/2016	Journal of Lower Genital Tract Disease	Prevalence of Human Papillomavirus and Type distribution among Turkish women	10
2/3/2016	International Journal of Gynecology and Obstetrics	Effect of Number of Human Papillomavirus vaccine doses on guideline adherent cervical cytology screening among 19-26 year old females	10
2015/2016	Monthly reading of Contraception and Green Journal	Various articles on women's health issues	10
2015	ABOG Cat 1		25

ok  
ok  
ok







**Bronshtein, Jeannie**

---

**From:** Annie Bergman [REDACTED]  
**Sent:** Monday, August 21, 2017 10:57 AM  
**To:** Bronshtein, Jeannie  
**Subject:** Miriam Louise Cremer 8949

Good morning Jeannie,

My name is Anne Bergman, and I am working on getting Dr. Cremer's PA license renewal papers in order.

Earlier you send Catherine Platt an email that stated the following:

The Category 2 Reporting Form is not acceptable the way it is presented, and there are no verifiable or ACCME-accredited Category 1 hours.

I am trying to gain verification of the courses Dr. Cremer took over the past two years, however I have not been able to contact her because she has been on an extended trip to Central America.

That being said, I was wondering what you need for the courses to be considered "verified or ACCME-accredited, " and what format do you need these presented in? Looking through the courses, I don't understand why they are not considered ACCME accredited, for they are through Cleveland Clinic's Center for Continuing Medical Education, which is ACCME accredited.

Any help you could give me would be much appreciated.

Best,

Anne Bergman

Miriam Cremer  
[REDACTED]  
Pittsburgh PA 15208

# Facsimile transmittal

To: **Commonwealth of PA – Board of Med**

Fax: [REDACTED]

From: **Catherine Platt**

Date: **4/18/2017**

Re: **Dr. Miriam Cremer #9849**

Pages: **18 including cover page**

Cc: [REDACTED]

Urgent

For review

Please comment

Please reply

Please recycle

Confidential



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@pa.gov](mailto:st-medicine@pa.gov)  
[www.dos.pa.gov/med](http://www.dos.pa.gov/med)  
March 21, 2017

MIRIAM LOUISE CREMER 9849  
[REDACTED]  
PITTSBURGH PA 15208

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769  
[REDACTED]

**RE: DISCREPANCY NOTICE – Status Change/Reactivation Application - Physician**

Dear Doctor:

The Board has received your status change/reactivation application. The items listed below are needed to complete your application. Your license cannot be changed/reactivated until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until your license has been reinstated by the Board.**

- Application – Social security number on application does not match Board records. Please submit a copy of your social security card verifying correct social security number.
- A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.
- Continuing Medical Education – Please submit copies of your CME certificates to verify completion of Continuing Medical Education. CME requirements can be found at [www.dos.pa.gov/med](http://www.dos.pa.gov/med).
- Per Act 31 of 2014, two (2) hours of Board approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being reinstated. Details can be found at [www.dos.pa.gov](http://www.dos.pa.gov). For a list of Board-approved providers click the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office.

**PLEASE NOTE:** Act 31 of 2014 applies to all health-related licensees, regardless of whether they are subject to any other continuing education requirements of the Board.

**NOTE: PLEASE RETURN A COPY OF THIS LETTER  
WITH THE INFORMATION AND DOCUMENTS REQUESTED.**

[REDACTED]

**SOCIAL**



**SECURITY**

ACCOUNT

NUMBER



HAS BEEN ESTABLISHED FOR

MIRIAM L. ORMER



**FOR SOCIAL SECURITY AND TAX PURPOSES—NOT FOR IDENTIFICATION**

**To:** MIRIAM, CREMER[REDACTED]  
PITTSBURGH, PA 15208-2715**From:** National Practitioner Data Bank  
**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

## MIRIAM, CREMER - SELF-QUERY RESPONSE

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

**Practitioner Name:** MIRIAM, CREMER  
**Date of Birth:** [REDACTED] **Gender:** FEMALE  
**Delivery Address:** [REDACTED] PITTSBURGH, PA 15208-2715  
**Social Security Number:** [REDACTED] **DEA:** BC6655623  
**NPI:** 1427110725  
**License:** PHYSICIAN (MD), MD441855, SD  
**Professional School(s):** UNIVERSITY OF WISCONSIN MEDICAL SCHOOL (1997)  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE (2005)  
 NYU DOWNTOWN HOSPITAL (2003)

### B. PAYMENT INFORMATION

**Credit Card Information:** [REDACTED]  
**NPDB Charge:** \$4.00\* **NPDB Bill Reference Number:** N52307802  
 \* Each charge will appear separately on your credit card statement.  
**Transaction Date:** 04/11/2017 **Additional Paper Copies Requested:** 0

### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 04/11/2017

**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- No Reports Found -----

# Scale-Up of an Human Papillomavirus Testing Implementation Program in El Salvador

Miriam Cremer, MD, MPH,<sup>1,2</sup> Mauricio Maza, MD, MPH,<sup>2</sup> Karla Alfaro, MD, MPH,<sup>2</sup>  
Mario Morales Velado, MD, MPH,<sup>3</sup> Juan Felix, MD,<sup>4</sup> Philip E. Castle, PhD, MPH,<sup>5,6</sup>  
Jane Kim, PhD,<sup>8</sup> and Julia C. Gage, PhD, MPH<sup>4</sup>

**Objective:** The Cervical Cancer Prevention in El Salvador is a demonstration project to introduce a lower-cost human papillomavirus (HPV)-DNA test into a public sector project. Started in October 2012, The Cervical Cancer Prevention in El Salvador consists of 3 phases and will ultimately screen 30,000 women. Results of phase 2 of the project are presented. The objective of this project was to compare colposcopy and noncolposcopy-based management for HPV-positive women.

**Material and Methods:** In phase 2, a total of 8,050 women, aged 30 to 49 years, were screened; 6,761 provided both self- and provider-collected specimens and 1,289 provided only provider-testing specimens. HPV results from self-collected specimens were not used in clinical management decisions. Women with provider-collected HPV-positive results were treated based on the strategy assigned to their community; the strategy was colposcopy management (CM) or screen-and-treat (ST) management if they were cryotherapy eligible or colposcopy if not eligible. Outcomes were assessed 6 months after screening.

**Results:** Overall, 489 (12.3%) of 3,963 women receiving CM and 465 (11.4%) of 4,087 women receiving ST tested HPV positive. In the CM cohort, 216 (44.2%) of 489 completed their intervention (203 treated, 11 diagnosed negative, 2 pregnant). In the ST cohort, 411 (88.4%) of 465 completed their intervention (407 treated, 2 diagnosed negative, 1 pregnant). Overall agreement between HPV test results from self-collected and provider-collected specimens was 93.7%, with a  $\kappa$  value of 0.70 (95% CI = 0.68–0.73).

**Conclusions:** Human papillomavirus testing with ST management resulted in an approximately twice completion rate compared with CM management. Agreement between self- and provider-based sampling was good and might be used to extend screening to women in areas that are more difficult to reach.

**Key Words:** cervical cancer, human papillomavirus, screening and care of human papillomavirus

(*J Low Genit Tract Dis* 2017;21: 26–32)

<sup>1</sup>Obstetrics, Gynecology & Women's Health Institute, Cleveland Clinic Lerner College of Medicine, Cleveland, OH; <sup>2</sup>Basic Health International, San Salvador, El Salvador; <sup>3</sup>National Unit of Control and Prevention of Cancer, Ministry of Health, San Salvador, El Salvador; <sup>4</sup>Department of Pathology, University of Southern California, Los Angeles, CA; <sup>5</sup>Division of Cancer Epidemiology and Genetics, National Cancer Institute, Rockville, MD; <sup>6</sup>Albert Einstein College of Medicine, Bronx, NY; <sup>7</sup>Global Coalition Against Cervical Cancer, Arlington VA; and <sup>8</sup>Center for Health Decision Science, Harvard T.H. Chan School of Public Health, Boston, MA

Correspondence to: Miriam Cremer, MD, MPH, Obstetrics, Gynecology & Women's Health Institute, Cleveland Clinic Lerner College of Medicine, 9500 Euclid Ave, Cleveland, OH. E-mail: bhisubmissions@gmail.com

The authors have declared they have no conflicts of interest.

M.C. is a paid consultant for Merck and has received honoraria as a speaker.

J.K. is a paid consultant for Basic Health International. P.E.C. has received commercial HPV tests for research at a reduced or no cost from Roche, Qiagen, Norchip, Arbor Vita Corporation, BD, and mtm. P.E.C. has been compensated financially as a member of Merck Data and Safety Monitoring Board for HPV vaccines. P.E.C. has been a paid consultant for Gen-Probe/Hologic, Roche, Cepheid, ClearPath, Guided Therapeutics, Teva Pharmaceuticals, Gentical, Inovio, and GE Healthcare. P.E.C. has received honoraria as a speaker for Roche and Cepheid. Dr. Gage has received HPV testing for research at no cost from Roche and BD.

The national ethical review boards of El Salvador and the Cleveland Clinic granted institutional review board approval.

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DOI: 10.1097/LGT.0000000000000280

Ninety percent of new cases of cervical cancer occur in low-resource settings.<sup>1</sup> Human papillomavirus (HPV) tests used for cervical cancer screening by high-resource settings are often not accessible to low-resource settings because of cost and lack of infrastructure. The careHPV test (Qiagen, Germantown, Md), a low-cost high-risk HPV screening test, was developed specifically for low-resource settings.

Because lower-cost HPV testing is a relatively new tool, the most effective strategy for public sector project implementation is unknown. The World Health Organization (WHO) has endorsed both colposcopy referral and immediate treatment as management strategies after a positive HPV test result.<sup>2</sup> Strategies that employ HPV testing and immediate treatment benefit low-resource settings because they are less costly and more feasible than cytology-based methods and result in a higher proportion of women with cervical precancer receiving appropriate treatment.<sup>3–5</sup> Several studies have been conducted with careHPV<sup>6,7</sup>; however, these primarily investigated clinical outcomes. The public-sector implementation program presented in this article was initiated by the government, with the intention of national scale-up.

The Cervical Cancer Prevention in El Salvador (CAPE) project was launched in 2012 to identify best practices for incorporating HPV-based screening into the national cervical cancer prevention project. The CAPE is a 3-phase, 30,000-woman demonstration project that assesses the feasibility and cost-effectiveness of a screening intervention using the low-cost HPV test. The CAPE is conducted by the Salvadoran Ministry of Health (MOH), with technical support provided by the nonprofit organization Basic Health International (BHI). Phase 1 of the project screened 2,000 women. Women testing positive for HPV received 1 of 2 treatment strategies: colposcopy management (CM) consisting of colposcopy and management per local guidelines, or screen-and-treat (ST) management using visual inspection with acetic acid to determine cryotherapy eligibility, with eligible women undergoing immediate cryotherapy and ineligible women undergoing CM. In phase 1, more women in the ST cohort received treatment within 6 months compared with those in the CM cohort (117/119 [98.3%] vs 64/93 [68.8%],  $p < .001$ ). Furthermore, ST was the most cost-effective strategy.<sup>8–10</sup> During phase 2, a total of 8,000 women were included and the same screening strategies were used. The objective of phase 2 was to scale up the project and compare the CM and ST strategies using a larger sample size. The secondary aims were to assess the feasibility of self-sampling and to perform quality control of the local pathology system.

