

Physician and Surgeon Application Summary

65502
PY DOM

Kaiser, Jennifer Erin
50 N Medical Dr
Salt Lake City, UT 84132

Application #: 123785

Application Rec'd: 03/01/2019

Board Date:

Basis: USMLE

Legal: 10

Deposit #: H7B-19264

Amt Paid : 425.25

Birthdate: [REDACTED] 1984

Birthplace: Princeton, IL
USA

LEGAL

Received:

Completed:

Exam

05/02/2019

04/29/2019

USMLE1 240 06/12/2009; USMLE2 234 10/18/2012; USMLE3 229 11/25/2013;
FCVS

Competency

Medical School

05/02/2019

05/14/2014

U OF CHICAGO Chicago IL USA - M.D. 06/15/2013

FCVS (06/22/09 - 06/11/11 Graduate Student History of Science, Med and Tech

03/01/2019

03/01/2019

Diploma

Medical Training

05/08/2019

05/07/2019

University of Utah 07/01/2017-06/30/2019 Salt Lake City UT USA OB & GY-
Family Planning

05/02/2019

04/26/2019

University of Utah 06/24/2013-06/30/2017 Salt Lake City UT USA OB & GY-
Obstetrics & Gynecology AMA FREIDA Online

05/08/2019

05/08/2019

FCVS
Certificate

Licenses

02/01/2019

02/01/2019

UT, USA 01/31/2020

Hospital Privileges

02/11/2019

02/05/2019

Intermountain Medical Center - Active; Murray, UT

Recommendations

02/11/2019

02/07/2019

Lori Gauron, MD

02/11/2019

02/05/2019

David Turek, MD

Databank Searches

03/26/2019

03/26/2019

AMA

03/26/2019

03/26/2019

Federation

the DataBank - NPDB

Miscellaneous

Accounting of time

Photo

Release

Malpractice history report

Facilities list

Military papers

Branch -

Addendum To Application

Click Profile to update, if any

Driver's License

Treating Physician Statement

n/a

CBC Fingerprint Results Received, Reviewed and Returned



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MAR 11 2019

MEDICAL PRACTICE

Addendum to Application Cover Sheet

Basis for Application (Check One):

- ☐ Federation Licensing Examination (FLEX)
- ☐ National Board of Medical Examiners Examination (NBME)
- ☐ National Board of Osteopathic Medical Examiners Examination (NBOME)
- ☐ Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)
- ☐ Licentiate of Medical Council of Canada Examination (LMCC)
- ☐ State Board Examination (State Board)
- ☒ United States Medical Licensing Exam (USMLE)
- ☐ Combination of FLEX, NBME, USMLE (must be completed by year 2000)

For Board Use Only

Application #: 123785
Check/Receipt #: 264-11
Amount Paid: 65502
License #: 65502

Account Code	Amount
635009 lic	192.25
635010 app	200.00
635064 cbc	33.25

Instructions

Complete each section of the Addendum as instructed. Please type or print your responses and your identifying info at the bottom of the addendum pages.

If additional space is necessary, attach a separate sheet referencing the question number to which you are responding.

If the answer to any question is "yes", please explain in detail on the addendum, using a separate sheet if necessary. Additional documents may be required.

Return the completed addendum along with this cover page, application fee of \$425.25, forms, and other required documents to the Minnesota Board. Use the checklists to ensure you send all required items.

IMPORTANT NOTICE: Minnesota Statute, section 214.074 requires that all new applicants for licensure must complete a fingerprint – based criminal background check. Applications received on and after January 1st, 2019 must include the \$33.25 criminal background check fee or they will be returned. For more information please visit: <https://mn.gov/boards/medical-practice/>.

Applicant's Name Jennifer Kaiser
Minnesota Board of Medical Practice

Last 4 Digits of SSN [REDACTED]

Date 2/1/19
UA Addendum, Page 1 of 7

**Minnesota Board of Medical Practice
2829 University Ave. SE, Suite 500
Minneapolis, MN 55414-3246**

[REDACTED]

[REDACTED]

Additional information required:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Uniform Application for Licensure

Application ID: 265286

License Requested: MD

FID: 215815747

Submitted to: Minnesota Board of Medical Practice

Submission Date: 02/01/2019

Practitioner Name

Kaiser, Jennifer Erin

Alternate Name(s): Kaiser, Jennifer

Kaiser, Jennifer E

Contact Information

Address

Public Access	Board Contact	Type	Address
No	Yes	Home	[REDACTED]
Yes	No	Business	50 N Medical Dr Salt Lake City, UT 84132 UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	No	Business	[REDACTED]	
No	Yes	Home	[REDACTED]	

Email

Public Access	Board Contact	Email
No	Yes	[REDACTED]
Yes	No	Jennifer.Kaiser@hsc.utah.edu

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	[REDACTED]	1984	Princeton, IL UNITED STATES	F	1164764742	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
University of Chicago Pritzker School of Medicine	MC1000 5841 South Maryland Ave Chicago, IL 606371470 UNITED STATES	09/01/2007	06/15/2013	06/15/2013	MSMD

Fifth Pathway

None Reported

ECFMG

Applicant Name: Kaiser, Jennifer Erin

Application ID: 265286

Uniform Application for Physician State Licensure

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Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name:	University of Utah Salt Lake City, UT UNITED STATES	Program Code:	
Institution:		Attendance Dates:	
		Start Date:	07/01/2017
Training Specialty:	Family Planning	End Date:	06/30/2019
Training Status:	Active	Program Type:	Fellowship

Hospital Name:	University of Utah Program Salt Lake City, UT UNITED STATES	Program Code:	ACGME 2204921294
Institution:	University of Utah Medical Center	Attendance Dates:	
		Start Date:	06/24/2013
Training Specialty:	Obstetrics & Gynecology	End Date:	06/30/2014
Training Status:	Completed	Program Type:	Internship/Residency

Hospital Name:	University of Utah Program Salt Lake City, UT UNITED STATES	Program Code:	ACGME 2204921294
Institution:	University of Utah Medical Center	Attendance Dates:	
		Start Date:	07/01/2014
Training Specialty:	Obstetrics & Gynecology	End Date:	06/30/2017
Training Status:	Completed	Program Type:	Residency

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/12/2009	Pass	1
USMLE Step 2 CS Examination		10/02/2012	Pass	1
USMLE Step 2 CK Examination		10/18/2012	Pass	1
USMLE Step 3 Examination		11/25/2013	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Utah Physicians Licensing Board	UT	9149530-1205	09/10/2014	01/31/2020	Full	Active

Applicant Name: Kaiser, Jennifer Erin

Application ID: 265286

Uniform Application for Physician State Licensure

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Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc:	University of Utah	Chronology Type:	Other Training
	Address: Salt Lake City, UT US	Attendance Dates:	
	Position/Dept:	Start Date:	07/01/2017
		End Date:	06/30/2019
	Clinical %:		
	Admin %:		
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	University of Utah Program	Chronology Type:	Accredited Training
	Address: Salt Lake City, UT US	Attendance Dates:	
	Position/Dept:	Start Date:	07/01/2014
		End Date:	06/30/2017
	Clinical %:		
	Admin %:		
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	University of Utah Program	Chronology Type:	Accredited Training
	Address: Salt Lake City, UT US	Attendance Dates:	
	Position/Dept:	Start Date:	06/24/2013
		End Date:	06/30/2014
	Clinical %:		
	Admin %:		
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	University of Wisconsin - Madison	Chronology Type:	PGT/Education
	Address: 329 Union South 1308 W. Dayton St. Madison, WI 53715 US	Attendance Dates:	
	Position/Dept: Graduate student - History of Science, Medicine, and Technology	Start Date:	08/01/2009
		End Date:	05/30/2011
	Clinical %: 0		
	Admin %: 0		
	Employment: ●	Staff Privileges: ●	Affiliation: ●
Practice/Emp/ Desc:	University of Chicago Pritzker School of Medicine	Chronology Type:	Medical Education

Address: Chicago, IL
US

Position/Dept:

Attendance Dates:

Start Date: 09/01/2007

End Date: 06/15/2013

Clinical %:

Admin %:

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

University of Wisconsin - Madison

Chronology Type: PGT/Education

Address: 329 Union South
1308 W. Dayton St.
Madison, WI 53715
US

Attendance Dates:

Start Date: 08/01/2003

End Date: 05/30/2007

Position/Dept: Undergraduate - NA

Clinical %: 0

Admin %: 0

Employment:

Staff Privileges:

Affiliation:

Malpractice

Court: NA

Amount Paid:

Applicant Name: Kaiser, Jennifer Erin

Application ID: 265286

Uniform Application for Physician State Licensure

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Risk Management
525 E 100 S, Suite 4325
Salt Lake City, UT 84102
801.581.2031

February 4, 2019

Minnesota Board of Medical Practice

Provider: Jennifer Kaiser M.D.

Insured Dates: 6/24/13-present

Malpractice carrier: University of Utah SIR

MN BOARD OF
FEB 11 2019
MEDICAL PRACTICE

[REDACTED]

[REDACTED]

Amount of settlement: n/a

Please contact me at (801) 585-2079 if there are any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads 'Gail Bullock'.

Gail Bullock

IT Project Manager

University Hospital Risk Management



HEALTH

UNIVERSITY OF UTAH

Risk Management

525 East 100 South

Suite 4325

Salt Lake City, UT 84102

SALT LAKE CITY UT 840

05 FEB 2019 PM 2 L



Minnesota Board of Medical Practice
University Park Plaza
2829 University Avenue SE
Suite 500
Minneapolis, MN 55414

55414-324699



2. Conviction Date (mm/dd/yyyy): _____ Conviction Type: ☐ Felony ☐ Gross misdemeanor
Crime Description: _____
City: _____ State: _____ County: _____ Country: _____
Sentence: _____

4. Malpractice Liability Claims Information

The Board requires all applicants to complete the Malpractice Liability Claims Information page within the online Uniform Application unless there have been no claims. Report all claims that are pending or have been dismissed. If you have had no claims, check the box below certifying that you have not had any claims against you and leave the online UA page blank.

- ☐ I certify that I have never had a malpractice claim, award, judgment, or settlement against me.
☒ I certify that I have listed all malpractice claims information within the online Uniform Application.

5. Additional Physician Information

Alien Registration Number (if applicable): Number _____

Driver's License*: State UT Number [REDACTED]

Identifying Characteristics (if you are using FCVS, you do not need to complete this question):

Height (ft/in.) _____ Weight (lbs) _____ Hair Color _____ Eye Color _____

Identifying marks _____

Your intended street address (if known): _____

City / State or Province / Zip / Country: _____

Effective Date: 5/20/19

Proposed practice plans in Minnesota (if any): _____

**Submit a copy of your driver's license notarized as a true likeness to the Board. The copy must be legible with a clear photo.*

6. Countries (other than U.S. and Canada) in which you have ever been licensed

Country: _____ License Number: _____ Date Issued: _____

Country: _____ License Number: _____ Date Issued: _____

Country: _____ License Number: _____ Date Issued: _____

Country: _____ License Number: _____ Date Issued: _____

7. Membership in Professional Societies and Organizations

Organization: American College of OB/GYN From (mm/yy): 07/13 To (mm/yy): current

Organization: Society of Family Planning From (mm/yy): 11/17 To (mm/yy): current

Organization: Society for Academic Specialists in OB/GYN From (mm/yy): 10/17 To (mm/yy): current

Organization: _____ From (mm/yy): _____ To (mm/yy): _____

Organization: _____ From (mm/yy): _____ To (mm/yy): _____

Applicant's Name Jennifer Kaiser
Minnesota Board of Medical Practice

Last 4 Digits of SSN [REDACTED]

Date 2/1/19

UA Addendum, Page 3 of 7

8. Attestation Questions

Except for questions 1-4, please answer all questions by selecting Yes or No and provide an explanation when requested. Questions 1-4 do not have "No" as an option for confidentiality reasons.