## MATERIALS AND METHODS

Women in the Paracentral region were contacted between October 2013 and July 2014. The 4 health units that participated in phase 1 (San Pedro Perulapán, San Rafael Cedros, Apastepeque, and San Sebastián) were included in phase 2, and 4 health units (Candelaria, Tecoluca, Suchitoto, and Periferica de San Vicente) that provide primary preventive care in the Paracentral region of El Salvador were added. The health units were selected with the goal of contacting 10,000 women to meet the target of screening

OPEN

## Introducing a High-Risk HPV DNA Test Into a Public Sector Screening Program in El Salvador

Miriam L. Cremer, MD, MPH,<sup>1,2</sup> Mauricio Maza, MD, MPH,<sup>1</sup> Karla M. Alfaro, MD, MPH,<sup>1</sup> Jane J. Kim, PhD,<sup>3</sup> Lauren R. Ditzian, MS,<sup>1</sup> Sofia Villalta, MD,<sup>4</sup> Todd A. Alonzo, PhD,<sup>5</sup> Juan C. Felix, MD,<sup>6</sup> Philip E. Castle, PhD, MPH,<sup>7</sup> and Julia C. Gage, PhD, MPH<sup>8</sup>

**Objective:** In a primary human papillomavirus (HPV) screening program, we compared the 6-month follow-up among colposcopy and noncolposcopy-based management strategies for screen-positive women.

**Materials and Methods:** Women aged 30 to 49 years were screened with HPV DNA tests using both self-collection and provider collection of samples. Women testing positive received either (1) colposcopy management (CM) consisting of colposcopy and management per local guidelines or (2) screen-and-treat (ST) management using visual inspection with acetic acid to determine cryotherapy eligibility, with eligible women undergoing immediate cryotherapy. One thousand women were recruited in each cohort. Of these, 368 (18.4%) of 2000 women were recruited using a more intensive outreach strategy. Demographics, HPV positivity, and treatment compliance were compared across recruitment and management strategies.

**Results:** More women in the ST cohort received treatment within 6 months compared with those in the CM cohort (117/119 [98.3%] vs 64/93 [68.8%];  $p < .001$ ). Women recruited through more intensive outreach were more likely to be HPV positive, lived in urban areas, were more educated, and had higher numbers of lifetime sexual partners and fewer children.

**Conclusions:** Women in the CM arm were less likely to complete care than women in the ST arm. Targeted outreach to underscreened women successfully identified women with higher prevalence of HPV and possibly higher disease burden.

**Key Words:** careHPV, human papillomavirus, cervical cancer, screening program, Latin America

(*J Lower Gen Tract Dis* 2016;20: 145–150)

<sup>1</sup>Basic Health International, San Salvador, El Salvador; <sup>2</sup>Obstetrics, Gynecology and Women's Health Institute, Cleveland Clinic, Cleveland, OH; <sup>3</sup>Center for Health Decision Science, Harvard School of Public Health, Boston, MA; <sup>4</sup>Ministry of Health of El Salvador, San Salvador, El Salvador; <sup>5</sup>Department of Preventive Medicine, University of Southern California, Children's Oncology Group, Arcadia, CA; <sup>6</sup>Department of Pathology, University of Southern California, Los Angeles, CA; <sup>7</sup>Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY; and <sup>8</sup>Division of Cancer Epidemiology and Genetic, National Cancer Institute, Rockville, MD

Reprint requests to: Miriam Cremer MD, MPH, Obstetrics, Gynecology and Women's Health Institute Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195. Email: bhsubmissions@gmail.com

The authors have declared they have no conflicts of interest.

The study was supported by Einhorn Family Charitable Trust.

The facts and opinions hereby published in this study are solely the personal statements and observations of the respective authors. The data gathered and conclusions manifested are a result of independent work with no conflicts of interest stated. Authors are responsible for all contents including accuracy of the facts, statements, citing resources, etc. The authors of this article certify that the work is original and not published or submitted for publication elsewhere.

The University of Pittsburgh and the national ethical review board of El Salvador granted institutional review board approval for this study.

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Human papillomavirus (HPV) tests used for cervical cancer screening in higher-resource settings are not accessible to low-resource settings because of cost and lack of infrastructure. An HPV screening test has been developed specifically for lower-resource settings (careHPV Test; QIAGEN, Gaithersburg, MD). Clinical studies have shown that its sensitivity for cervical pre-cancer and cancer approaches that the US Food and Drug Administration–approved Hybrid Capture 2 Test (QIAGEN) on which careHPV was based.<sup>1,2</sup>

This test has made it feasible to implement HPV screening programs in some lower-resource countries nationwide. However, the most effective strategy for implementation of HPV testing in a public sector program is unknown. High-resource settings generally used colposcopy management (CM) strategies for screen-positive women. However, CM strategies require significant infrastructure and trained personnel, both of which are lacking in the lower-cost settings. Therefore, the World Health Organization (WHO) has endorsed colposcopy referral or immediate treatment after a positive HPV test. A study of an HPV testing program in South Africa showed that providing immediate treatment and eliminating the colposcopy step were more clinically effective and less costly than a CM strategy.<sup>3</sup>

The Cervical Cancer Prevention in El Salvador (CAPE) program was launched in 2011 to identify best practices for incorporating HPV-based screening and management into its national cervical cancer prevention program. The CAPE program is a 3-phase, 30,000-woman demonstration program that assesses the feasibility and cost-effectiveness of a screening and treatment intervention using this HPV test. The CAPE program is administered by the Salvadoran Ministry of Health (MOH) with technical support provided by the nonprofit organization, Basic Health International.

Phase 1 objectives were to the following: (1) screen 2,000 women aged 30 to 49 years living in the Paracentral region of El Salvador; (2) compare HPV-positive women's compliance with 2 management strategies; (3) demonstrate increased participation of underscreened and unscreened women; and (4) determine patient preference for self-sampling or provider sampling.<sup>4</sup> The results of objectives 1 and 2 are discussed in detail in this article. The results of 3 and 4 are discussed briefly here and in more detail in other publications.<sup>4,5</sup> The primary objective of this descriptive manuscript is to compare colposcopy and non-CM strategies for HPV-positive women. The secondary objectives included program evaluation, including examination of self-sampling feasibility, reliability of pathology, and assessment of a more intensive recruitment strategy.

### MATERIALS AND METHODS

The MOH initiated phase 1 of CAPE at 4 health units (San Pedro Perulapan, San Rafael Cedros, Apastepeque, and San Sebastián) that provide primary preventive care in the Paracentral region of El Salvador. These health units were selected with the goal of contacting 2,500 women to meet the target of screening 2,000 women, assuming 80% follow-up. According to 2007 national



**Cleveland Clinic Foundation**  
**Center for Continuing Education**

CME Transcript

**Name:** Miriam Cremer, MD  
**Address:** [REDACTED], PITTSBURGH, PA, 15208, US  
**Email Address:** [REDACTED]  
**Member ID #:** 4069902

Activity #	Type	Event Date	Title	Available Credits	Date Claimed	Credits Claimed
3TVHV1	Regularly	02/17/2016	OB/GYN Grand Rounds 2016	1.00	02/23/2016	1.00
0201050202	Live	09/02/2015	Ob/Gyn ICD 10 Coding	3.75	12/31/2015	0.00
780U15	Regularly	04/29/2015	OB/GYN Grand Rounds - 7am - 8am	1.00	05/24/2015	1.00
OUVQAX	Regularly	05/20/2015	OB/GYN Grand Rounds - 7am - 8am	1.00	05/22/2015	1.00
TF0CZR	Live	03/25/2015	Ambulatory MyPractice Provider - NAL-141 - Lerner - 8am - 5pm	8.00	03/26/2015	8.00
CZTAVH	Live	03/26/2015	MyPractice Procedure Navigator - HSB-101 - Health Space - 1pm - 2:30pm	1.50	03/26/2015	1.50
SQJHPP	Live	03/26/2015	Inpatient My Practice Provider - HSB-101 - Health Space - 8am - 12pm	3.75	03/26/2015	3.75
K81073	Live	03/11/2015	Ambulatory MyPractice Provider - HSB-101 - Health Space - 8am - 5pm	8.00	03/11/2015	0.00
F2HLVY	Live	02/25/2015	Ambulatory MyPractice Provider - HSB-101 - Health Space - 8am - 5pm	8.00	02/25/2015	0.00
W9ONEK	Live	12/10/2014	Investigator Human Subjects Research Education Track - 12pm - 4:15 pm	4.00	12/15/2014	4.00

**Certificate Count:** 10

**40.00**

**20.25**



# COMET LMS

My Home My Profile Catalog

Welcome, Miriam Cremer (Click [here](#) if you are not Miriam Cremer or if you wish to logout.)

## Main Menu

**Note:** Courses due for the year will show up on the "To Do" tab. When you access a course from this list, your transcript will be updated with the date you complete the course. Required courses are denoted with an \*.

To Do	All Courses	Completed Courses	Transcript	Claimed Awards
<i>As of 4/14/2017</i>				
			- Collapse All	+ Expand All
Course Name	Finish Date	Delivery Method		
Advance Directives	9/3/2015	Online		
Ambulatory MyPractice Provider	3/25/2015	Classroom		
Code of Conduct	12/8/2014	Online		
Corporate Compliance: Prevention, Detection, and Reporting	9/3/2015	Online		
Delirium	12/23/2014	Online	1 hour	
Diversity and Inclusion	12/23/2014	Online		
Diversity and Inclusion	9/3/2015	Online		
E&M Coding: Determining Levels	12/23/2014	Online		
E&M Coding: In Practice	12/23/2014	Online		
E&M Coding: Key Components	12/23/2014	Online		
Emergency Management	12/23/2014	Online		
Emergency Management	9/3/2015	Online	1 hour	
Energy Savings and You	12/23/2014	Online		
HIPAA and Information Security Awareness	12/23/2014	Online		
HIPAA in Human Subject Research (formerly HIPAA In Research)	12/23/2014	Online	1 hour	
HIPAA Overview	12/23/2014	Online		
Inpatient MyPractice Provider	3/26/2015	Classroom		
Introduction to Environment of Care	12/23/2014	Online		
Introduction to Environment of Care	9/3/2015	Online		
Investigator Human Subject Research Education Review	12/18/2014	Presentation/Meeting		
Investigator Research Education	12/10/2014	Classroom		
MyPractice Procedure Navigator	3/26/2015	Classroom		
MyPractice Provider Personalization Lab	3/26/2015	Classroom		
Operating Room Fire Prevention	12/23/2014	Online		
Operating Room Fire Prevention	9/3/2015	Online	1 hour	
Operating Room Fire Prevention	3/1/2016	Online	1 hour	
Patient Rights	12/23/2014	Online		
Patient Safety	12/23/2014	Online		
Patient Safety	9/3/2015	Online	1 hour	
Physician Coding and Billing Compliance	12/8/2014	Online		

Physicians at Teaching Hospitals (PATH)	12/8/2014	Online
Prevent Occupational Exposure to Bloodborne Pathogens	12/23/2014	Online
Prevent Occupational Exposure to Bloodborne Pathogens	3/1/2016	Online 1 hour
Prevent Occupational Exposure to TB	12/23/2014	Online
Prevent Occupational Exposure to TB	3/1/2016	Online 1 hour
Privacy Practices	12/23/2014	Online
Protected Health Information	12/23/2014	Online
Retired 04/01/2017: Step 1: ICD-10 Introductory Video	7/28/2015	Online
Retired 04/01/2017: Step 2: ICD-10 Specialty - Specific Modules	7/28/2015	Online
Retired 04/01/2017: Step 3: ICD-10 MyPractice Functionality	7/28/2015	Online
Retired 06/24/2015: CMS Survey Education July 2013	12/23/2014	Online
Retired 07/21/2015: Basic Stroke Competency	12/23/2014	Online
Retired 10/14/2015: Viewing MAR Documentation	12/23/2014	Online
Retired 8/10/16 - Vulnerable Populations	12/23/2014	Online
Specialty Groups	12/23/2014	Online
Stroke: Overview for the Caregiver	9/3/2015	Online
Use of Restraints or Seclusion: Licensed Independent Practitioner or Provider	3/1/2016	Online



1 hour

## Certificate of Completion

*Miriam Cremer*

has completed  
**HIPAA 101: Protecting Patient Privacy**

27-JAN-2017



Affiliates Risk Management Services, Inc.

215 Lexington Ave, 12<sup>th</sup> Floor | New York, NY 10016

The CAL | [www.theCAL.org](http://www.theCAL.org) | [CALhelp@armsinc.org](mailto:CALhelp@armsinc.org) | 212-261-4363



1 hour

## Certificate of Completion

*Miriam Cremer*

has completed  
Compliance 101 for Staff

22-JAN-2016



Affiliates Risk Management Services, Inc.

215 Lexington Ave, 12<sup>th</sup> Floor | New York, NY 10016

The CAL | [www.theCAL.org](http://www.theCAL.org) | [CALhelp@armsinc.org](mailto:CALhelp@armsinc.org) | 212-261-4363



1 hour

## Certificate of Completion

*Miriam Cremer*

has completed  
Compliance 101 for Staff

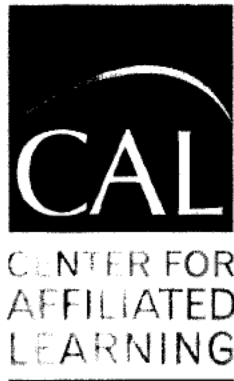
27-JAN-2017



Affiliates Risk Management Services, Inc.

215 Lexington Ave, 12<sup>th</sup> Floor | New York, NY 10016

The CAL | [www.theCAL.org](http://www.theCAL.org) | [CALhelp@armsinc.org](mailto:CALhelp@armsinc.org) | 212-261-4363



1 hour

## Certificate of Completion

*Miriam Cremer*

has completed  
**HIPAA 101: Protecting Patient Privacy**

22-JAN-2016



Affiliates Risk Management Services, Inc.

215 Lexington Ave, 12<sup>th</sup> Floor | New York, NY 10016

The CAL | [www.theCAL.org](http://www.theCAL.org) | [CALhelp@armsinc.org](mailto:CALhelp@armsinc.org) | 212-261-4363

# Certificate of Completion

## Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania

Meets ACT 31 of 2014 training requirements

Meets the Recognizing Child Abuse and Mandated Reporting components of  
ACT 126 of 2013 training requirements

3 continuing education hours

**Presenter:**

University of Pittsburgh School of Social Work,  
PA Child Welfare Resource Center  
403 East Winding Hill Road, Mechanicsburg, PA 17055

**Presented to:**

on the date:

0



Provider Number:  
CACE000004

CE Course Number:  
PCW000001

Tracy Soska, Director  
of Continuing  
Education School of

Michael Byers, Director  
PA Child  
Welfare Resource

PRINT



**1. International Journal of Gynecology and Obstetrics March 21, 2016**

Ref: IJG-D-16-00122

Title: Comparison of clinical efficacy and side effects of levonorgestrel releasing intrauterine system inserted in different periods

**2. International Journal of Gynecology and Obstetrics July 8, 2016**

Re: IJG-D-17-00600

FACTORS ASSOCIATED WITH THE DESIRE FOR COMPANIONSHIP IN LABOR AMONG PARTURIENTS IN A SOUTH-WESTERN NIGERIAN COMMUNITY

**3. International Journal of Gynecology and Obstetrics Jan 31, 2017**

Re: IJG-D-17-00091

The Outcomes of Conception Subsequent to Methotrexate Treatment of an Ectopic Pregnancy

**4. International Journal of Gynecology and Obstetrics May 6, 2016**

Re: IJG-D-16-00461

Improving abortion care in  
of Obstetricians and Gynecologists



ion of the Society

**5. International Journal of Gynecology and Obstetrics**

Re: IJG-D-15-00257

Clinical significance of end  
organized cervical cancer

*Catherine Platt*

arch 3, 2015

n attending

**6. Journal of Lower Gastrointestinal Diseases (TWICE)**

JLGTD-2016-0201, entitled  
Distribution among Turkish

**REVIEWED**

is and Type

**7. International Journal of Gynecology and Obstetrics March, 21, 2016**

Ref: IJG-D-16-00122

Title: Comparison of clinical efficacy and side effects of levonorgestrel releasing intrauterine system inserted in different periods

Article Type: Clinical Article

**8. International Journal of Gynecology and Obstetrics Feb 3, 2016 (TWICE)**

Effect of number of human papillomavirus vaccine doses on guideline adherent cervical cytology screening among 19-26 year old females, PM-15-1150R1



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@pa.gov](mailto:st-medicine@pa.gov)  
[www.dos.pa.gov/med](http://www.dos.pa.gov/med)  
July 18, 2017

MIRIAM LOUISE CREMER 9849  
[REDACTED]  
PITTSBURGH PA 15208

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7769

**RE: DISCREPANCY NOTICE – Reactivation Application - Physician**

Dear Doctor Cremer:

The Board has received your reactivation application. The items listed below are needed to complete your application. Your license cannot be reactivated until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until your license has been reinstated by the Board.**

- Continuing Medical Education – The Category 2 items were listed with sufficient detail, however you did not note the number of hours being claimed for each journal reading. The total remaining credits that are needed are 88, 18 of which need to be Category 1. 12 need to fall under the subject area of Patient Safety/Risk Management. **CME requirements can be found at [www.dos.pa.gov/med](http://www.dos.pa.gov/med).**

**NOTE: PLEASE RETURN A COPY OF THIS LETTER  
WITH THE INFORMATION AND DOCUMENTS REQUESTED.**

## Bronshtein, Jeannie

---

**From:** Catherine Platt [REDACTED]  
**Sent:** Monday, July 17, 2017 10:18 AM  
**To:** Bronshtein, Jeannie  
**Subject:** Dr. Miriam Cremer - 9849  
**Attachments:** M. Cremer - Journal Article Review .docx

Jeanie,

Attached is a list of journal articles Dr. Cremer has reviewed in the past two years. How do I assign hours? I can add to the list if she needs more.

I am sorry to be a bother, this is out of my element and I just don't want her to lose her license.

Thank you for all of your help.

--

Catherine A. Platt  
Director of Grants and Finance  
25 Broadway, 10th floor  
New York, NY 10004  
C. [REDACTED]  
[basicheath.org](http://basicheath.org)

**Taylor, Lori**

---

**From:** ST, MEDICINE  
**Sent:** Tuesday, April 18, 2017 11:19 AM  
**To:** Taylor, Lori  
**Subject:** FW: Miriam Louise Cremer - 9849  
**Attachments:** MC Med Board FAX .pdf

**From:** Catherine Platt [REDACTED]  
**Sent:** Tuesday, April 18, 2017 11:05 AM  
**To:** ST, MEDICINE <ra-medicine@pa.gov>  
**Subject:** Miriam Louise Cremer - 9849

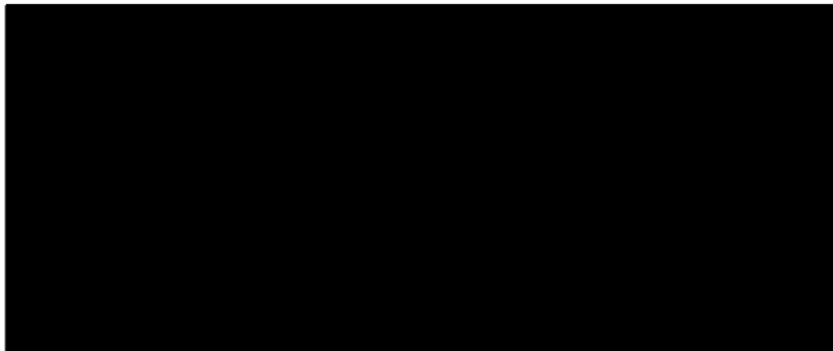
RE: Discrepancy Notice Status - Reactivation Application - Physician  
Evaluator: Lori

The documents are being faxed and mailed. Please contact me with any question or concerns.

Best Regards,  
Catherine

--

Catherine A. Platt  
Director of Grants and Finance  
25 Broadway, 10th floor  
New York, NY 10004  
C. [REDACTED]  
[basicheath.org](http://basicheath.org)



ARTICLES REVIEWED BY DR. MIRIAM CREMER

Total hours: 50

Total Credits claimed: 50

Date provided is that date of review completion

**1. International Journal of Gynecology and Obstetrics March 21, 2016**

Ref: IJG-D-16-00122

Title: Comparison of clinical efficacy and side effects of levonorgestrel releasing intrauterine system inserted in different periods

**2. International Journal of Gynecology and Obstetrics July 8, 2016**

Re: IJG-D-17-00600

FACTORS ASSOCIATED WITH THE DESIRE FOR COMPANIONSHIP IN LABOR AMONG PARTURIENTS IN A SOUTH-WESTERN NIGERIAN COMMUNITY

**3. International Journal of Gynecology and Obstetrics DEC 31, 2016 Re:**

IJG-D-17-00091

The Outcomes of Conception Subsequent to Methotrexate Treatment of an Ectopic Pregnancy

**4. International Journal of Gynecology and Obstetrics May 6, 2016**

Re: IJG-D-16-00461

Improving abortion care in rural areas of Burkina Faso: contribution of the Society of Obstetricians and Gynecologists of Burkina (SOGOB).