If you have a condition addressed by questions 1-4 and you are NOT participating in Health Professionals Services Program (HPSP) for monitoring of the condition, you must answer "Yes" to the applicable question(s). If you do not have this condition, OR if you are participating in HPSP for monitoring of this condition, do not answer the applicable question(s).

For questions 1-2, the terms "impaired" and "limited" include but are not limited to impairments or limitations related to physical, psychological, or emotional disorders/conditions, or chemical dependency or chemical abuse.

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. This information is classified as private while your application is pending and public after your license is granted. Exception: "Yes" answers are confidential during any investigation and private thereafter. This information will NOT be included in the profiling.

If responses to questions change during the time your application is pending, you must make the board aware of the new information. If additional space is necessary, use the end of page 7. Attach a separate sheet if needed.

RIGHTS OF SUBJECTS OF DATA

The information on your application is requested by the Minnesota Board of Medical Practice. The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. The information is classified as private while your application is pending or if your application is denied, and as public if your license is granted. You are required to submit this information. Your application will not be processed without it and the form will be returned to you for completion. This information may be used as the basis for further investigation by the Board into your qualifications. Under some circumstances, the information could become available to other agencies or persons authorized by law to have access. Attach a separate page for detailed explanations, when appropriate. Failure to answer all questions completely and accurately, omission or falsification of material fact, alteration of application may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.

1. Is your cognitive, communicative, or physical capability to engage in the practice of medicine or surgery with reasonable skill and safety impaired or limited in any way? Please describe.

YES



1a. If yes, are the limitations or impairments reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please describe.



1b. If yes, are the limitations or impairments reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? Please describe.









2. Does your use of alcohol or chemical substance(s), including prescription medications, in any way impair or limit your ability to practice medicine with reasonable skill and safety? Please describe.



YES NO

3. Are you engaged in any illegal use of controlled substances including the use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider)? Please describe. ☒
- 3a. If yes, have you taken any steps (i.e. treatment, psychotherapy, participation in a support group) to discontinue or reduce such use? Please describe. ☒
- 3b. If yes, are you now participating in a supervised rehabilitation program or professional assistance program which has as a component a monitoring regimen designed to assure that you are not currently engaging in the use of illegal controlled substances? Please describe. ☒
4. Have you within the past five years been advised by your treating physician that you have a mental, physical, or emotional condition, which, if untreated, would be likely to impair your ability to practice medicine with reasonable skill and safety? If you answer this question "yes", please answer the following: ☒
- 4a. With regard to any condition referenced above, are you being treated so that such impairment is avoided? ☒
- 4b. With regard to any condition referenced above, are you in compliance with the recommended treatment? ☒
- 4c. With regard to any condition referenced above, has your treating physician advised you that you are able to practice medicine with reasonable skill and safety? ☒
- 4d. Please explain. ☐
- 4e. Identify your treating physician. ☒
5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders? Please describe. ☒
6. Have you ever been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances? If so, give particulars. ☒

YES NO

7. Have you even been denied a license, or the privilege of taking an examination before any medical examining board, or has a conditioned license been issued to you by any state medical board or licensing authority? If so, give particulars. 
8. Has your license to practice medicine in any state or country been voluntarily or involuntarily (i.e. by Medical Board Order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a Medical Board or other licensing authority? If so, give particulars. 
9. Have you ever been notified of any investigation by any state medical board, medical society, or any hospital of any complaints against you relative to the practice of medicine, or have you been reprimanded or censured by any medical society or licensing board? If so, give particulars. 
10. Have you ever been a defendant in any malpractice lawsuits, had any malpractice settlement, or have any pending? If so, complete section 4 of this Addendum and give a detailed clinical explanation of each case in the specifics area of the Malpractice Liability Claims Information page within the Uniform Application as well as documentation of outcome (insurance papers or court documents). 
11. Have your hospital privileges been restricted or revoked? If so, give particulars. 
12. Have there ever been any criminal charges filed against you? This includes charges of disorderly conduct, assault or battery, or domestic abuse, whether the charges were misdemeanor, gross misdemeanor, or felony. This also includes any offenses which have been expunged or otherwise removed from your record by executive pardon. If so, complete section 3 in this Addendum and submit a personal statement below regarding the date of conduct, state and local jurisdiction in which the charges were filed, date of closure, what role you played, and the outcome. 

YES NO

13. Have there ever been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving alcohol or other chemical filed against you? If so, submit a detailed personal statement below regarding the date of conduct, state and local jurisdiction in which the charges were filed, explaining in detail the incident and consequences including whether or not a CD evaluation was done (if so, submit results), and description of current drinking habits.

14. Have you ever voluntarily or involuntarily surrendered your DEA certificate or the right to prescribe controlled substances? If so, give particulars.

Use this space for additional information. Be sure to list the question number you are answering.

THE UNIVERSITY OF CHICAGO

ON THE RECOMMENDATION OF THE FACULTY
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM
THE TRUSTEES OF THE UNIVERSITY HAVE CONFERRED ON

JENNIFER E. KAISER

THE DEGREE OF

DOCTOR OF MEDICINE

THE PRITZKER SCHOOL OF MEDICINE

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF
GIVEN IN THE CITY OF CHICAGO IN THE STATE OF ILLINOIS
IN THE UNITED STATES OF AMERICA IN THE YEAR
TWO THOUSAND AND THIRTEEN
ON THE FIFTEENTH DAY OF JUNE

Andrew M. Allen
Chairman of the Board of Trustees

John L. ...
University Registrar



Robert J. Grier
President of the University
Thomas F. Rosenbaum
Provost
Kenneth S. Blomquist
Dean



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 02/01/2019

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Jennifer Erin Kaiser

Classification of License Issued: Physician & Surgeon

License Number: 9149530-1205

Obtained By: Utah Residency

Current Status: Active

Original Date of Licensure: 09/10/2014

Expiration Date: 01/31/2020

Agency and Disciplinary Action: NO ACTION

Docket Number: N/A

Education:

SCHOOL NAME	MAJOR	GRADUATION DATE	DEGREE	HOURS
University of Chicago Pritzker School of Medicine		06/15/2013	Doctorate of Medicine	0

EXAM SCORES:

EXAM BATTERY	EXAM TYPE	STATE	RESULTS	SCORE	DATES
10	Controlled Substance Exam	UT	Pass	100	09/03/2014
7020	USMLE Part 1	IL	Pass	240	06/12/2009
7020	USMLE Part 2	UT	Pass	Pass	10/02/2012
7020	USMLE Part 2	IL	Pass	234	10/18/2012

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah: (866)275-3675 • fax: (801)530-6511 • investigations fax: (801)530-6301

VERIFICATION OF UTAH LICENSURE

Name of Licensee: Jennifer Erin Kaiser

Classification of License Issued: Physician & Surgeon

Control Number: 9149530-1205-20190201

7020

USMLE Part 3

UT

Pass

229

11/25/2013



The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

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phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

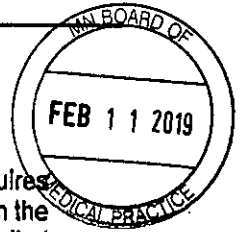


MINNESOTA BOARD OF MEDICAL PRACTICE

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MN Relay Service for Hearing Impaired (800) 627-3529



HOSPITAL PRIVILEGES VERIFICATION

As part of the medical license application process, the Minnesota Board of Medical Practice requires that this form be completed by each hospital where the applicant has held formal privileges within the last ten years. This form must be completed by each hospital listed on the Facilities List and mailed directly by each facility to the Minnesota Board of Medical Practice. Any processing fees are applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name Jennifer Kaiser Birthdate [REDACTED] 1984 Last 4 digits of SSN [REDACTED]

Signature [Signature] Date 2/5/19

THE HOSPITAL COMPLETES THE FOLLOWING INFORMATION:

IT IS HEREBY CERTIFIED THAT: (Name of Physician) Jennifer Kaiser, MD
HAD HOSPITAL PRIVILEGES AT: (Name of Hospital) Intermountain Medical Center
LOCATED AT: (Address) 5121 S. Cottonwood St. Murray, UT 84107
FROM: (Month, Day, Year) 7/20/2017 TO: (Month, Day, Year) 11/30/2020
TYPE OF PRIVILEGE: Active - OB/GYN
ANY DISCIPLINARY ACTION? Yes* No X
ANY DEROGATORY INFORMATION ON FILE? Yes* No X

SEAL**

no seal

Print Name Rachael Dawson
Signature [Signature]
Title Provider Credentialing Coordinator
Date 2/5/2019
Phone 801-507-5180
Fax 801-507-5141

*Please attach letter of explanation.

**If there is no seal, attach letter of explanation on letterhead.



**Intermountain
Medical Center**

5121 So. Cottonwood Street
P.O. Box 577000
Murray, Utah 84157-7000
801.507.7000

February 5, 2019

TO WHOM IT MAY CONCERN:

Please see below regarding your request for information on this practitioner related to his/her affiliation with Intermountain Medical Center:

PRACTITIONER NAME: Jennifer E. Kaiser, MD
DEPARTMENT: Obstetrics and Gynecology
SPECIALTY: Obstetrics and Gynecology
STATUS: Active
DATES OF APPOINTMENT: 7/20/2017 to 11/30/2020

This practitioner holds full medical staff membership and is authorized to exercise all clinical privileges granted to him/her. Medical staff membership, status and/or clinical privileges at our hospital have not been denied, limited, suspended, or revoked and proceedings toward those ends have not been instituted or recommended.

If you have questions regarding this response or if you require additional information, please feel free to contact Pam Postma, Medical Staff Services Manager, at (801) 507-5178.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachael Dawson".

Rachael Dawson
Provider Credentialing Coordinator
Intermountain Medical Center Medical Staff Services Department

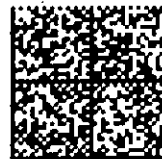


**Intermountain[®]
Medical Center**

5121 S. Cottonwood Street
P.O. Box 577000
Murray, Utah 84157-7000

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



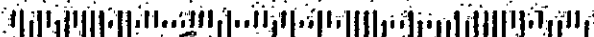
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Minnesota Board of Medical Practice
2829 University Avenue SE, Suite 500
Minneapolis, MN 55414-3246

ABFDSMB 55414





MINNESOTA BOARD OF MEDICAL PRACTICE

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HOSPITAL PRIVILEGES VERIFICATION

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Print Name Jennifer Kaiser Birthdate 1/19/84 Last 4 digits of SSN ██████

Signature [Signature] Date 2/5/19

THE HOSPITAL COMPLETES THE FOLLOWING INFORMATION:

IT IS HEREBY CERTIFIED THAT: (Name of Physician) Jennifer Kaiser, MD
HAD HOSPITAL PRIVILEGES AT: (Name of Hospital) Intermountain Medical Center
LOCATED AT: (Address) 5121 S. Cottonwood St. Murray, UT 84107
FROM: (Month, Day, Year) 7/20/2017 TO: (Month, Day, Year) 11/30/2020
TYPE OF PRIVILEGE: Active - OB/GYN
ANY DISCIPLINARY ACTION? Yes* No X
ANY DEROGATORY INFORMATION ON FILE? Yes* No X

SEAL**

no seal

Print Name Rachael Dawson
Signature [Signature]
Title Provider Credentialing Coordinator
Date 2/5/2019
Phone 801-507-5180
Fax 801-507-5141

*Please attach letter of explanation.

**If there is no seal, attach letter of explanation on letterhead.



**Intermountain
Medical Center**

5121 So. Cottonwood Street
P.O. Box 577000
Murray, Utah 84157-7000
801.507.7000

February 5, 2019

TO WHOM IT MAY CONCERN:

Please see below regarding your request for information on this practitioner related to his/her affiliation with Intermountain Medical Center:

PRACTITIONER NAME:	Jennifer E. Kaiser, MD
DEPARTMENT:	Obstetrics and Gynecology
SPECIALTY:	Obstetrics and Gynecology
STATUS:	Active
DATES OF APPOINTMENT:	7/20/2017 to 11/30/2020

This practitioner holds full medical staff membership and is authorized to exercise all clinical privileges granted to him/her. Medical staff membership, status and/or clinical privileges at our hospital have not been denied, limited, suspended, or revoked and proceedings toward those ends have not been instituted or recommended.

If you have questions regarding this response or if you require additional information, please feel free to contact Pam Postma, Medical Staff Services Manager, at (801) 507-5178.

Sincerely,

Rachael Dawson
Provider Credentialing Coordinator
Intermountain Medical Center Medical Staff Services Department

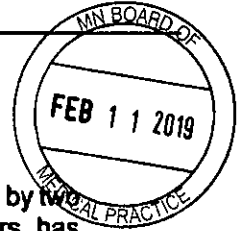


MINNESOTA BOARD OF MEDICAL PRACTICE

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MN Relay Service for Hearing Impaired (800) 627-3529



PHYSICIAN RECOMMENDATION FORM (2)

This form must be completed and mailed directly to the Minnesota Board of Medical Practice by two US or Canadian licensed physicians with whom applicant has worked during the last five years, has known applicant for more than one year and who can testify to applicant's character, personal reputation, background and professional ability. This form does not have to be filled out by the same physicians you have listed on page 9 of the application. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Applicant Print Name Jennifer Kaiser
Applicant Signature [Redacted] Date 2/7/19

THE PHYSICIAN SERVING AS A REFERENCE COMPLETES THE FOLLOWING:

RECOMMENDATION FOR: (Print Name of Applicant) Jennifer Kaiser

1. How long have you known the applicant? 4 years

2. What has been the nature of your relationship with the applicant? Fellowship
Director

3. How would you characterize the moral and professional conduct of the applicant? above peers - no concerns

4. Would you recommend that the applicant be approved for licensure for the independent, unrestricted practice of medicine? yes

5. Circle the word(s) which best describes this applicant.

A. Marginal*

Fully Meets Standards

A. Clinical skills

B. Yes*

No

B. Any indication of chemical dependency?

C. Yes*

No

C. Any indication of malprescribing?

*Please attach letter of explanation.

Completed By:

Printed Name Lori Gawn Signed [Signature]

Health Profession Physician OBGYN License # 818967-1005 State UT

Date 2-7-19 Phone# 801-213-4189 Fax

Email LORI.GAWN@HSC.UTAH.EDU



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PHYSICIAN RECOMMENDATION FORM (2)

This form must be completed and mailed directly to the Minnesota Board of Medical Practice by two US or Canadian licensed physicians with whom applicant has worked during the last five years, has known applicant for more than one year and who can testify to applicant's character, personal reputation, background and professional ability. This form does not have to be filled out by the same physicians you have listed on page 9 of the application. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Applicant Print Name Jennifer Kaiser

Applicant Signature _____

Date 2/5/19

THE PHYSICIAN SERVING AS A REFERENCE COMPLETES THE FOLLOWING:

RECOMMENDATION FOR: (Print Name of Applicant) Jennifer Kaiser

1. How long have you known the applicant? 6 years

2. What has been the nature of your relationship with the applicant? I am a Faculty member for Dr. Kaiser's Residency & Fellowship

3. How would you characterize the moral and professional conduct of the applicant? Dr. Kaiser

is an exceptional physician and demonstrates the highest moral and professional conduct.

4. Would you recommend that the applicant be approved for licensure for the independent, unrestricted practice of medicine? YES, without any hesitation

5. Circle the word(s) which best describes this applicant.

A. Marginal*

Fully Meets Standards

A. Clinical skills

B. Yes*

No

B. Any indication of chemical dependency?

C. Yes*

No

C. Any indication of malprescribing?

*Please attach letter of explanation.

Completed By:

Printed Name David Turk

Signed [Signature]

Health Profession OB/GYN MD

License # 359437-1205

State UTAH

Date 2/5/19

Phone# 801 231 8511

Fax _____

Email DAVID.TURK@HSC.UTAH.EDU

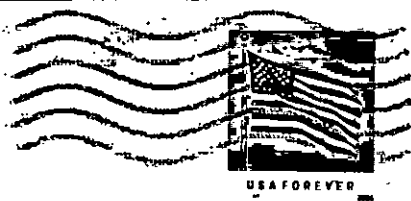


UNIVERSITY OF UTAH
HEALTH CARE

Department of Obstetrics & Gynecology
Room 2B200
30 North 1900 East
Salt Lake City, Utah 84132-2209

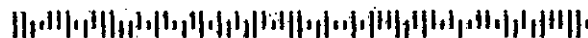
SALT LAKE CITY UT 840

08 FEB 2019 PM 4 L



Minnesota Board of Medical Practice
University Park Plaza
2829 University Ave SE Ste 500
Minneapolis, MN 55414

55414-324699





AMA Physician Profile

PREPARED FOR

Minnesota Board of Medical Practice, Minneapolis, MN

Name and Mailing Address

JENNIFER E KAISER

Primary Office Address

LIMITED TO OFFICIAL GOVERNMENT DUTIES
ON

UNIVERSITY OF UTAH HEALTH CARE

30 N 1900 E RM 2B200

SALT LAKE CTY, UT 84132-0002

Phone (801) 213-4989

Birth date

1984

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

OBSTETRICS & GYNECOLOGY (primary)

UNSPECIFIED (secondary)

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

AMA membership status

NON MEMBER

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1164764742	03/21/2013	NOT RPTD	NOT RPTD	NOT RPTD	03/15/2019

Current and/or historical medical school

UNIV OF CHICAGO DIVISION OF BIOLOGICAL SCIENCES PRITZKER SCHOOL OF MEDICINE

Degree Awarded: YES



Degree Year: 2013

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

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

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

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

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

Sponsoring Institution: UNIVERSITY OF UTAH MEDICAL CENTER
Sponsoring State: UTAH
Program name: UNIVERSITY OF UTAH PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Training Type: SPECIALTY
Dates: 6/2013 - 6/2017 (Verified)

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

Specialty Board Certification

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

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



Certifying board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.
Certificate:
Certificate type:

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
----------	--------	----------------	-----------------	---------------	------------	---------------	----------------------

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

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2019 American Board of Medical Specialties. All right reserved.

Current and/or historical medical licensure

License No. MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
91495301205	MD UT	09/10/2014	01/31/2020		ACTIVE	UNLTD	12/11/2018

Action Notifications

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

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

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

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX390	22N 33N 4 5	12/31/2020	03/11/2019	Limited To Official Government Duties On University Of Utah Health Care 30 N 1900 E Rm 2B200 Salt Lake Cty, UT 84132-0002



Only the last three characters of active DEA numbers are displayed

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

ECFMG Certification

Applicant Number:

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

Profile Information

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

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

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

PRACTITIONER PROFILE

Prepared for:

Minnesota Board of Medicine

As of Date:3/26/2019

PRACTITIONER INFORMATION

Name: Kaiser, Jennifer Erin
DOB: [REDACTED] 984
Medical School: University of Chicago Pritzker School of Medicine
Chicago, Illinois, UNITED STATES
Year of Grad: 2013
Degree Type: MD
NPI: 1164764742

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
UTAH	9149530-1205	09/10/2014	01/31/2020	02/25/2019

PRACTITIONER PROFILE

Prepared for:	Minnesota Board of Medicine	As of Date:3/26/2019
Practitioner Name:	Kaiser, Jennifer Erin	

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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

KAISER, JENNIFER E - SELF-QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: KAISER, JENNIFER E
Date of Birth: [REDACTED] 1984 Gender: FEMALE
Delivery Address: [REDACTED]
Social Security Number: [REDACTED] DEAN: 1K4871390
NPI: 1164764742
License: PHYSICIAN (MD), 9149530-1205, UT, OBSTETRICS & GYNECOLOGY
Professional School(s): UNIVERSITY OF CHICAGO DIVISION OF THE BIOLOGICAL SCIENCES THE PRITZKER SCHOOL OF MEDICINE (2013)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$4.00 NPDB Bill Reference Number: N61533044
Transaction Date: 02/21/2019 Additional Paper Copies Requested: 0

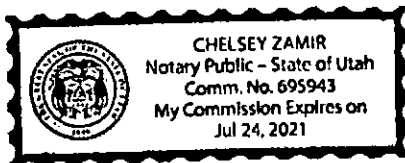
C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/21/2019

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 Based on the Subject Information Submitted -----





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Certificate of Ethical and Moral Character

This certificate must be signed by **two** licensed physicians who are personally acquainted with the applicant.

1. I certify that the photograph attached is a recent one and likeness of Dr. Kaiser
and that he/she is a person of good ethical and moral character.

Signature [Signature] Print or type name DAVID TURCK
Date 2/5/2019 License Number 359437-1205 State of Issue UTAH

CERTIFICATION OF IDENTIFICATION Certification of Notary Public is required.

State Utah County Salt Lake

I certify that on the date set forth below, 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 with the signature on his/her identifying document.

Sworn to before me by the applicant on this 21 day of February 2019.

Notary Public Signature [Signature]
Expiration Date 7/24/2021



2. I certify that the photograph attached is a recent one and likeness of Dr. Kaiser
and that he/she is a person of good ethical and moral character.

Signature [Signature] Print or type name Cori Gannon
Date 2-7-19 License Number 8989657-1205 State of Issue UT

Affidavit and Authorization for Release of Information

Applicant: In the presence of a notary public, sign this form with attached photo. If you are using FCVS for credentials verification, consider having that form notarized at the same time. Send the separate notarized FCVS form to FCVS. **Do not send this form to FCVS** as doing so will delay your licensure.

Send this form to the board you are applying to for licensure. Include all other required materials.
A directory of state medical and osteopathic boards is available at <http://www.fsmb.org/policy/contacts>.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of 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 Uniform Application for Physician State Licensure 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 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 Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, 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 the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



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

Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

Date of signature (must correspond to date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left.]

NOTARY

State of Utah, County of Salt Lake

I certify that on the date set forth below, 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.