**5. International Journal of Gynecology and Obstetrics March 3, 2015 Re:**

IJG-D-15-00257

Clinical significance of endometrial cells in Pap smears of women attending organized cervical cancer screening program

**6. Journal of Lower Genital Tract Disease Nov. 20, 2016 (REVIEWED TWICE)**

JLGTD-2016-0201, entitled "Prevalence of Human Papillomavirus and Type Distribution among Turkish Women" by Dr Mehmet Kulhan.

**7. International Journal of Gynecology and Obstetrics March, 21, 2016**

Ref: IJG-D-16-00122

Title: Comparison of clinical efficacy and side effects of levonorgestrel releasing intrauterine system inserted in different periods

Article Type: Clinical Article

**8. , International Journal of Gynecology and Obstetrics Feb 3, 2016 (TWICE)**

Effect of number of human papillomavirus vaccine doses on guideline adherent cervical cytology screening among 19-26 year old females, PM-15-1150R1

5 hours

## COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

### COMPLETION REPORT - PART 1 OF 2 COURSEWORK REQUIREMENTS\*

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Miriam Cremer (ID: 2097432)
- **Email:** [REDACTED]
- **Institution Affiliation:** Cleveland Clinic Foundation (ID: 307)
- **Institution Unit:** OB/GYN
- **Phone:** [REDACTED]
  
- **Curriculum Group:** Human Research
- **Course Learner Group:** Group 1 Required for all researchers registering with the Cleveland Clinic Foundation.
- **Stage:** Stage 2 - Refresher Course
  
- **Report ID:** 21731785
- **Completion Date:** 03-Jan-2017
- **Expiration Date:** 03-Jan-2020
- **Minimum Passing:** 85
- **Reported Score\*:** 100

#### REQUIRED AND ELECTIVE MODULES ONLY

	DATE COMPLETED	SCORE
Biomed Refresher 2 – History and Ethical Principles (ID: 511)	08-Jan-2014	3/3 (100%)
Biomed Refresher 2 – Regulations and Process (ID: 512)	08-Jan-2014	2/2 (100%)
Biomed Refresher 2 – Informed Consent (ID: 514)	08-Jan-2014	3/3 (100%)
Biomed Refresher 2 – SBR Methodologies in Biomedical Research (ID: 515)	08-Jan-2014	4/4 (100%)
Biomed Refresher 2 – Genetics Research (ID: 518)	03-Jan-2017	2/2 (100%)
Biomed Refresher 2 – Records-Based Research (ID: 516)	08-Jan-2014	3/3 (100%)
Biomed Refresher 2 - Populations in Research Requiring Additional Considerations and/or Protections (ID: 519)	03-Jan-2017	1/1 (100%)
Biomed Refresher 2 – Vulnerable Subjects – Prisoners (ID: 520)	08-Jan-2014	2/2 (100%)
Biomed Refresher 2 – Vulnerable Subjects – Children (ID: 521)	03-Jan-2017	3/3 (100%)
Biomed Refresher 2 – Vulnerable Subjects – Pregnant Women, Human Fetuses, Neonates (ID: 522)	08-Jan-2014	2/2 (100%)
Biomed Refresher 2 – FDA-Regulated Research (ID: 524)	08-Jan-2014	3/3 (100%)
Biomed Refresher 2 – HIPAA and Human Subjects Research (ID: 526)	08-Jan-2014	9/9 (100%)
Biomed Refresher 2 – Conflicts of Interest in Research Involving Human Subjects (ID: 681)	08-Jan-2014	3/3 (100%)
How to Complete the CITI Refresher Course and Receive a Completion Report (ID: 922)	08-Jan-2014	No Quiz

**For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.**

Verify at: [www.citiprogram.org/verify/?keda0a4d1-8fa7-4477-b701-111d79a2dcda-21731785](http://www.citiprogram.org/verify/?keda0a4d1-8fa7-4477-b701-111d79a2dcda-21731785)

#### CITI Program

Email: [support@citiprogram.org](mailto:support@citiprogram.org)

Phone: 888-529-5929

Web: <https://www.citiprogram.org>

# COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

## COMPLETION REPORT - PART 2 OF 2 COURSEWORK TRANSCRIPT\*\*

\*\* NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Miriam Cremer (ID: 2097432)
- **Email:** [REDACTED]
- **Institution Affiliation:** Cleveland Clinic Foundation (ID: 307)
- **Institution Unit:** OB/GYN
- **Phone:** [REDACTED]
  
- **Curriculum Group:** Human Research
- **Course Learner Group:** Group 1 Required for all researchers registering with the Cleveland Clinic Foundation.
- **Stage:** Stage 2 - Refresher Course
  
- **Report ID:** 21731785
- **Report Date:** 03-Jan-2017
- **Current Score\*\*:** 100

### REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES

	<b>MOST RECENT SCORE</b>
Biomed Refresher 2 – History and Ethical Principles (ID: 511)	08-Jan-2014 3/3 (100%)
Biomed Refresher 2 – Regulations and Process (ID: 512)	08-Jan-2014 2/2 (100%)
Biomed Refresher 2 – Informed Consent (ID: 514)	08-Jan-2014 3/3 (100%)
Biomed Refresher 2 – SBR Methodologies in Biomedical Research (ID: 515)	08-Jan-2014 4/4 (100%)
Biomed Refresher 2 – Records-Based Research (ID: 516)	08-Jan-2014 3/3 (100%)
Biomed Refresher 2 – Genetics Research (ID: 518)	03-Jan-2017 2/2 (100%)
Biomed Refresher 2 - Populations in Research Requiring Additional Considerations and/or Protections (ID: 519)	03-Jan-2017 1/1 (100%)
Biomed Refresher 2 – Vulnerable Subjects – Prisoners (ID: 520)	08-Jan-2014 2/2 (100%)
Biomed Refresher 2 – Vulnerable Subjects – Children (ID: 521)	03-Jan-2017 3/3 (100%)
Biomed Refresher 2 – Vulnerable Subjects – Pregnant Women, Human Fetuses, Neonates (ID: 522)	08-Jan-2014 2/2 (100%)
Biomed Refresher 2 – FDA-Regulated Research (ID: 524)	08-Jan-2014 3/3 (100%)
Biomed Refresher 2 – HIPAA and Human Subjects Research (ID: 526)	08-Jan-2014 9/9 (100%)
Biomed Refresher 2 – Conflicts of Interest in Research Involving Human Subjects (ID: 681)	08-Jan-2014 3/3 (100%)
How to Complete the CITI Refresher Course and Receive a Completion Report (ID: 922)	08-Jan-2014 No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: [www.citiprogram.org/verify/?keda0a4d1-8fa7-4477-b701-111d79a2dcda-21731785](http://www.citiprogram.org/verify/?keda0a4d1-8fa7-4477-b701-111d79a2dcda-21731785)

### Collaborative Institutional Training Initiative (CITI Program)

Email: [support@citiprogram.org](mailto:support@citiprogram.org)

Phone: 888-529-5929

Web: <https://www.citiprogram.org>

Commonwealth of Pennsylvania Department of State  
Bureau of Professional and Occupational Affairs  
Medical Physician and Surgeon

License Number  
MD441855

Registration Code  
GUGJ33NB

MIRIAM LOUISE CREMER  
PITTSBURGH PA 15208

Expiration Date  
12/31/2016

License Status  
Active



# OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:  
1. DON THE WALLET CARD AND CERTIFICATE WHERE INDICATED  
2. DETACH THE WALLET CARD AND CERTIFICATE AT REFORMATION

### Registration Code

Your registration code is found on the attached wallet card.

Use this registration code online to: renew your license, change your personal or license address, or order duplicate licenses.

Visit our website at: [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us)

First time users will be required to use this registration code to create a user ID and password.

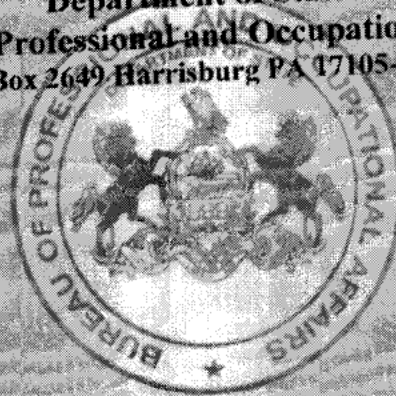
MIRIAM LOUISE CREMER  
PITTSBURGH PA 15208

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
PO Box 2649 Harrisburg PA 17105-2649

14-0129861

License Type  
Medical Physician and Surgeon



License Status  
Active

Initial License Date  
01/25/2011

MIRIAM LOUISE CREMER  
PITTSBURGH PA 15208

License Number  
MD441855

Expiration Date  
12/31/2016

RECEIVED  
FEB 17 2017

BY

*Kevin N. Long*

*LL*

Signature

Commissioner of Professional and Occupational Affairs



# CURRICULUM VITAE FOR CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE

DATE: JANUARY 18, 2015

## PERSONAL INFORMATION

---

Name: Cremer, Miriam MD/MPH  
Date of Birth: (required): [REDACTED]  
Place of Birth: Chicago, IL  
Citizenship: U.S.A.

## Education

School: Hampshire College,  
Amherst, MA  
Degree: Bachelor of Arts  
Dates: 1988- 1992

School: University of Wisconsin – Madison Medical School,  
Madison, WI  
Degree: Doctor of Medicine  
Dates: 1993- 1997

School: Johns Hopkins University School of Hygiene and Public Health,  
Baltimore, MD  
Degree: Masters in Public Health  
Dates: 1997-1998

## Post-Graduate Training

Institution: Cambridge Hospital,  
Cambridge, MA  
Position: Intern, Internal Medicine  
Dates: 1998-1999

Institution: University of Wisconsin – Madison,  
Madison, WI  
Position: Resident, Obstetrics and Gynecology  
Dates: 1999-2000

Institution: NYU Downtown Hospital,  
New York, NY  
Position: Resident, Obstetrics and Gynecology  
Dates: 2000-2003

Institution: University of Southern California Women's and Children's Hospital,  
Los Angeles, CA  
Position: Fellow, Family Planning Department of Obstetrics and Gynecology  
Dates: 2003-2005

## Contact Information

Institution/Institute/Department: Obstetrics and Gynecology & Women's Health Institute  
Office Address: 9500 Euclid Ave.  
Cleveland, OH 44195  
Office Phone: [REDACTED]  
Office E-mail: [REDACTED]

## Other

Home Address: [REDACTED]  
Pittsburgh, PA 15208  
Marital Status: [REDACTED]  
Children: [REDACTED]

MAR 16 2017

## **Employment**

---

Position/Rank: Contract Physician  
Institution/Institute/Department: Cleveland Clinic  
OHIO  
Dates: December 2014- Present