The statements on this document are subscribed and sworn to before me by the applicant on this 21 day of February, 2019.

Notary Public Signature Chelsey Janitz My Notary Commission Expires 7/24/2021



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FACILITIES LIST

Minnesota Statute 147.162 requires physicians to submit a list of inpatient and outpatient medical care facilities where you have medical privileges. In addition, the Board requests a list of all facilities where you have had medical privileges during the last 10 years. List any facility where you are getting (have been) paid outside a post graduate internship, residency or fellowship training program.

Submit a Hospital Privilege Form to each facility listed except those clinics which are strictly outpatient. If you have had no privileges, write NONE and sign and date the form.

CURRENT PRIVILEGES

<u>Facility</u>	<u>City and State</u>	<u>Type of Privilege</u>
Intermountain Medical Center	Murray, UT	active

PAST PRIVILEGES (LAST 10 YEARS)

<u>Facility</u>	<u>City and State</u>	<u>Type of Privilege</u>

I hereby certify that the above is a true and accurate list of inpatient and outpatient facilities at which I have (have had) medical privileges.

Print Name Jennifer Kaiser

Signature [Redacted] Date 2/5/19



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MN Relay Service for Hearing Impaired (800) 627-3529

Addendum to Application

1. Business Address

Effective August 1, 2012, Minn. Stat. §214.073 requires licensees to provide their primary business address at the time of initial application and all subsequent renewals. Your primary business address is public and you are required to submit it for application purposes. Your license will not be issued without it unless you check the box below certifying that you are not currently in the workforce related to your practice.

Facility name: University of Utah Hospital

Street Address: 50 N Medical Dr

City / State or Province / Zip: Salt Lake City, UT 84132

☐ I certify that I am not currently in workforce related to my practice, and I don't have a business address related to my practice.

2. Military Status

Are you or your spouse returning from active military duty (discharged less than 6 months ago) or still in active military duty? ☒ No ☐ Yes - me. ☐ Yes - spouse. If discharged, provide discharge date: _____

☒ I certify that I have not served any military duty.

☐ I certify that I have served military duty in the following branch of service: _____

Rank at Discharge: _____ Type of Discharge: _____

Entry Date (mm/dd/yyyy): _____ Release Date (mm/dd/yyyy): _____

3. Criminal Conviction(s)

Effective July 1, 2013, Minn. Stat. §214.072 requires the Board to collect and post on its website the names and business address of each regulated individual who has been convicted of a felony or gross misdemeanor occurring on or after July 1, 2013 in any state or jurisdiction. This information shall be posted for new licensees issued a license on or after July 1, 2013 and for current licensees upon license renewal occurring on or after July 1, 2013. This information is public and you are required to submit it for application purposes. You must notify the Board if a previously reported conviction has been expunged and provide written documentation of expungement.

If you have more than two items to report, attach additional sheets as needed.

☒ I certify that I have had no felony or gross misdemeanor on or after July 1, 2013.

☐ I certify that I have had the following felony or gross misdemeanor on or after July 1, 2013:

1. Conviction Date (mm/dd/yyyy): _____ Conviction Type: ☐ Felony ☐ Gross misdemeanor

Crime Description: _____

City: _____ State: _____ County: _____ Country: _____

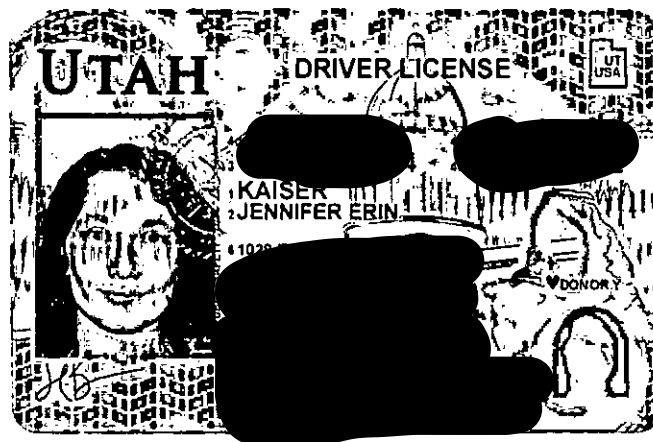
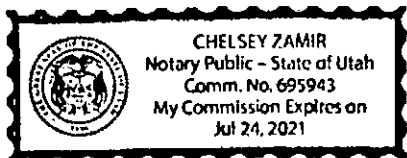
Sentence: _____

Applicant's Name Jennifer Kaiser
Minnesota Board of Medical Practice

Last 4 Digits of SSN [REDACTED]

Date 2/1/19

UA Addendum, Page 2 of 7





MINNESOTA BOARD OF MEDICAL PRACTICE

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MN Relay Service for Hearing Impaired (800) 627-3529

Treating Physician Statement

Applicant: Applicants who have a medical condition during the last five years which, if untreated, would be likely to impair their ability to practice with reasonable skill and safety must have their treating physician complete this form. A treating physician is the physician who diagnosed and provides or provided treatment for the condition and includes the current treating physician. If not applicable, write "not applicable" on the form and submit with the application.

Treating Physician: Complete and mail this form directly to the Minnesota Board of Medical Practice. This form is also available on our website.

Applicant's Printed Name _____

Applicant's Date of Birth (Mo/Day/Yr) _____ Health Profession _____

I hereby authorize you, my treating physician, to disclose my medical records to the Minnesota Board of Medical Practice. I hereby release, discharge, and exonerate the Board, its agents, and representatives, and any person furnishing information to the Board from any and all liability of every nature and kind arising out of the furnishing oral information or documents, records, or other information to the Board.

Signed _____ Date _____

Nature of medical condition including diagnosis and significant symptoms

Not applicable

Date first saw patient: _____ Date last saw patient: _____

Has the applicant been compliant with treatment? (If no, please explain)

☐ Yes

☐ No

What medications is the applicant taking for this condition?

If this medical condition was untreated, would it be likely to impair the applicant's ability to practice with reasonable skill and safety? (If yes, please explain) ☐ Yes ☐ No

Should the condition be monitored? (If yes, please explain) ☐ Yes ☐ No

Treating Physician (print name) _____

Signature _____ Date _____

Phone _____ Fax _____

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Rcvd

5-2-19

**Medical Professional
Information Profile**

This report provides credentialing information for:

Name: **Kaiser, Jennifer Erin**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED] **1984**

FID#: **215815747**

Recipient: **MN - Minnesota Board of
Medical Practice**

Delivery Date: **04/29/2019**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional 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.

NOTICE: All documents bearing an original 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.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

**FEDERATION OF
STATE MEDICAL BOARDS**

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Affidavit and Release**

I, the undersigned, 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 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 me being prosecuted under appropriate federal and state laws.

I 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 any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary:
Your seal (or stamp)
must be partly upon
the photo and partly
upon the signature of
the applicant.



KYLE WHEELER
Notary Public
State of Utah
My Commission Expires May 3, 2017
COMMISSION NUMBER 665253

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

Applicant's Printed Last Name
Jennifer

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
7/25/14

Date of Signature (must correspond to date of notarization)

State of Utah, County of Salt Lake

I certify that on the date set forth below 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. The statements on this document are subscribed and sworn to before me by the applicant on this 25 day of July, 20 14

Notary Public Signature: Kyle Wheeler

My Notary Commission Expires: May 3, 2017

**KYLE WHEELER**

Notary Public

State of Utah

My Commission Expires May 3, 2017

COMMISSION NUMBER 665253

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 848-5000

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Biographic Information

Medical professional Name(s): **Kaiser, Jennifer Erin**

Date of Birth: [REDACTED] 1984

Place of Birth: Princeton, IL, UNITED STATES

Contact Information

Business Address: 50 N Medical Dr
Salt Lake City, UT 84132
UNITED STATES

Home Address: [REDACTED] Ave

Home Phone: [REDACTED]

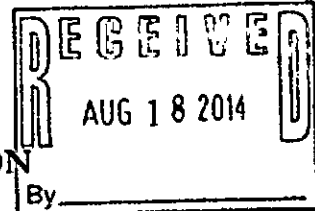
Business Phone: [REDACTED]

Email: [REDACTED]

Email: Jennifer.Kaiser@hsc.utah.edu

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.



CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: Kaiser Jennifer Erin
First Middle

FCVS ID Number: 318781

Notary - Please complete the section below:

State of Utah County of Salt Lake

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

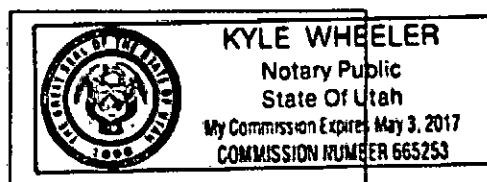
The statements on this document are subscribed and sworn to before me by the applicant on this
(Day) 25 of (Month) July (Year) 2014

Notary Public Signature: KW

Commission Expiration Date* (Month) May / (Day) 3 / (Year) 2017

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd., Suite 300
Euless, TX 76039-3856

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The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/01/2003	05/30/2007	PGT/Education	University of Wisconsin - Madison Madison Wisconsin UNITED STATES
09/01/2007	06/15/2013	Medical Education	University of Chicago Pritzker School of Medicine Chicago Illinois UNITED STATES
08/01/2009	05/30/2011	PGT/Education	University of Wisconsin - Madison Madison Wisconsin UNITED STATES
06/24/2013	06/30/2014	Postgraduate Training	University of Utah Program Salt Lake City Utah UNITED STATES
07/01/2014	06/30/2017	Postgraduate Training	University of Utah Program Salt Lake City Utah UNITED STATES
07/01/2017	06/30/2019	Postgraduate Training	University of Utah Salt Lake City Utah UNITED STATES

End of Chronology of Activities report for: Kaiser, Jennifer Erin

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****Medical Education****fsmb**

Medical Education

Medical School: University of Chicago Pritzker School of Medicine**Location: Chicago, IL
UNITED STATES**

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

**Federation Credentials
Verification Service**
400 Fuller Wiser Road
Suite 300
Euless, TX 76039

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 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).

Institution Name: University of Chicago Pritzker School of Medicine

Address Line 1: 924 E 57th Street, Suite 104

Address Line 2:

City: Chicago

State/Province: IL

Zip Code (Postal Code): 60637

Country: US

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

N/A

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: B.S.

Enrollment and Participation: Our records indicate that Kaiser, Jennifer Erin

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 158 weeks of medical education on the following dates: **From:** 09/24/2007 **To:** 06/15/2013

Month Day Year

Month Day Year

This individual

Was awarded the degree of Doctor of Medicine

on 06/15/2013

Was NOT awarded a degree because: (please explain - additional page if necessary)

Month Day Year

Attestation

Affix Institutional
Seal Here

If no seal is available,
this form must be
retained

Watermark

For FCVS Internal use only.

Name: Maureen Okonski

Signature: Maureen Okonski

Title: Registrar

Date of Signature: 08/14/2014

Phone: (773) 702-3994

Fax: (773) 834-1920

Email: mokonski@bsd.uchicago.edu

**ELECTRONIC
SEAL VERIFIED**

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215815747

Unusual Circumstances

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

Yes

If Yes, please specify the reason(s) for, indicate the date of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved:

From Date:

To Date:

Personal/Family _____

Academic remediation _____

Health _____

Financial _____

Participation in joint degree Program (e.g., MD/PhD) _____

06/22/2009

06/11/2011

Approved

Participation in non-research special study _____

(e.g., fellowship, international experience) _____

Participation in non-degree research _____

Other:

Other:

Please Specify:

Following her second year of medical school, Jen took a leave of absence from medical school for 2 years to pursue her master's in the History of Medicine, Technology and Medicine at the University of Wisconsin-Madison. She received a M.A. in 2011.

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

No

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

From Date:

To Date:

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other:

Please specify a 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?

No

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

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

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?

No

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



Medical School

Medical Professional Name: Kaiser, Jennifer Erin

University of Chicago Pritzker School of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? Yes

Dates: 06/2009 To 08/2011

I completed a 2 year Masters of Arts at the University of Wisconsin - Madison in the History of Science, Medicine, and Technology

Were you ever placed on probation? No**Were you ever disciplined or placed under investigation?** No**Were any negative reports for behavioral reasons ever filed by instructors?** No**Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?** No

End of Applicant Reported Unusual Circumstances report for: Kaiser, Jennifer Erin

MEDICAL STUDENT PERFORMANCE EVALUATION

Jennifer Kaiser, MA

October 1, 2012

Identifying Information

Jennifer (Jen) Kaiser is currently a fourth year medical student at the University of Chicago Pritzker School of Medicine in Chicago, Illinois.

Unique Characteristics

Undergraduate Experience:

Jen Kaiser entered the Pritzker School of Medicine having completed a highly successful program at the University Of Wisconsin-Madison where she majored in Biology, graduating with Honors in Letters and Science in 2007.

Medical School Experience:

Jen Kaiser matriculated at the University of Chicago Pritzker School of Medicine in 2007 and has distinguished herself in the following activities as a medical student.

Research Experience: Following her second year of medical school, Jen took a leave of absence from medical school to pursue her master's in the History of Medicine, Technology and Medicine at the University of Wisconsin-Madison. Jen's thesis was on obstetrician Joseph Bolivar DeLee and his Chicago Lying-In Hospitals. Her mentor was Judith Walzer Leavitt, a national expert in the history of American Childbirth. Jen's research took her to the Northwestern Memorial Hospital Archives in Chicago where she searched through files of Dr. DeLee's notes, publications, and letters and materials related to the Chicago Lying-In Hospital. As a result of her research, Jen was accepted into the doctoral program at the University of Wisconsin. She also presented her research at the Ob/Gyn Grand Rounds at the University of Chicago and at NorthShore University HealthSystem.

Leadership Experience: During her first and second year, Jen served as co-chair for Medical Students for Choice (MSFC) and in 2009 helped plan the MSFC Regional Conference at the University of Chicago. These experiences gave her the opportunity to hone her leadership, communication, and teamwork skills. She worked closely with her co-chair throughout the year to implement informational and thought-provoking events. These events included a screening of the movie JANE, panels with local providers, and organizing a letter writing campaign to raise funds so that the nine members of the student organization could travel to the MSFC National Conference. As Director of the 2009 MSFC Regional Conference, Jen and her co-chair oversaw approximately 10 volunteers and worked closely with the Regional Coordinator and Chicago MSFC chapter leaders to put together a successful and educational conference. Specific duties included coordinating the keynote speaker, obtaining supplies for hands-on teaching sessions, and contacting break-out session leaders. Approximately 80 people attended the conference.

Academic History

Transfer student: Not applicable

Initial Matriculation in Medical School: Autumn 2007

Expected Graduation from Medical School: Spring 2013

Leave(s) of Absence, Gaps or Breaks: Jen took a leave of absence from 2009 to 2011 to pursue a two year Master of Arts program at the University of Wisconsin - Madison. Jen received her MA in the History of Science, Medicine, and Technology.

Dual/Joint/Combined Degree: MA, History of Science, Medicine, and Technology, University of Wisconsin, 2011

Selected Honors/Awards

Teaching Assistant for Clinical Pathophysiology and Therapeutics 2010: Jen Kaiser's selection to serve as a Teaching Assistant for the winter/spring 2013 Clinical Pathophysiology and Therapeutics course is an honor only offered to the top 25 students of the class and demonstrates her mastery of a curriculum which integrates both the basic and the clinical sciences.

Academic Progress

Preclinical/Basic Science Curriculum:

The Pritzker School of Medicine uses a Pass/Fail grading system. Jen Kaiser received passing grades in all courses in Years 1 and 2.

The following summary evaluation was submitted regarding Jen Kaiser's performance in the two year Clinical Skills course sequence:

"Jen improved greatly over the course of the quarter. She had an excellent understanding of the patient histories and physical exams. She did an outstanding job of formulating an assessment and plan during her final presentation. Over the course of the quarter she improved greatly as her presentations became more focused and informative. She's a very positive and engaging student who was eager to receive feedback. Jen will have no trouble making the transition to third-year."

Core Clinical Clerkships and Elective Rotations:

The following summaries are edited for length and grammar. The clerkships are presented in chronological order.

Clerkship #1 -- Family Medicine (High Pass):

Jen Kaiser's overall performance in the Family Medicine clerkship was excellent. She demonstrated a good understanding of basic disease processes and consistently applied this knowledge to specific patient conditions. She had solid clinical skills. Jen was efficient and able to take a focused history. Her treatment plans were appropriate, complete, and timely and contributed to the management of patients. Jen established great rapport with patients and interacted well with clinic staff. She had an excellent, mature attitude toward learning. Jen was professional, thorough, consistently on time, and prepared. She was reliable, readily assumed

responsibility, and volunteered for additional patient care beyond what was expected. One preceptor noted, "We loved having her in the center and think that she would be an excellent family physician, should that be the route she chooses." Jen always took care to gather complete information and read-up on patients' conditions. Her preceptors commented on her exceptional self-assessment skills and ability to improve in targeted areas. She also gave an excellent final presentation.

Clerkship #2 -- Psychiatry (High Pass):

Jen Kaiser's overall performance in the Psychiatry clerkship was excellent. Jen was an outstanding student from the beginning of her rotation and continued to show improvement throughout the rotation. Her understanding of the scientific basis of medicine, as well as her clinical skills, was excellent. She also showed excellent clinical reasoning. Compared to her fellow students, Jen was more independent and demonstrated better clinical reasoning than average. Her communication skills and professionalism were outstanding. She was a mature and independent student who took initiative in caring for her patients. She was knowledgeable, likable, and really did well with patients on the inpatient ward. Jennifer's self-directed learning was excellent too. She progressively became more independent and active and had a good level of autonomy and responsibility by the end of her four weeks with us. Her clinical skills will make an important impact during residency. She will be an outstanding resident.

Clerkship #3 -- Neurology (Honors):

Jen Kaiser's overall performance in the Neurology clerkship was outstanding. She had a very good neurology knowledge base. Moreover, Jen had outstanding clinical skills. She was comfortable with the patients during the examination and performed examinations skillfully. Also, her examination findings were always accurate. Her ability to assemble history and physical examination information, present it in written clinical case format, and make a reasonable differential diagnosis and localization was very good. She demonstrated an insightful application of her strong neurological knowledge base to clinical problems. Jen consistently thought about her patients and provided some of the most organized and comprehensive presentations that I have heard from the students. Her summaries of the cases were accurate and, most of all, directed at the specific issues that needed attention. She gave excellent case presentations, was engaged and compassionate towards her patients, and also localized lesions very well. She demonstrated excellent communication with peers and faculty in small group formats. Jen's unique quality, though, was her compassion for the patients and families whom she cared for. She had a welcome, mature approach to patients. This was especially obvious with a terminally-ill patient who required a family conference. Jen's desire to assist and be part of this was quite extraordinary. She was highly professional, extremely reliable, and displayed a high level of integrity. She was a pleasure to work with. During a day when there were several admissions from the prior night and all of the residents were busy, Jen was especially impressive, submitting (pending) orders, medications, and tests, for her patients, and easily functioned at the level of a resident. Jen was bright, engaged, and showed excellent self-directed learning. As stated above, Jen stood out for multiple reasons. However, her compassion and desire to learn and experience all that she could was what really distinguished this special student. Jen has great potential and will develop into an outstanding physician.

Clerkship #4 -- Obstetrics and Gynecology (Honors):

Jen Kaiser's overall performance in the Obstetrics and Gynecology clerkship was outstanding. She had an above average understanding of the scientific basis of medicine and was able to apply her knowledge in clinical situations. Jen was well-read in obstetrics, always ready to learn, quickly covering topics she didn't know. She was obviously engaged and enthusiastic about labor and delivery. She possessed excellent clinical skills for her level of training and was clearly motivated to improve. Jen showed impeccable communication and successfully presented her patients during board sign out, highlighting relevant clinical information. Jen could independently evaluate triage patients, and always presented a full and detailed history and physical examination. She presented a concise and well thought out assessments and plans and was aware of larger socio-economic effects on patients' lives. She demonstrated her excellent communication skills with patients, nursing staff, residents, faculty, and all other members of the team. During her rotation, Jen gave grand rounds to the entire Obstetrics and Gynecology department and did an outstanding job. Jen was extremely competent, very enthusiastic, worked well with patients, and other members of the team. She was very dedicated to her patients, going above and beyond to care for her patients and attend their deliveries. She stayed late multiple times to see her patients deliver or assist in their cesarean section, pushing with patients, helping with transport and logistics, and generally going the extra mile on a daily basis. Jen displayed great initiative, was very aware of what was going on, and was enthusiastic about being involved in patient care. She was clearly very motivated and eager to improve her knowledge base and she had superior clinical reasoning and presentation skills. She had outstanding communication skills and demonstrated tireless dedication to her patients. Jen will be a responsible, hard-working, conscientious, intelligent house officer, regardless of which field she goes into.

Clerkship #5 -- Pediatrics (Honors):

Jen Kaiser's overall performance in the Pediatrics clerkship was outstanding. She had a very good medical knowledge and was able to apply basic principles regularly to patient care. Jen demonstrated a thorough and systematic history and physical examination. Her notes were complete, accurate and succinct and her presentations showed a thorough understanding of the plan. She demonstrated a practical approach to clinical questions. Her differential diagnoses, assessments, and plans were well-constructed and demonstrated strong clinical reasoning skills. Furthermore, Jen conducted herself very professionally during her rotation and asked appropriate questions. Her greatest strength was her demeanor and interest in her patients: she was comfortable with families and was able to establish excellent rapport with them. She was enthusiastic and motivated and she impressed attending with her interest and competence in patient care. Several attending remarked that it was obvious that Jen truly enjoyed learning. Jen was down-to-earth, easy to work with, and everyone enjoyed having her. She was a strong team player and demonstrated maturity, confidence, and competence in her skills. All who worked with her were taken by her true joy of learning and her remarkable ability to involve herself in all aspects of patient care. During her rotation, she also presented a great talk on maternal chronic diseases that affect the fetus to her attending and team. Jennifer was a pleasure to have on rotation and will no doubt do well in her chosen field of interest.