Position/Rank: Staff Physician  
Institution/Institute/Department: UPMC Presbyterian Hospital  
PENNSYLVANIA  
Dates: July 2010- December2014

Position/Rank: Staff Physician  
Institution/Institute/Department: Magee Women's Hospital  
PENNSYLVANIA  
Dates: July 2010- December2014

Position/Rank: Staff Physician  
Institution/Institute/Department: Mount Sinai Medical Center  
NEW YORK  
Dates: July2009-June2010

Position/Rank: Staff Physician  
Institution/Institute/Department: New York University Langone Medical Center - Tisch Hospital  
NEW YORK  
Dates: July2005-June2009

Position/Rank: Staff Physician  
Institution/Institute/Department: Los Angeles County Hospital, University of Southern California  
CALIFORNIA  
Dates: July 2003-Jue2005

## **ACADEMIC APPOINTMENTS**

---

Position/Rank: Associate Professor  
Institution/Institute/Department: Case Western University  
Dates: 2015- Present

Position/Rank: Assistant Professor  
Institution/Institute/Department: University of Pittsburgh Medical Center  
Dates: 2010- Present

Position/Rank: Assistant Professor  
Institution/Institute/Department: Mt. Sinai School of Medicine  
Dates: 2009-2010

Position/Rank: Assistant Professor, Tenure Track  
Institution/Institute/Department: New York University School of Medicine  
Dates: 2005-2009

Position/Rank: Clinical Instructor  
Institution/Institute/Department: Department of Obstetrics and Gynecology, Keck School of Medicine of the  
University of Southern California  
Dates: 2003-2005

Position/Rank: Adjunct Professor  
Institution/Institute/Department: Hampshire College  
Dates: 2003-present

MAR 16 2017

## **CERTIFICATION AND LICENSURE**

---

Name of Board: American Board of Obstetrics and Gynecology

Date of Certificate: 12/08/2006  
Licensure State/Number: 9006884

Name of Board: Wisconsin Medical License  
Licensure State/Number: 41836-20  
Date Issued: 1998-present

Name of Board: California Medical License  
Licensure State/Number: 82957  
Date Issued: 2003-present

Name of Board: New York Medical License  
Licensure State/Number: 235281  
Date Issued: 2000-present

Name of Board: Pennsylvania Medical License  
Licensure State/Number: MD441855  
Date Issued: 2011-present

Name of Board: Ohio Medical License  
Licensure State/Number: 125621  
Date Issued: 2015- present

## **HONORS AND AWARDS**

1. Threshold grant to publish senior thesis, Hampshire College, 1992
2. Medical School Leadership Awards, University of Wisconsin – Madison, 1993-1995
3. First prize for original research, Federation of Latin American Obstetrics and Gynecology (FLASOG) Conference, San Salvador, El Salvador, 1999
4. Woman of the Year, Western Center for Law and Poverty, 2005
5. Berlex Faculty Development Award, 2006
6. Doctors Against Cervical Cancer Award, EUROGIN, 2009
7. Outstanding Researcher, Reproductive Health, ARHP, Atlanta, Georgia, 2010
8. International Health Promotion Award, URAC, Rome, Italy, 2010
9. Associate Editors Outstanding Article Award, 2011
10. Making a Difference Award, North American Forum on Family Planning, 2012
11. Coffee Talk, NYTimes article "El Salvador Gets a Screening Test Women Can Administer at Home", September 2012
12. TCS documentary "Causas Buenas" in El Salvador, Featured on Al Jazeera English's The Cure, "Self-Screening Revolution", 2013
13. PopCity Media Feature "NYC Cancer Prevention Program Relocates HQ to Pittsburgh", 2013
14. Global Impact Nominee, Women and Girls Foundation of Southwestern PA, Pittsburgh, PA, 2013
15. Merit Award Association of Cervical Cancer and Clinical Pathology (ASCCP) for participation in writing guidelines for screening in US Territories and Pacific Islands, Pheonix AZ, 2014

## **MEMBERSHIP IN PROFESSIONAL SOCIETIES**

1. American College of Obstetricians and Gynecologists, Fellow, 2010- present
2. American College of Obstetricians and Gynecologists, Junior Fellow, 2003-2010
3. Society of Family Planning, Founding Member, 2005-present
4. Association of Reproductive Health Professionals, Member, 2003-present
5. American Society of Reproductive Health Professionals, Member, 2003-present
6. American College of Obstetricians and Gynecologists, Member, 1999-2003

## **PROFESSIONAL SERVICES**

### **Reviewer**

Journal: International Journal of Gynecology and Obstetrics  
Dates of Service: 2003-present

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Journal: Contraception  
Dates of Service: 2003 – present

Journal: British Medical Journal  
Dates of Service: 2010

Journal: Journal of Epidemiology and Public Health  
Dates of Service: 2014

Journal: Preventive Medicine Reports  
Dates of Service: 2015

Journal: International Papillomavirus conference  
Dates of Service: 2015

**Abstract Reviewer**

Organization: Union for International Cancer Control  
Dates of Service: 2016

Organization: Society of Family Planning  
Dates of Service: 2016

Organization: North American Forum on Family Planning  
Dates of service: 2016

Organization: International

**Study Sections/Grant Review Committees**

Section/Committee: Humanitarian Committee, ASCCP  
Dates of Service: 2013-present

**COMMITTEE SERVICE**

**National**

Organization: International Papillomavirus Society (IPV)  
Committee Name/Role: Reviewer  
Dates of Service: 2014 – present

Organization: Pan-American Health Organization  
Committee Name/Role: Strategies for Cervical Cancer Prevention Using Visual Inspection with Acetic Acid Screening and Cryotherapy Treatment – PAHO Workshop for Latin America and the Caribbean  
Date of Service: 2011

Organization: World Health Organization Technical Review Committee  
Committee Name/Role: WHO Recommendations on the Use of Cryotherapy for Cervical Cancer Prevention  
Date of Service: 2010

Organization: Union for International Cancer Control  
Committee Name/Role: Steering Committee, Latin American Regional Roundtable on Cervical Cancer Prevention.  
Date of Service: 2016

**Educational Committees**

Committee Name/Role: Global Health Task Force, University of Pittsburgh  
Dates of Service: 2010 –2014

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**TEACHING ACTIVITIES**

**Presentations**

1. Lessons From Developing Countries – El Salvador. Presented at the EUROGIN Conference on the Prevention of HPV in Developing Nations, April, 2000. Paris, France.
2. Cervical Cancer Screening in Rural El Salvador. Presented at Grand Rounds, March, 2001. University of Cremer, Miriam MD/MPH

Wisconsin, Madison, WI.

3. Pelvic Inflammatory Disease. Presented at Grand Rounds, July, 2002, NYU Downtown Hospital, New York, NY.
4. Cornual Ectopic Pregnancy. Presented at Grand Rounds, October 2002, NYU Downtown Hospital, New York, NY.
5. The Ethics of Performing Research in Developing Countries. Presented at Hampshire College, March, 2003. Amherst, MA.
6. From Abortion Rights to Social Justice: Building the Movement for Reproductive Freedom Sponsored by the Civil Liberties and Public Policy Program and the Population and Development Program, April 2003, Amherst, MA.
7. Cervical Cancer Screening in Rural El Salvador. Presented at Grand Rounds, May, 2003, NYU Downtown Hospital, New York, NY.
8. Antepartum vs Postpartum Treatment of Latent Tuberculosis Infection. Presented at Senior Research Day, June 2003, NYU Downtown Hospital, New York, NY.
9. Emergency Contraception. Presented at the Sexually Transmitted Disease Program, Female Reproductive Health CME Program, County of Los Angeles, Department of Health Services, November 21, 2003, Los Angeles, CA.
10. Emergency Contraception. Ob/Gyn Core Curriculum Resident Lecture Series, June, 2004, University of Southern California, Women's and Children's Hospital, Los Angeles, CA.
11. Digital Imaging for Detection of Cervical Intraepithelial Neoplasia in Rural El Salvador. Grand Rounds, June, 2004, University of Southern California, Women's and Children's Hospital, Los Angeles, CA
12. "Community in Medicine," panel participant to first year medical students at University of Southern California, October 25, 2005
13. DART as a tool for Cervical Cancer Screening, Grand Rounds, November 2004, University of Southern California, Women's and Children's Hospital, Los Angeles, CA
14. Management of Abortion Complications, Long Island College Hospital, February 24, 2006
15. Advances in Contraception, New York Downtown Hospital Grand Rounds, March 10, 2006.
16. University of Pittsburgh, Department of Family Planning, Grand Rounds, November 18, 2011
17. St. Vincent Hospital Immunization Conference "HPV vaccination", October 12, 2012
18. Mt. Sinai Hospital Grand Rounds Presentation, "Cervical Cancer Screening in Low Resource Settings" December 2012
19. National Cancer Institute, Center for Global Health, Bethesda MD " Presentation of Findings from careHPV Phase 1", May 2013
20. Point of Care Technologies conference NCI, speaker, moderator, January 2014
21. Cervical Cancer Prevention in Low-Resource Settings: Experiences from El Salvador & Haiti, Presented to Direct Relief women, Santa Barbara CA, February 2014
22. A Real-World Example of Humanitarian Outreach to Prevent Cervical Cancer, invited speaker, ASCCP, Phoenix AZ, April 2014
23. The experience with CareHPV in El Salvador, invited speaker, Pink Ribbon Red Ribbon, African Regional  
Cremer, Miriam MD/MPH

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Conference, Lusaka Zambia, June 2014

24. Cervical Cancer Prevention in Low-Resource Settings: Experiences from El Salvador, invited speaker, UICC, Melbourne Australia, December 2014

#### **Visiting Professorships**

1. Advances in Contraception Grand Rounds, Jersey Shore Medical Center, November 11, 2004
2. Advances in Contraception , Grand Rounds UCLA Medical Center October 29, 2004
3. Advances in Contraception, Grand Rounds presented in Spanish at Hospital de Maternidad, San Salvador, El Salvador, January, 2005.
4. Management of Abortion Complications, Grand Rounds, University of Nevada Los Vegas, March 3, 2005
5. Management of Abortion Complications, Grand Rounds, University of Oklahoma presented April 22, 2005
6. Management of Abortion Complications, Grand Rounds, Charles Drew Medical Center, Los Angeles California, June 23, 2005
7. Management of Abortion Complications, Grand Rounds, Baystate Medical Center, presented October 20, 2005
8. International Family Planning, Grand Rounds, University of California- Los Angeles, December 16, 2005
9. Updates in Emergency Contraception, University of Vermont Grand Rounds, April 18, 2006.
10. Management of Abortion Complications, Bronx-Lebanon Hospital Grand Rounds January 26, 2007
11. Emergency Contraception, North Shore Hospital, Grand Rounds June 20, 2007
12. New Directions in Medical and Surgical Abortion, Lenox Hill Hospital Grand Rounds Feb 6, 2008
13. Emergency Contraception, Grand Rounds, University of Arizona, Grand Rounds, February 20, 2008
14. International Family Planning, Emory University Grand Rounds March 26, 2008
15. University of Puerto Rico Grand Rounds "How to recognize and treat abortion complications", October, 2012
16. Family Planning, Cleveland Clinic, Grand Rounds September 30, 2015

#### **Trainees / Mentees**

1. Reagan McDonald-Mosley M.D., M.P.H., 2005-2007, Medical Director, Planned Parenthood – Maryland
2. Matthew Siedhoff M.D., MSCR, 2005-2007, Assistant Professor; Division Director Advanced Laparoscopy and Pelvic Pain, UNC Chapel Hill
3. Christy Boraas M.D., M.P.H., 2012-2014, Fellow
4. Rebecca Podolsky M.D., 2004-2006, Assistant Professor, Obstetrics and Gynecology; NYU Langone Medical Center
5. Kelsey Allen M.P.H., C.P.H., 2010-2013, Public Health Nutritionist II, South Carolina Department of Health and Environmental Control
6. Nancy Fang, 2012-2014, MS-IV, University of Pittsburgh
7. Rosalyn Chan M.D., M.P.H., 2013-present, Clinical Documentation Specialist, Knapp Medical Center
8. Alex Soriano M.D., 2011-2014, Resident, Obstetrics and Gynecology

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## **Teaching Activities**

1. Lecturer, University of Pittsburgh Patient-Based Learning Modules for Medical Students, General Gynecology. 2010 – present.
2. Lecturer at University of Pittsburgh Graduate School of Public Health, “International Family Planning”. 2012
3. Scholarly Project Advisor and Fulbright Mentor for University of Pittsburgh medical student Alan Rosenbaum, “Acceptability of Self-Sampling for Cervical Cancer among Salvadoran Women”. March 2012 – present.
4. Scholarly Project Mentor for University of Pittsburgh medical student Nancy Fang, “Acceptability of the Intrauterine Device” among Haitian Women”. April 2012 – present.
5. Scholarly Project Advisor for University of Pittsburgh medical student Alex Soriano. “Family Planning Beliefs and Values Among Bhutanese Refugee Women Living in Pittsburgh, Pennsylvania”. May 2012 – present.
6. Committee Member for MPH Dissertation for Katie Hrorowitz. “Social Content of Parenting for Young Mothers in the Lake Pátzruaro Basin, Mexico: Adolescent Motherhood, Gender, and the Challenges of Social Issues. May 2012.
7. Committee Member for MPH Dissertation for Kelsey Allen. “ Barriers and Facilitators to Cervical Cancer Screening in Developing Countries”. August 2012
8. University of Pittsburgh Medical School Lecture. Reproductive Biology. “Pregnancy Loss and Induced Abortion”. February 2013.
9. Lecturer at University of Pittsburgh Medical School. Reproductive Biology. “Modern Contraceptive Technology”. February 2013.
10. Scholarly Project Mentor for University of Pittsburgh medical student Bari Laskow, “Feasibility of self-sampling with careHPV in an at-risk population”. September 2012 – present.
11. OB/GYN Fellowship in Global Health Mentor to Deb Landis Lewis M.D., University of Pittsburgh. 2011-2012
12. Lecturer, University of Pittsburgh School of Public Health, Health Careers Scholarship Academy. 2014
13. Scholarly Project Mentor for University of Pittsburgh medical student Mark Evans “Immediate vs delayed insertion of Nexplanon after termination of pregnancy after 14 weeks gestation and reproductive coercion in this high risk population”. Jan 2014 to present
14. Scholarly Project Mentor for University of Pittsburgh medical student Kimberley Bell “Effect of affordable health care act on IUD use in private clinics at Magee Hospital. July 2014- present.

## **RESEARCH SUPPORT**

1. Cytoc Corporation Research Grant, “Comparison of ThinPrep vs. conventional cytology for detection of cervical intraepithelial neoplasia in rural El Salvador”, 33 percent, \$5,000, 1999
2. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$10,000, 2001
3. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$5,000, 2003
4. Research Grant, Family Planning Fellowship, Satisfaction with Tubal Ligation in Rural El Salvador, 33 percent, \$33,000, 2003
5. Einhorn Family Trust, General Operating Funds BHI, 33 percent, \$20,000, 2004
6. Research Grant Family Planning Fellowship, “Digital camera assessment for detection of cervical intraepithelial neoplasia in rural El Salvador”, 33 percent, \$101,000, 2004
7. Morris S. Smith Foundation, BHI General Operating Fund, 33 percent, \$5,000, 2004
8. Morris S. Smith Foundation, BHI General Operating Fund, 33 percent, \$2,000, 2005
9. Morris S. Smith Foundation, BHI General Operating Fund, 33 percent, \$2,000, 2005
10. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$65,000, 2005
11. Compton Foundation, “Adolescent Comprehension of Emergency Contraception in New York City”, 10 percent, \$15,000, 2006-2009

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12. Berlex Clinical Scholar, "Immediate vs. delayed post-abortion Copper T 380A IUD insertion in cases over 12-weeks gestation", 33 percent, \$50,000, 2006
13. Einhorn Family Trust, General Operating Funds BHI, 33 percent, \$307,000, 2006
14. Capstone Grant with NYU Global Health, Program Evaluation Grant, N/A, \$10,000, 2007
15. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$514,000, 2008
16. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$614,000, 2009
17. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$596,777, 2010
18. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$607,054, 2011
19. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$667,024, 2012
20. Taproot Foundation Service Grant, Financial Analysis, N/A, In kind, 2012
21. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$667,024, 2013
22. UICC Grant for CareHPV Phase 2, Phase II of careHPV CAPE Project, 33 percent, \$20,234, 2013
23. Investigator Initiated Grant Merck, Delayed vs Immediate Nexplanon Placement after Second Trimester Abortion, 5 percent, \$92,000, 2014
24. Einhorn Family Charitable Trust, General Operating Funds BHI, 33 percent, \$1,000,000, 2014
25. BHI Subcontract to PATH for CareHPV Phase III, 33 percent, \$900,000, 2014
26. Einhorn Family Charitable Trust, General Operating Funds BHI, 50 percent, \$1,250,000, 2015
27. NIH/NCI Grant, "CryoPen: An Innovative Treatment for Cervical Precancer in Low-Resource Setting", 33 percent, \$4,000,000, 2015
28. Rising Tide Foundation, Cervical Cancer Screening with Self-Collection, 11.5 percent, \$499,000, 2015

## **BIBLIOGRAPHY**

### **Peer Reviewed Articles**

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1. **Cremer M**, Jamshidi RM, Muderspach L, Tsao-Wei D, Felix JC, Blumenthal PD. Digital camera assessment for detection of cervical intraepithelial neoplasia in rural El Salvador. *Int J Gynaecol Obstet.* 2005 91(1):42-46.
2. **Cremer M**, DeLas Casas L, Hoerl D, Kurtyz D, Schink JC. Comparison of ThinPrep vs. conventional cytology for detection of cervical intraepithelial neoplasia in rural El Salvador. *Int J Gynaecol Obstet.* 2005 90:167-70.
3. **Cremer M**, de LasCasas L, Kurtycz DF, Schink J. Liquid-based cytologic specimen studies to screen for cervical dysplasia in rural El Salvador. *Int J Gynaecol Obstet.* 2005 Aug;90(2):167-70.
4. **Cremer M**, Terbell H, Duran S, Singh R, Edelman A. Satisfaction with tubal ligation in rural El Salvador. *Obstetrics & Gynecology.* 2006; 107: 13S
5. Özel B, Borchelt AM, Cimino FM, **Cremer M**. Prevalence and risk factors for pelvic floor symptoms in women in rural El Salvador. *Int Urogynecol J.* 2007 18 (9):1065-69.
6. Masch R, Cabrera I, Abder R, Baecher L, **Cremer, M**, Gokhale A, Masterton D, Arslan AA. The effect of consolidation of abortion services on patient outcomes. *Contraception.* 2008 77(1):60-63.
7. Davis-Dao CA, **Cremer M**, Felix J, Cortessis VK. Effect of cervicitis on visual inspection with acetic acid. *J Low Genit Tract Dis.* 2008 12(4):282-286.
8. **Cremer M**, Holland E, Monterroza M, Duran S, Singh R, Terbell H, Edelman A. Exploring factors in the decision to choose sterilization vs. alternatives in rural El Salvador. *Medscape J Med.* 2008 10(8):183.
9. Venkat P, Masch R, Ng E, **Cremer M**, Richman S, Arslan A. Knowledge and beliefs about contraception in urban Latina women. *J Community Health.* 2008 33(5):357-362.
10. **Cremer M**, Holland E, Adams B, Klausner D, Nichols S, Ram RS, Alonzo TA. Adolescent Comprehension of Emergency Contraception in New York City. *Obstet Gynecol.* 2009 113(4): 840-44.
11. Podolsky R, **Cremer M**, Atrio J, Hochman T, Arslan AA. HPV vaccine acceptability by Latino parents: A comparison of U.S. and Salvadoran populations. *J Pediatr Adolesc Gynecol.* 2009 22(4):205-15.
12. Siedhoff M, **Cremer M**. Pregnancy outcomes after laminaria placement and second-trimester removal. *Obstet Gynecol.* 2009 114(2Part 2):456-58.
13. Borchelt AM, Conlisk E, **Cremer M**. Age at menopause in rural El Salvador. *Int J Gynecol Obstet.* 2009 107(1): 65-66.