Clerkship #6 -- Medicine (Honors):

Jen Kaiser's overall performance in the Medicine clerkship was outstanding. Jen appreciated the "whole picture," understood the pathophysiology involved, and applied her knowledge to the case at hand. She had excellent examination skills that were astute and always correlated well with examination findings. Jen was also an excellent history taker and gathered all pertinent information from patients. She was thoughtful in her comments, had good analytical abilities, and could think on her feet, demonstrating solid, very sophisticated descriptions of thinking. Moreover, Jen displayed superb, honors-level skills in her patient interactions, and related to her patients at an Intern level. She had a very calm demeanor, put patients at ease, and established friendly, caring relationships with her patients. Jen had excellent communication with patients and it was evident they trusted her and were glad that she participated in their care. She was empathetic, mature, supportive, kind, warm, and comforting with her patients and their families. Jen was polite, thoughtful, had excellent verbal skills. She was comfortable at the bedside, responsible, and took her tasks seriously. Further, she was always friendly and thoughtful when working with nurses and staff. She showed excellent participation with her teammates and patients on daily rounds. Jen was always prompt, ready to work, courteous, and respectful to the patients. Evaluators noted that Jen had very mature insight into "what it meant to be a doctor," in terms of the emotional commitments and the historical role of doctors throughout time. Jen's self-directed learning was outstanding, and she did an excellent job of incorporating feedback and improving during each clinic. Our team had an unstable patient with complex pharmacologic issues and Jen quickly prepared an in-service for the team and prepared a resident-level summary of the physiology and impact of medications. She helped me provide better care for my patients because of her hard work and great clinical skills.

Clerkship #7 -- Surgery (Honors):

Jen Kaiser's overall performance in the Surgery clerkship was outstanding. Jen had a very strong fund of knowledge. She was always trying to improve and could answer questions beyond her level. Jen understood the scientific basis of medicine as it applies to the practice of medicine and surgery. Jen demonstrated excellent clinical skills while on her rotations. She performed well in the clinics assessing patients and was technically excellent in the operating room. Jen demonstrated excellent communication skills on a daily basis. She was clear and concise in her communications and could effectively communicate with her patients, their families, as well as the other members of her teams. Jen demonstrated an excellent clinical reasoning and problem solving ability, and was mature beyond her years of training. Jen conducted herself in a professional manner at all times and was a mature student; dependable and hardworking. Jen integrated very well with her teams, demonstrating excellent teamwork and natural leadership skills. Jen was enthusiastic to learn, always prepared, and asked great questions. She would read and research on her patients so that she was ready for the next day's work. She had a strong fund of knowledge, was hard working, dependable, and willing to go the extra mile to assure the work was done each day. Jen communicated effectively with her patients as well as their families. Jen was an outstanding student and will be an outstanding resident and physician one day.

Summary

Clerkship Grades:

(H=Honors; HP=High Pass; P=Pass)

Clerkship #1 - Family Medicine: **HP**

Clerkship #2 - Psychiatry: **HP**

Clerkship #3 - Neurology: **H**

Clerkship #4 - Obstetrics and Gynecology: **H**

Clerkship #5 - Pediatrics: **H**

Clerkship #6 - Medicine: **H**

Clerkship #7 - Surgery: **H**

Jen Kaiser is an outstanding candidate for your residency program. Jen is a mature, professional student whose calm demeanor and outstanding patient rapport made her a welcome addition on her healthcare teams. Jen was a committed, dedicated student whose interest in improving her already outstanding clinical skills left a deep impression on faculty. Enthusiastic, hard working, and reliable, she was considered a joy to teach and will make an outstanding resident.

The following comments were made about Jen Kaiser's **professionalism**:

- "She had an excellent, mature attitude toward learning. Jennifer was professional, thorough, consistently on time, and prepared. She reliable, readily assumed responsibility, and also volunteered for additional patient care beyond what was expected."
- "[H]er communication skills and professionalism were outstanding. She was a mature and independent student who took initiative in caring for her patients. She was knowledgeable, likable, and really did well with patients on the inpatient ward."
- "Jennifer's unique quality, though, was her compassion for the patients and families whom she cared for. This was especially obvious with a terminally-ill patient who required a family conference. Jen's desire to assist and be a part of this was quite extraordinary. She was highly professional, extremely reliable, and displayed a high level of integrity."

The following comments were made about Jen Kaiser's **initiative and enthusiasm**:

- "Jen stood-out for multiple reasons. However, her compassion and desire to learn and experience all that she could was what distinguished this special student. Jen has great potential and will develop into an outstanding physician."
- "Jen went above and beyond to care for her patients and attend their deliveries. She stayed late multiple times to see her patients deliver or assist in their cesarean section, pushing with patients, helping with transport and logistics, and generally going the extra mile on a daily basis. Jen displayed great initiative, was very aware of what was going on, and enthusiastic about being involved in patient care."
- "Jen was enthusiastic to learn, always prepared, and asked great questions. She would read and research on her patients so that she was ready for the next day's work. She had a strong fund of knowledge, was hard working, dependable, and willing to go the extra mile to assure the work was done each day."

The following comments were made about Jen Kaiser's **compatibility with the team**:

- "She further demonstrated her excellent communication skills with patients, nursing staff, residents, faculty, and all other members of the team. Jen was extremely competent, very enthusiastic, worked well with patients and other members of the team, and was very dedicated to her patients."
- "Jen was down-to-earth, easy to work with, and everyone enjoyed having her; she was a strong team player and demonstrated maturity, confidence, and competence in her skills. All who worked with her were taken by her true joy of learning and her remarkable ability to involve herself in all aspects of patient care."
- "She helped me provide better care for my patients because of her hard work and great clinical skills."

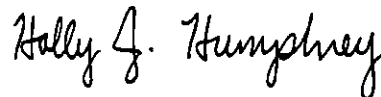
As a second year student, Jen demonstrated tremendous initiative helping to plan and co-direct the regional Medical Students For Choice conference. The leadership capacity and dedication and commitment she displayed in this endeavor was equally evident on the clinical wards where faculty praised her commitment to her learning and outstanding teamwork abilities. Jen took two years off from medical school to receive her master's degree in the history of medicine. This experience seemed to have provided Jen with a perspective, wisdom, and maturity, and understanding of the profession that distinguishes Jen from her peers. Her soothing, calm demeanor, compassionate care of patients, and outstanding clinical skills thoroughly impressed the faculty with whom she worked. She will be an outstanding resident and physician. Our overall evaluation of Jen Kaiser's performance in mastering the competencies of our curriculum demonstrates that she is an outstanding candidate for your residency training program.

The University of Chicago's evaluation system was not designed to provide information comparing one student to another and for that reason no ranking or categorization regarding Jen Kaiser can be provided. The grading system is pass/fail and there are no class rankings. The curriculum has been designed for a competency-based evaluation system. The students are measured by their achievement of the competency, not in terms of comparative performance. Descriptors provided for the 3rd year clerkships reflect the degree to which Jen Kaiser has attained the competencies taught in that clinical experience. For that reason, we encourage review of this evaluation letter in its entirety.

Sincerely,



Joel Schwab
Professor of Pediatrics
MSPE Director, Pritzker School of Medicine



Holly J. Humphrey, MD
Ralph W. Gerard Professor in Medicine
Dean for Medical Education

Attachments: MSPE Appendices

Medical Student Performance Evaluation Appendices

Appendix A – Pre-Clerkship/Basic Science Performance

The University of Chicago Pritzker School of Medicine has a Pass/Fail System. Therefore, no graphic representation of the student's performance relative to his or her peers in pre-clerkship/basic science courses can be provided.

Appendix B – Clinical Clerkship Performance

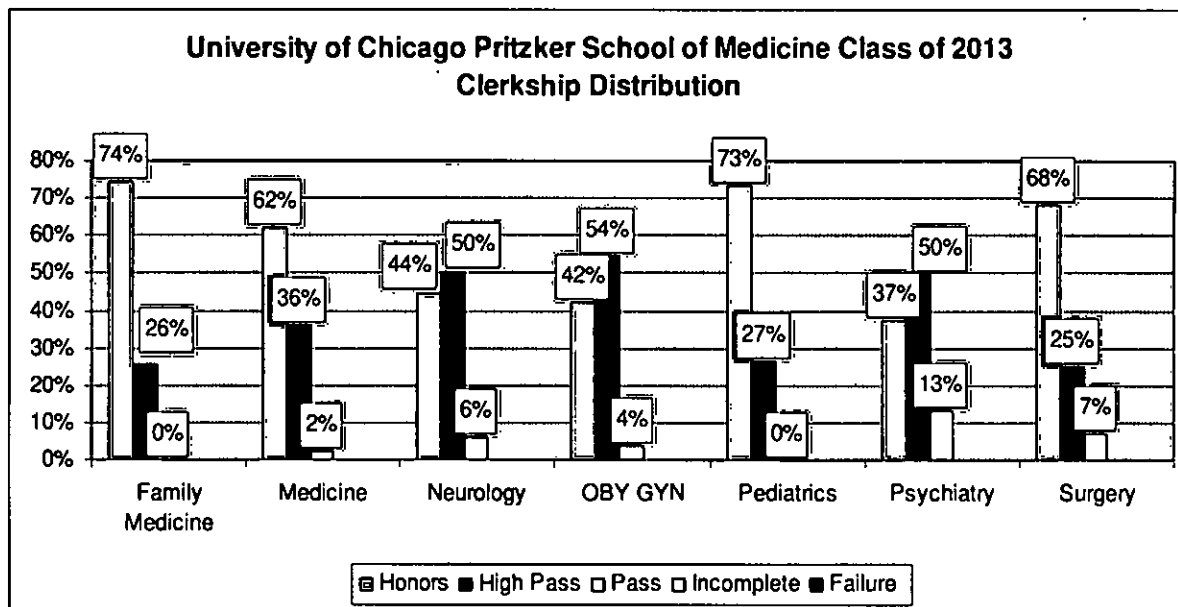
The University of Chicago Pritzker School of Medicine has an official Pass/Fail System for all seven required clerkships in the third year:

- Internal Medicine (12 weeks)
- Surgery (12 weeks, including 2 weeks Perioperative Care)
- Pediatrics (6 weeks)
- Obstetrics and Gynecology (6 weeks)
- Psychiatry (4 weeks)
- Family Medicine (4 weeks)
- Neurology (4 weeks)

During the third year, students are given internal grades for the seven required core clerkships (Honors, High Pass, Pass, or Fail) based on the extent to which they meet or exceed a given competency. In each of these clerkships, clinical performance is evaluated by the clerkship directors as to the extent to which the student achieves the performance objectives of the clerkship. Accordingly, this evaluation system does not assume a normal distribution of grades. The distribution of the internal designators by clerkship for the Class of 2013 is outlined below.

	Family Medicine	Medicine	Neurology	OB GYN	Pediatrics	Psychiatry	Surgery
Honors	74%	62%	44%	42%	73%	37%	68%
High Pass	26%	36%	50%	54%	27%	50%	25%
Pass	0%	2%	6%	4%	0%	13%	7%
Total	100%	100%	100%	100%	100%	100%	100%

Because the third-year core clerkships do not conclude until June 30, the University of Chicago Pritzker School of Medicine is not able to capture performance evaluation data from fourth-year clinical electives and sub-internships in time to report prior to the MSPE release date.