14. Hohmann H, Gonzalez E, Maza M, **Cremer M**. IUD Related Knowledge and Attitudes Amongst Women's Health-Care Providers in El Salvador. *Contraception*. 2009 80(2): 215.
15. **Cremer M**, Alonzo TA, Alspach AE, Shulman IA, Cernosek S, Tsai S, Kalichanda N, Felix JC. Diagnostic reproducibility of cervical intraepithelial neoplasia 3 and atrophy in menopausal women on hematoxylin and eosin, Ki-67, and p16 stained slides. *J Low Genit Tract Dis*. 2010 14(2):108-12.
16. **Cremer, M**, Bullard KA, Maza M , Peralta EI, Moore E, Garcia L Masch, R, Lerner V, Alonzo TA Felix JC, Cytology vs Visual Inspection with Acetic Acid in Women Previously Treated with Cryotherapy, *Int J Gynecol Obstet*. 2010 Dec;111(3):249-52.
17. **Cremer M**, Peralta EI, Dheming SG, Jimenez ME, David-Dao CA, Alonzo TA, Blumenthal PD, Felix JC. Digital assessment of the reproductive tract versus colposcopy for directing biopsies in women with abnormal Pap smears. *J Low Genit Tract Dis*. 2010 14(1): 5-10.
18. Mosley R, Philips K, Ditzian L, **Cremer M**. Acceptability of the Intrauterine Device among Women in El Salvador. *Int J Gynecol Obstet*. 2010 108(2):155-57.
19. Hohmann HL, **Cremer M**, Gonzalez E, Maza M. Knowledge and Attitudes about Intrauterine Devices Among Women's Health Care Providers in El Salvador. *Rev Panam Salud Publica*. 2011 Mar;29(3)198-202.
20. **Cremer M**, Conlisk E, Maza M, Bullard K, Peralta E, Siedhoff M, Alanzo T, Felix J. Evaluation of Visual Inspection with Acetic Acid (VIA) Adequacy with Advancing Age. *Int J Gynaecol Obstet*. 2011 Apr;113(1):68-71.
21. **Cremer M**, Bullard K, Mosley R, **Weiselberg C**, Molaei M, Alonzo T. Immediate vs. delayed post-abortal Copper T 380A IUD insertion in cases over 12-weeks gestation. *Contraception*. 2011 Jun;83(6):522-7.
22. Friedman J, **Cremer M**, Jelani QU, Huang X, Jian J, Shah S, Katz SD. Oral contraception use, iron stores and vascular endothelial function in healthy women. *Contraception*. 2011 Sep;84(3):285-90.
23. Masch R, Ditzian LR, April AK, Maza M, Peralta E, **Cremer ML**. Cervical cancer screening and treatment training course in El Salvador: experience and lessons learned. *J Womens Health (Larchmt)*. 2011 Sep;20(9):1357-61.
24. **Cremer M**, Ditzian L, April A, Peralta E, Klausner D, Podolsky R, Dierking E. Depot-medroxyprogesterone acetate contraception use among salvadoran women: an in-depth analysis of attitudes and experiences. *J Womens Health (Larchmt)*. 2011 Nov;20(11):1751-6.
25. Santesso N, Schünemann H, Blumenthal P, De Vuyst H, Gage J, Garcia F, Jeronimo J, Lu R, Luciani S, Quek SC, Awad T, Broutet N; **World health Organization Steering Committee for Recommendations on Use of Cryotherapy for Cervical Cancer Prevention**. World Health Organization Guidelines: Use of cryotherapy for cervical intraepithelial neoplasia. *Int J Gynaecol Obstet*. 2012 Aug;118(2):97-102.
26. Castle P and **Cremer M**. Human papilloma virus testing in cervical cancer screening. *Obstet and Gyn Clinics of No America*, 2013, 40(2):377-390]
27. Guo J, **Cremer M**, Maza M, Alfaro K, Felix J. Evaluation of a Low-Cost Liquid-Based Pap Test in Rural El Salvador: A Split Sample Study. *J Low Genit Tract Dis*. 2014 Apr;18(2):151-5.
28. Rosenbaum AJ, Gage JC, Alfaro KM, Ditzian LR, Maza M, Scarinci IC, Felix JC, Castle PE, Villalta S, Miranda E, **Cremer ML**. Acceptability of self-collected versus provider-collected sampling for HPV DNA testing among women in rural El Salvador. *Int J Gynaecol Obstet*. 2014 May 2
29. **Cremer M**, Ditzian L, Winkler JL, Jerónimo J, Singleton J, Franco HV, Maza M, Conlisk E, Gage J, Castle P, Santos C. Comparison of Depth of necrosis using Cryotherapy by Gas and Number of Freeze Cycles, *J Low Genit Tract Dis*. 2014 May 30.
30. Littman LL , Jacobs A, Negron R, Shochet T, Gold M, **Cremer M**. Beliefs about abortion risks in women returning to clinic after their abortions: a pilot study. *Contraception*. 2014 Jul;90(1):19-22.
31. Compos, NG, Maza M, Alfaro K, Gage JC, Castle PE, Felix JC, **Cremer ML**, Kim JJ. The comparative and

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cost-effectiveness of HPV-based cervical cancer screening algorithms in El Salvador. *Int J cancer*. 21025 Aug 15;137(4):893-902.

32. Alfaro KM, Gage JC, Rosenbaum AJ, Ditzian LR, Maza M, Scarinci IC, Miranda E, Villalta S, Felix JC, Castle PE, **Cremer ML**. Factors affecting attendance to cervical cancer screening among women in the Paracentral Region of El Salvador: a nested study within the CAPE-HPV screening program. *BMC Public Health*. 2015 Oct 16;15:1058.
33. Waxman AG, Buenconsejo-Lum LE, **Cremer M**, Feldman S, Ault KA, Cain JM, Diaz ML; Expert Panel on Cervical Cancer Screening in the US Territories Pacific Island Jurisdictions. Cervical cancer screening in the United States-Affiliated Pacific Islands: Options and Opportunities. *J Low Genit Tract Dis*. 2016 Jan;20(1):97-104.
34. **Cremer ML**, Maza M, Alfaro KM, Kin JJ, Ditzian LR, Villalta S, Alonzo TA, Felix JC, Castle PE, Gage JC. Introducing a high-risk HPV DNA test into a public sector screening program in El Salvador. *J Low Genit Tract Dis*. 2016 Apr;20(2):145-50.
35. Boraas CM, Achilles SL, **Cremer ML**, Chappel CA, Lim SE, Chen BA. Synthetic osmotic dilators with adjunctive misoprostol for same-day dilation and evacuation: a randomized controlled trial. *Contraception*. 2016 May 27.
36. Rapkin RB, Achilles SL, Schwarz EB, Meyn L, **Cremer M**, Boraas CM, Chen BA. Self-Administered Lidocaine Gel for Intrauterine Device Insertion in Nulliparous Women: A Randomized Controlled Trial. *Obstetrics and Gynecology*. 2016 August 5.
37. **Cremer M**, Maza M, Alfaro K, Morales Velado M, Felix J, Castle PE, Kim J, Gage JC. Scale-Up of an Human Papillomavirus Testing Implementation Program in El Salvador. *J Low Genit Tract Dis*. 2017 Jan;21(1)26-32

#### **Invited, Non-Peer Reviewed**

1. **Cremer M**, Nichols S, Masch RJ. Breaking the barriers to emergency contraception access in the United States: The time has come. *Expert Reviews in Obstetrics and Gynecology*. 2010 In press.
2. **Cremer M**, Phan-Weston S, and Jacobs A. Recent innovations in oral contraception. *Semin in Reprod Med*. 2010 28(2):140-46
3. Ditzian LR, David-West G, Maza M, Hartmann B, Shirazian T, **Cremer M**. Cervical cancer screening in low- and middle-income countries. *Mt Sinai J Med*. 2011 May-Jun;78(3):319-26.
4. **Cremer M**, Masch R. Emergency Contraception Past Present and Future. *Minerva Gyecol* 2010; Aug;(62): 361-71.
5. Landis Lewis D, **Cremer M**. Do I practice what I preach? Contraceptive use in North American medical students, *Expert Rev. Obstet. Gynecol*. 2011; 6(5), 491-493.

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#### **Letters**

1. Katz AI, **Cremer M**. Misoprostol alone for early abortion: an evaluation of seven potential regimens [letter] [comment]. *Contraception*. 2006 74(2):176.
2. **Cremer M**. Randomized trial to compare perioperative outcomes of Filshie clip vs. Pomeroy technique for postpartum and intraoperative cesarean tubal sterilization: a pilot study [letter] [comment]". *Contraception*. 2004 70(6): 506.
3. **Cremer M**, Conlisk E, Felix J. HPV screening for cervical cancer in rural India. *N Engl J Med*. 2009 361(3):305.

#### **Abstracts**

1. **Cremer M**, de LasCasas L, Kurtycz D.F.I., Schink J. Liquid-based cytologic specimen studies to screen for cervical dysplasia in rural El Salvador.
2. **Cremer M**, Schink JC, Kurtycz D, Moran H. Comparison of ThinPrep vs. conventional slides for detection of cervical pathology in rural El Salvador, FLASCOG, November, 1999. San Salvador, El Salvador.
3. **Cremer M**. Lessons from developing countries – El Salvador. EUROGIN Conference on the Prevention of HPV in Developing Nations, April, 2000. Paris, France.
4. **Cremer M**, Conlisk E. Issues in women’s public health in developing countries – A medical mission to El Salvador. APGO/CREOG Meeting, March, 2004. Orlando, FL.
5. **Cremer M**, Jamshidi R, Muderspach L, Blumenthal P, Felix J. A comparison of visual inspection and digital imaging of the cervix for detection of cervical intraepithelial neoplasia in rural El Salvador. Family Planning Fellows Meeting, May, 2004. Philadelphia, PA.
6. Obedin-Maliver J, Conlisk E, **Cremer M**. Contributory effects of dietary vitamin A, vitamin C, and folate on the development of intraepithelial neoplasia among rural Salvadoran women. Accepted for oral presentation at the Annual Meeting of the American Public Health Association Meeting, November, 2004, Washington, D.C.
7. Peralta E, Obedin-Maliver J, **Cremer M**. High prevalence of cataracts and pterygium in rural Salvadoran patients presenting at a temporary health clinic. Presented as oral presentation at the Annual Meeting of the American Public Health Association Meeting, November, 2004, Washington, D.C.
8. Wagner MS, Nucatola D, **Cremer M**, Economidis M, Yang G, Li A, Felix JC, Jain JK. “The effect of mifepristone on cervical prostaglandin EP3 receptor mRNA expression”. Society for Gynecologic Investigation, March 24, 2005, Los Angeles, CA J Society Gynecol Investig 2005 12(2 supplement).
9. Ozel B, Borchelt AM, Cimino F, **Cremer M**. Prevalence of pelvic floor symptoms in perimenopausal women in rural El Salvador, submitted to the American Urogynecologic Society, September 2005, Atlanta, GA.
10. Borchelt AM, Cimino F, Conlisk E, **Cremer M**. Early Menopause: A study of the Reproductive lives of Salvadoran Women. Global Health Education Consortium, San Francisco, May 2005.
11. Terbell H, Duran S, Singh R, Edelman A, **Cremer M**. Satisfaction with tubal ligation in El Salvador, ACOG national meeting Washington DC. May, 2006.
12. **Cremer M**, Davis C, Cortessis V, Felix J. Relationship between Cervical Inflammation and Visual Inspection with Acetic Acid. ASCCP, Las Vegas March 2006
13. **Cremer M**, Peralta E, Felix J, Blumenthal P. Digital Assessment of the Reproductive Tract (DART) vs. Colposcopy for directing biopsies in women with positive pap smears, presented as oral presentation at FIGO, Kuala Lumpur, Malaysia, November 2006
14. Ozel B, Borchelt A, Cimino F, **Cremer, M**. Prevalence and risk factors for pelvic floor symptoms in women in rural El Salvador. Society of Gynecologic Surgeons, April 2006. J Pelv Med Surg 2007 12(2).
15. Podolsky R, **Cremer M**, Atrio J, Arslan A. HPV Vaccine acceptability in Latino parents: comparing a US and a Salvadoran population. Accepted as poster presentation at ACOG May 2008. Obstet Gynecol. 2008 111(4):1s-113s.
16. **Cremer M**, Garcia L, Bullard K, Moore, E, Masch R, and Felix J. Adequacy of visual examination of the cervix following cryotherapy in a see and treat clinical trial. Oral presentation Int J Gynecol Obstet. 2009 107(2): S260.
17. **Cremer M**, Masch R, Maza M, Peralta E, Ditzian L, Felix J. Process Implementation of a Cervical Cancer See-and-Treat Program in Rural El Salvador. Accepted as poster presentation, Int J Gynecol Obstet. 2009 107(2): S601.