Appendix C – Professional Attributes

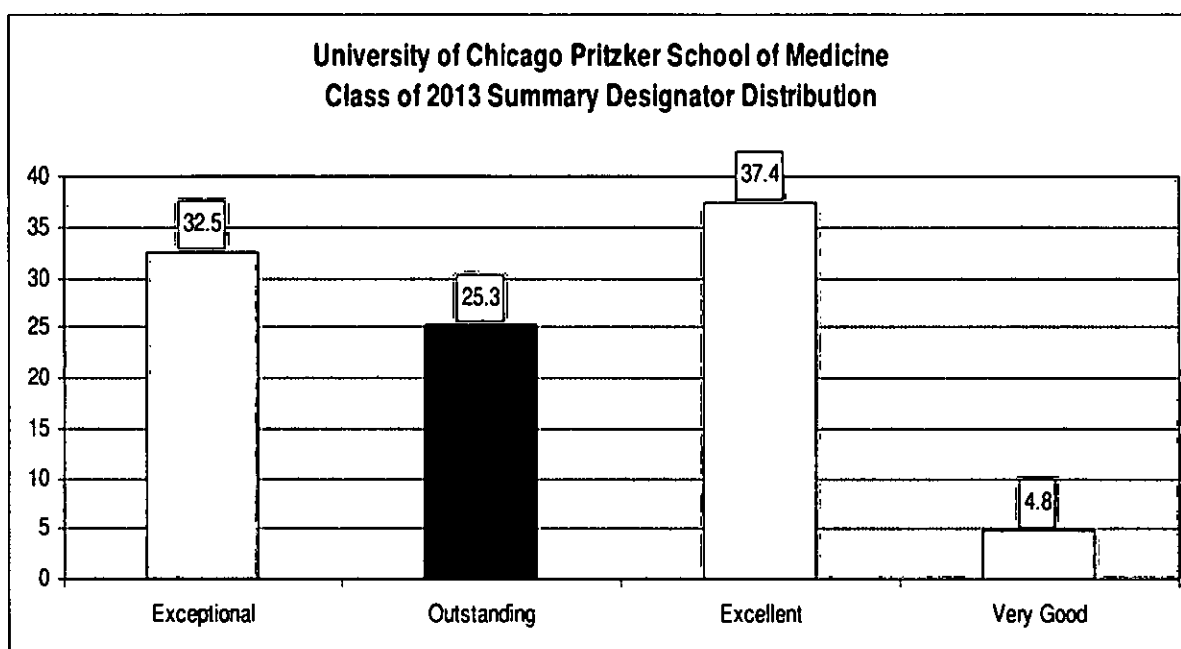
The University of Chicago Pritzker School of Medicine has a Pass/Fail System. Professional attributes are considered in the Pass/Fail designation and addressed in the clinical performance evaluation summaries prepared by the Clerkship Directors. Therefore, no graphic representation of the students' professional attributes relative to his or her peers can be provided. Professional attributes assessed in the clerkships include the extent to which students:

- Demonstrate enthusiasm, interest, and self-motivation
- Pursue self-directed learning
- Exhibit responsibility, integrity, and caring in establishing trusting relationships with patients and family members
- Interact appropriately and respectfully with other health professionals
- Are punctual and prepared

Appendix D – Overall Comparative Performance

The Pritzker School of Medicine has a Pass/Fail System. However, in evaluating our students for residency, students receive a summary designator based on their performance during their clerkship rotations. Below is the distribution of these designators for the Class of 2013.

Exceptional	32.5%
Outstanding.....	25.3%
Excellent.....	37.4%
Very Good.....	4.8%
Good.....	
Acceptable	



Appendix E – Medical School Information Page

Specific Programmatic Emphases of the Medical School and its Educational Programs:

Mission Statement: “At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.”

Pritzker traditionally attracts and recruits culturally diverse student leaders with strong academic backgrounds and personal accomplishments. The curriculum emphasizes the importance of humanistic care and skills of critical analysis. Pritzker operates on a Pass/Fail grading system to encourage students to develop teamwork skills, to discover and develop their unique talents, and to promote cooperative learning through focused curricular and co-curricular activities.

These medical education programs include the following:

- Integration of basic science and clinical medicine across the four years of the curriculum.
- All students except those who matriculated prior to 2009 and those who graduate with a joint/dual degree participate in a four-year longitudinal curriculum designed to provide enhanced training in fundamental concepts and scholarly skills. The cornerstone of Scholarship and Discovery is the completion of a mentored scholarly project by the time of graduation, focusing on one of five scholarly tracks: **Scientific Investigation, Medical Education Scholarship, Quality and Safety Scholarship, Community Health Scholarship, and Global Health Scholarship**. Guidance is provided by core faculty during the first-year Scholarship & Discovery Course 1A, B, C. Throughout subsequent years, students also participate in activities related to their scholarly track. Examples of such activities include advanced elective coursework, conference participation, or track specific activities (i.e. a service-learning project for Community Health, out-of-country rotations for Global Health, serving as a Teaching Assistant for Medical Education, etc.). During the fourth year, students either complete their scholarly project or continue their advanced training in their scholarly area with guidance from faculty Track Leaders. All students are encouraged to disseminate their work at the Pritzker Senior Scientific Session and share their findings to a broader regional and national audience whenever possible.
- Summer research training supporting approximately **76** percent of the students to extend their research aptitudes before entering second year medicine, and to continue research throughout their medical education to help inculcate and disseminate the scientific basis of medicine.
- Clinical experiences with patients and standardized patients beginning the first week of medical school aided by the formative feedback provided by review of videotaped patient encounters with full-time faculty preceptors.
- A comprehensive group of required core clerkships beginning in the third year and combining ambulatory and inpatient experiences taught by full-time faculty together with highly selected residents to promote and model clinical proficiency.
- Web based programs and instruction in academic computing and medical informatics to integrate curricular and co-curricular educational programs.
- Opportunities to participate in MD/PhD and MD/JD programs, master degree programs (MBA, AM, MS) and research “year out” experiences
- An extensive array of co-curricular activities that provide the arena for students to develop further their altruism, collegiality, leadership, and professionalism.
- Integration of humanism in medicine through programs such as the First Year Orientation and White Coat Ceremony, Gold Humanism Honor Society Induction Ceremony, and Student Clinician Ceremony. In these and other student programs, upperclassmen and residents model a mentoring demeanor promoting collegial approaches to medical education.

Average Length of Enrollment (Initial Matriculation to Graduation):

The average duration of enrollment was approximately **4.5** years.

Of the **83** students anticipated to be in the graduating Class of 2013:

- **5** students completed joint MD/PhD training, which added an average of **4** years to their medical education. One of the five students completed all of her graduate work prior to clinical training; this student's years as a graduate student were not factored into our average.
- **2** other students obtained joint degrees in other disciplines including one student who completed a Master's of Arts at the University of Wisconsin, studying the History of Science, Medicine, and Technology. The other student completed a Master's of Science at the University of Chicago. Two additional students are anticipated to receive degrees later in the academic year: one will receive a Master's of Business Administration from the University of Chicago Booth School of Business, another will receive a Master's of Public Health from Harvard University.
- **12** students participated in additional scholarly and clinical experiences for one to two years. Two students received fellowships from the Howard Hughes Medical Institute and one student received the Clinical Research Training Fellowship from the National Institutes of Health. One student chose to study international health through the Schweitzer Fellowship in Gabon, and another was selected to participate in the CDC Applied Epidemiology Fellowship. Another chose to work on the development of a proprietary medical device. The six remaining students completed research with faculty mentors.
- **1** student chose to decompress her fourth year so as to spend more time with her family and have a second child.

Guidelines for Medical Schools Regarding Academic Transcripts:

The Pritzker School of Medicine is compliant with the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts."

Description of the Evaluation System Used at This Medical School:

Please see Appendix A, B, C, and D.

AOA Membership

Membership in AOA is considered for senior students, and is strongly influenced by academic performance and scholarship, participation in research, leadership in co-curricular activities, and character as evidenced by their professional behavior.

Medical School Requirements For Successful Completion of the USMLE Step 1 and Step 2 for Promotion and/or Graduation

To graduate from the University of Chicago Pritzker School of Medicine, students must have registered and taken Step 1, Step 2 (CK) and Step 2 (CS) of the USMLE exam. Passing the exams is not required for graduation.

Medical School Requirements for Successful Completion of Objective/Observed Structured Clinical Evaluation (OSCE) at Medical School.

Observed Structured Clinical Evaluations (OSCEs) are used for formative feedback during the course and assessment in the final exams of the Clinical Skills courses in the first and second years. Following the third year, all students participate in a required Clinical Performance Exercise (CPX) which simulates USMLE Step 2-CS. The CPX experiences are for self-assessment and feedback but passing is not a requirement for promotion or graduation. Students participating in the Neurology, Obstetrics and Gynecology, and Family Medicine clerkships must also take Objective Structured Clinical Evaluations.

Utilization of Narrative Comments from the Medical School Course, Clerkship, or Elective Director in the Composition of the MSPE.

The narrative comments from the seven required third-year clerkships have been edited for length but not for content.

Process of MSPE Composition at the Medical School.

The Medical Student Performance Evaluation is prepared by the Medical Student Performance Evaluation Director. Administrative support is provided by the Director of Strategy and Planning, the Marketing and Communications Manager, the Operations Manager, and the Registrar.

MSPE Review by Students.

Students at the Pritzker School of Medicine are permitted to review the MSPE letter in its entirety prior to its transmission and can request changes for factual information only.

THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

JENNIFER E KAISER

OFFICIAL TRANSCRIPT

DEGREES CONFERRED:

M.D. DOCTOR OF MEDICINE
MEDICINE
JUNE 15, 2013

PROGRAM START QUARTERS:

AUTUMN 2007 M.D. MEDICINE

PREVIOUS INSTITUTIONS:

B.S., UNIVERSITY OF WISCONSIN-MADISON
MADISON, WISCONSIN 2007
M.A., UNIVERSITY OF WISCONSIN-MADISON
MADISON, WISCONSIN 2011

TRANSCRIPT NOTATIONS:

GRANTED 100 UNITS OF CREDIT FOR M.S. RESEARCH IN HISTORY OF SCIENCE,
MEDICINE, AND TECHNOLOGY TOWARD THE REQUIREMENTS FOR THE M.D.
DEGREE.