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18. Dierking E, **Cremer M**, Ditzian L, Podosky R, and Peralta E. Injectable Contraception Use among Salvadoran Women: an In-depth Analysis of Attitudes and Experiences. Accepted as poster presentation, ARHP, 2009. *Contraception*. 2009 80(2):211.
19. Hohmann, H, **Cremer, M**, Maza, M. IUD Related Knowledge and Attitudes Amongst Women's Health-Care Providers in El Salvador. Accepted as poster presentation, ARHP, 2009. *Contraception*. 2009 80(2):215.
20. Mosley RM, **Cremer, M**. Acceptability of the Intrauterine Device among Salvadoran Women, to be presented at ARHP, Washington DC, September 2008.
21. **Cremer M**, Siedhoff M, Maza M, Lerner V, Bullard K, Conlisk E, Felix J. Evaluation of visual inspection with acetic acid (VIA) adequacy with advancing age, accepted as a poster presentation at APHA, Philadelphia, November 2009.
22. **Cremer M**, Ditzian L, Peralta E, Maza M. Cervical Cancer Screening and Treatment in Rural El Salvador: Program Summary, presented as oral presentation, Eurogin, Monaco, January 2010.
23. **Cremer M**, Ditzian L, Peralta E, Maza M. Cervical Cancer Prevention Program in Rural El Salvador, to be presented as an oral presentation, Global Health & Innovation, New Haven, April 2010.
24. Bullard K, Conlisk E, Fried M, **Cremer M**. Factors affecting the timing of abortion in New York City. 138th Meeting of the American Public Health Association. Boulder, November 2010.
25. Maza M, Matesanz S, Alfaro K, Ditzian L, Jamshidi R, **Cremer M**. Adherence to Recommended Follow-up Care after Abnormal Cytology in Paracentral El Salvador, to be presented at the American Society for Colposcopy and Cervical Pathology (ASCCP) Biennial Scientific Meeting, April 2012.
26. Saravia D, Ditzian L, Saravia D, Maza M, **Cremer M**. Cervical cancer educational training for health promoters in El Salvador, presented as an oral presentation, 2012 CDC National Cancer Conference, Washington DC, August 2012.
27. **Cremer M**, Maza M, Ditzian L, Santos C, Castle P, Santos C. Comparison of depth of necrosis using cryotherapy by gas and number of freeze cycles- IPV 2012- San Juan, Puerto Rico, December 2012.
28. **Cremer M**, Gage JC, Maza M, Alfaro K, Rosenbaum A, Ditzian L, Ramirez E, Villalta S, Felix J, Castle PE. "Adherence to recommended follow-up among women testing careHPV+: A comparison of two follow-up strategies". Submitted to the 5th International Cancer Control Conference, Peru, 2013.
29. Rosenbaum A, Gage JC, Alfaro K, Ditzian L, Maza M, Scarinci I, Castle PE, Villalta S, Miranda E, **Cremer M**. "Acceptability of self-collected vs. provider-collected sampling for HPV DNA testing among women in El Salvador". 5th International Cancer Control Conference, Peru, 2013.
30. Alfaro K, Gage J, Rosenbaum A, Ditzian L, Maza M, Scarinci I, Castle PE, **Cremer M**. "Factors affecting attendance to cervical cancer screening among women in the Paracentral Region of El Salvador". 5th International Cancer Control Conference, Peru, 2013.
31. Rapkin RB, Achilles SL, Boraas C, **Cremer M**, Schwarz EB, Chen BA. Self-administered lidocaine gel for intrauterine device insertion in nulliparous women: a randomized controlled trial. *Obstet Gynecol*. 2014 May;123 Suppl 1:110S.
32. Campos NG, Maza M, Alfaro K, Gage JC, Castle PE, Felix JC, **Cremer ML**, Kim JJ. The comparative and cost effectiveness of HPV-based cervical cancer screening algorithms in El Salvador. Oral Presentation HPV 2014, August 2014, Seattle WA.
33. **Cremer ML**, Maza M, Alfaro KM, Kim JJ, Ditzian LR, Villalta S, Alonzo TA, Felix JC, Castle PE, Gage JC. Introducing careHPV into a public sector screening program in El Salvador. Oral Presentation HPV 2014, August 2014, Seattle WA.
34. Maza M, Alfaro K, Gage JC, Castle P, Ditzian L, Morales M, Velis JM, Kim J, Felix J, **Cremer M**. A Demonstration of Population-based Screening in El Salvador using careHPV, Lessons Learned. Poster **Cremer, Miriam MD/MPH**

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Presentation HPV 2014, August 2014, Seattle WA.

35. Prochada E, Conlisk E, **Cremer M**, Combellic J, April A, Marquez E. Abnormal Pap-Smear Management Among Migrant Farm Workers in New York. Accepted for oral presentation, APHA, New Orleans, LA, November 2014.
36. **Cremer M**, Maza M, Alfaro K, Felix JC, Gage J, Castle PE, Kim J. Introducing careHPV into a Public Sector Screening Program in El Salvador. Accepted for oral presentation, UICC, Melbourne Australia, December 2014.
37. **Cremer M**, Maza M, Alfaro K, Castle P, Kim J, Felix J, Gage J. Introducing CareHPV into a Public Sector Screening Program El Salvador. Oral presentation, EUROGIN Conference on HPV Infection and Related Cancers: Translating Research Innovations into Improved Practice, Sevilla Spain, February 2015.
38. **Cremer M**. The Programmatic results of phase 2 of HPV testing implementation in El Salvador. Oral presentation, 30<sup>th</sup> International Papillomavirus Conference, Portugal, September 2015.
39. **Cremer M**. Ablation Techniques Adapted for Low-and Middle-Income Countries. Accepted for oral presentation, GAP Conference, Brazil, April 2016.
40. **Cremer M**, Alfaro K, Maza M, Castle P, Zevallo A, Salinas M, Ore A.S, Taxa L, Felix J.C. Depth of Necrosis Using Different Ablation Techniques in Healthy Cervical Tissue. Poster presentation, International Papillomavirus Conference, South Africa, February 2017.
41. **Cremer M**, Maza M, Alfaro K, Gage JC, Castle P, Kim J, Felix J. Final Phase of a Public Sector HPV Testing-Based Cervical Cancer Screening Project in El Salvador. Poster presentation, International Papillomavirus Conference, South Africa, February 2017.
42. **Cremer M**, Paul, Haas, Maza M, Zevallos A, Ossandon, Garai J. Development and Testing of a non-Gas-Based Cryotherapy System for the Treatment of Cervical Intraepithelial Neoplasia: A Mixed-Methods Approach. Poster presentation, International Papillomavirus Conference, South Africa, February 2017.
43. Alfaro K, Maza M, Masch R, Castle P, Garai J, Ore A.S, Zevallos A, Salinas M, **Cremer, M**. Pain with Different Ablation Techniques in Healthy Cervical Tissue. Poster presentation, International Papillomavirus Conference, South Africa, February 2017.
44. Maza M, Figueroa R, Juarez A, **Cremer M**, Garai J, Masch R, Gage, J. Bench Testing of a Standard Cryotherapy Device and the CryoPen® Adapted for LMICs. Poster presentation, International Papillomavirus Conference, South Africa, February 2017.
45. Maza M, Melendez M, Alfaro K, Gonzalez E, Castillo R, Masch R, **Cremer M**. Feasibility of a Community-Based, Self-Sampling Detection Method for Women Who do Not Comply with Existing Screening Methods in El Salvador. Poster presentation, International Papillomavirus Conference, South Africa, February 2017.

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**PRACTITIONER PROFILE**

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Prepared for: Pennsylvania State Board of Medicine As of Date:3/1/2017

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**PRACTITIONER INFORMATION**

Name: Miriam Louise Cremer  
DOB: [REDACTED]  
Medical School: University of Wisconsin Medical School  
Madison, Wisconsin, UNITED STATES  
Year of Grad: 1997  
Degree Type: MD  
NPI: 1427110725

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**BOARD ACTIONS**

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

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-82957	5/2/2003		2/24/2017
NEW YORK	235281	2/18/2005	4/30/2018	2/22/2017
OHIO	35125621	2/4/2015	4/1/2019	3/1/2017
PENNSYLVANIA	MD441855	1/25/2011	12/31/2016	12/22/2016
WISCONSIN	41836-20	12/17/1999	10/31/2011	1/24/2017

**PRACTITIONER PROFILE**

Prepared for: Pennsylvania State Board of Medicine As of Date:3/1/2017  
Practitioner Name: Miriam Louise Cremer

**ABMS® CERTIFICATION HISTORY**

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

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2016	12/31/2017		Recertification	2/23/2017
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	2/23/2017
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	2/23/2017
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	2/23/2017
Expired	Time Limited	12/16/2012	12/31/2013		Recertification	2/23/2017
Expired	Time Limited	12/08/2006	12/31/2012		Initial	2/23/2017

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MIRIAM LOUISE CREMER 9849  
[REDACTED]  
PITTSBURGH PA 15208

**RE: DISCREPANCY NOTICE – Status Change/Reactivation Application - Physician**

Dear Doctor:

The Board has received your status change/reactivation application. The items listed below are needed to complete your application. Your license cannot be changed/reactivated until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until your license has been reinstated by the Board.**

- Application – **Social security number on application does not match Board records. Please submit a copy of your social security card verifying correct social security number.**
- Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
  - **Needs resubmitted in month/year format for at least the last 10 years.**
- A self query disclosure report from the **National Practitioner Data Bank (NPDB)** is required.
- Renewal Fee in the amount of \$360.00, made payable to the **"Commonwealth of Pennsylvania."** Check or money order must be drawn on a US bank. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**
  - **Incorrect fee amount submitted. Returning check in the amount of \$350.00**
- Continuing Medical Education – **Please submit copies of your CME certificates to verify completion of Continuing Medical Education. CME requirements can be found at [www.dos.pa.gov/med](http://www.dos.pa.gov/med).**
- Per Act 31 of 2014, two (2) hours of Board approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being reinstated. Details can be found at [www.dos.pa.gov](http://www.dos.pa.gov). For a list of Board-approved providers click the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office.

**PLEASE NOTE:** Act 31 of 2014 applies to all health-related licensees, regardless of whether they are subject to any other continuing education requirements of the Board.

**NOTE: PLEASE RETURN A COPY OF THIS LETTER WITH THE INFORMATION AND DOCUMENTS REQUESTED.**