HALINA BRUKNER, ASSOCIATE DEAN 12-3-2012

GRANTED 100 UNITS OF CREDIT FOR AMSA NATIONAL SEXUAL HEALTH
SCHOLARS PROGRAM TOWARD THE REQUIREMENTS FOR THE M.D. DEGREE.
HALINA BRUKNER, ASSOCIATE DEAN 12-3-2012

AUTUMN 2007

	MEDICINE
BCMB 30100 BIOCHEMISTRY/MOLECULAR BIOLOGY	100 P
MEDC 30000 CLIN SKILLS 1A: COMMUNICATIONS	050 P
MEDC 30301 CELL AND ORGAN PHYSIOLOGY	100 P
MEDC 60403 HEALTH CARE DISPARITIES IN AMERICA EXPLORING HC IN OUR COMMUNITY	000 P
ORGB 30000 HUMAN MORPHOLOGY-I	150 P

TOTAL UNITS TAKEN: 400

WINTER 2008

	MEDICINE
HSTD 58100 SOCIAL CONTEXT OF MEDICINE	025 P
MEDC 30401 ORGAN AND PHYSIOLOGY AND ENDOCRINOLOGY	100 P
MEDC 30800 DOCTOR/PATIENT RELATIONSHIPS	025 P
ORGB 30100 HUMAN MORPHOLOGY-2	100 P
SURG 30202 MOLECULAR AND CELL BIOLOGY	100 P

SPRING 2008

	MEDICINE
FMED 30400 EPIDEMIOLOGY/CLINICAL INVESTIGATION	050 P
HGEN 33900 MEDICAL GENETICS	050 P
MEDC 30200 NUTRITION IN MEDICINE	025 P
MEDC 30600 CLIN SKILLS 1C: COMMUNICATION	050 P
NEUR 30500 MEDICAL NEUROBIOLOGY	150 P
OBGY 30010 REPRODUCTIVE HLTH: CLIN/PUB HLTH ASPECTS OF CONTRACEPT/ABORTION	050 P
SURG 30001 PRECEPTORSHIP: GENERAL SURGERY	050 P

TOTAL UNITS TAKEN: 425

AUTUMN 2008

	MEDICINE
MEDC 30777 PHARMACOLOGY	050 P
MICR 35900 MICROBIOLOGY: MEDICAL BIOLOGY	125 P
PATH 30100 CELL PATHOLOGY/IMMUNOLOGY	150 P
PSCR 30500 HUMAN BEHAVIOR: HEALTH & ILL	050 P

TOTAL UNITS TAKEN: 375

WINTER 2009

	MEDICINE
MEDC 30004 CLIN SKILLS 2A: PHYSICAL DIAGNOSIS	125 P
PATH 30210 CLINICAL PATHOPHYSIOLOGY AND THERAPEUTICS I	300 P

TOTAL UNITS TAKEN: 425

SPRING 2009

	MEDICINE
MEDC 30005 CLIN SKILLS 2B: PHY DX	050 P
PATH 30220 CLINICAL PATHOPHYSIOLOGY AND THERAPEUTICS II	200 P

TOTAL UNITS TAKEN: 250

SUMMER 2009

ENROLLED FULL-TIME IN STUDY AWAY PROGRAM

MEDICINE

ISSUED TO:

FCVS
FEDERATION CREDENTIALS VERIFICATION SERVICE
400 FULLER WISER ROAD
SUITE 300
EULESS, TX 76039

SEAL
VERIFIED

08/07/2014

1 OF 3

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raised seal is not required. When photocopied the name of
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appears on the next. A BLACK ON WHITE OR A COLOR
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TRANSLUCENT GLOBE ICONS MUST BE VISIBLE
WHEN HELD TOWARD A LIGHT SOURCE.

SCOTT C. CAMPBELL
UNIVERSITY REGISTRAR

THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

STUDENT JENNIFER E KAISER

285010 NUMBER

OFFICIAL TRANSCRIPT

318781

AUTUMN 2009		MEDICINE	MEDC 30300	JUNIOR CLERKSHIP INTERNAL MEDICINE	300	P	
ENROLLED FULL-TIME IN STUDY AWAY PROGRAM		TOTAL UNITS TAKEN: 300					
WINTER 2010		MEDICINE	SPRING 2012		MEDICINE		
ENROLLED FULL-TIME IN STUDY AWAY PROGRAM			MEDC 40000	CS3. CLINICAL PERFORMANCE EXPERIENCE	025	P	
SPRING 2010		MEDICINE	SURG 30300	JUNIOR CLERKSHIP, SURGERY	300	P	
ENROLLED FULL-TIME IN STUDY AWAY PROGRAM		TOTAL UNITS TAKEN: 325					
SUMMER 2010		MEDICINE	SUMMER 2012		MEDICINE		
ENROLLED FULL-TIME IN STUDY AWAY PROGRAM			MEDC 59800	U OF C PRIMARY CARE GROUP AMBULATORY CLINIC	100	P	
AUTUMN 2010		MEDICINE	OBGY 36001	MATERNAL-FETAL MEDICINE - NORTHSORE	100	P	
ENROLLED FULL-TIME IN STUDY AWAY PROGRAM			SURG 35600	SUB-INTERNSHIP: OTOLARYNGOLOGY/HEAD & NECK SURGERY	150	P	
		TOTAL UNITS TAKEN: 350					
WINTER 2011		MEDICINE	AUTUMN 2012		MEDICINE		
ENROLLED FULL-TIME IN STUDY AWAY PROGRAM			MEDC 61016	INVITATION TO MEDICAL HISTORY	050	P	
SPRING 2011		MEDICINE	OBGY 44400	AWAY ROTATION: OBAGYN	150	P	
ENROLLED FULL-TIME IN STUDY AWAY PROGRAM		TOTAL UNITS TAKEN: 200					
SUMMER 2011		MEDICINE	WINTER 2013		MEDICINE		
FMED 30300	JUNIOR CLERKSHIP: FAMILY MEDICINE	125	P	EMED 30700	ADVANCED CARDIAC LIFE SUPPORT	025	P
MEDC 30299	FOUNDATIONS IN CLINICAL MEDICINE	050	P	EMED 31200	EMERGENCY MEDICINE CLERKSHIP - UCMC	125	P
NURL 30300	JUNIOR CLERKSHIP: NEUROLOGY	125	P	MEDC 59400	BECOMING A RESIDENT TEACHER	050	P
PSCR 30300	JUNIOR CLERKSHIP: PSYCHIATRY	125	P	MEDC 59506	ADVANCED MEDICAL ETHICS	050	P
TOTAL UNITS TAKEN: 425				MEDC 60302	CRITICAL APPRAISAL OF LANDMARK MEDICAL LITERATURE	075	P
AUTUMN 2011		MEDICINE		PATH 30221	TA CLINICAL PATHOPHYSIOLOGY & THERAPEUTICS II	150	P
OBGY 30300	JUNIOR CLERKSHIP: OBAGYN	150	P	TOTAL UNITS TAKEN: 475			
PEDS 30300	JUNIOR CLERKSHIP: PEDIATRICS	150	P				
TOTAL UNITS TAKEN: 300							
WINTER 2012		MEDICINE					

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VERIFIED

SEAL
VERIFIED

ISSUED TO: FCVS
FEDERATION CREDENTIALS VERIFICATION SERVICE
400 FULLER WISER ROAD
SUITE 300
EULESS, TX 76039

SCOTT C. CAMPBELL
UNIVERSITY REGISTRAR

08/07/2014 2 OF 3

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THE UNIVERSITY OF CHICAGO

Office of the University Registrar

CHICAGO, ILLINOIS 60637

STUDENT: JENNIFER E KAISER

STUDENT NUMBER

OFFICIAL TRANSCRIPT

318781
SPRING 2013

MEDC 60315

DIAGNOSTICS: A REVIEW OF RADIOLOGY AND EKG

MEDICINE

050 P

MEDC 61600

TOPICS: HUMAN IMMUNODEFICIENCY VIRUS
INFECTION

075 P

TOTAL UNITS TAKEN: 125

*** END OF OFFICIAL TRANSCRIPT ***

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SUITE 300
EULESS, TX 76039

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UNIVERSITY REGISTRAR

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THE UNIVERSITY OF CHICAGO

Key to Transcripts of Academic Records

1. Accreditation: The University of Chicago is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. For information regarding accreditation, approval or licensure from individual academic programs, visit <http://cd.uchicago.edu/policies/disclosures>.

2. Organization: The University of Chicago includes the undergraduate College; the William B. and Catherine V. Graham School of Continuing Liberal and Professional Studies; four graduate divisions: Biological Sciences, Humanities, Physical Sciences, Social Sciences; and six graduate professional schools: Divinity School, Law School, Pritzker School of Medicine, Irving B. Harris Graduate School of Public Policy Studies, School of Social Service Administration, and the University of Chicago Booth School of Business.

3. Degrees Offered: Authority for recommending the awarding of degrees is vested in the academic units. The University currently awards the following degrees:

Bachelor of Arts	B.A.
Bachelor of Science	B.S.
International Master of Business Administration	M.B.A.
Master of Arts	M.A.
Master of Arts in Teaching	M.A.T.
Master of Business Administration	M.B.A.
Master of Comparative Law	M.Comp.L.
Master of Divinity	M.Div.
Master of Fine Arts	M.F.A.
Master of Laws	J.M.L.
Master of Liberal Arts	M.L.A.
Master of Public Policy	M.P.P.
Master of Science	M.S.
Doctor of Comparative Law	D.Comp.L.
Doctor of Jurisprudence	J.S.D.
Doctor of Law	J.D.
Doctor of Medicine	M.D.
Doctor of Philosophy	Ph.D.

Degrees which the University has offered during its history for which programs no longer exist may appear on transcripts of older records.

4. Calendar & Status: The University calendar is on the quarter system. Full-time quarterly registration in the College is for three or four units and in the divisions and schools for three units. For exceptions, see 9. Graduate Residence Status.

5. Course Information: Generally, courses with the first three digits numbered from 100 to 299 are courses designed to meet requirements for baccalaureate degrees. Courses with numbers beginning with 300 and above meet requirements for higher degrees.

6. Credit: The Unit is the measure of credit at the University of Chicago. One full Unit (100) is equivalent to 3 1/3 semester hours or 5 quarter hours. Courses of greater or lesser value (150, 050) carry proportionately more or fewer semester or quarter hours of credit. See 10 for Law School measure of credit.

7. Grading Systems: Quality Grades

Grade	College & Graduate	Professors	Law
A+	4.0	4.33	
A	4.0	4.0	186-180
A-	3.7	3.67	
B+	3.3	3.33	
B	3.0	3.0	170-174
B-	2.7	2.67	
C+	2.3	2.33	
C	2.0	2.0	173-168
C-	1.7	1.67	
D+	1.3	1.33	
D	1	1	167-160
F	0	0	159-155

Effective Start Dates of Phys/Minus Grading System

Social Service Administration	Autumn 1977
Public Policy Studies	Autumn 1983
Divinity	Autumn 1983
College (undergraduate)	Summer 1994
Graduate Divinity School	Spring 1986
Graduate Humanities	Autumn 1986
Graduate Social Sciences	Autumn 1986
Graduate Physical Science	Summer 1988
Business	Autumn 2006

Non-Quality Grades

I	Incomplete: Not yet submitted all evidence for final grade. Where the mark I is changed to a quality grade, the change is reflected by a quality grade following the mark I (e.g., I/A or I/B).
IP	Pass (non-Law): Mark of I changed to P (Pass). See 10 for Law IP notation.
NGR	No Grade Reported: No final grade submitted.
P	Pass: Sufficient evidence to receive a passing grade. May be the only grade given in some courses.
Q	Query: No final grade submitted (College only).
R	Registered: Registered to audit the course.
S	Satisfactory.
U	Unsatisfactory.
UW	Unofficial Withdrawal.
W	Withdrawal: Does not affect GPA calculation.
WP	Withdrawal Pending: Does not affect GPA calculation.
WT	Withdrawal Pending: Does not affect GPA calculation.

Explanation Grades

H	Honors Quality
PS	High Pass
P	Pass

8. Academic Status and Program of Study: The quarterly entries on students' records include academic statuses and programs of study. The Program of Study in which students are enrolled is listed along with the quarter they commenced enrollment in them at the beginning of the transcript. The definition of academic statuses follows:

Blue-registered: students registered in the Divinity School of the University of Chicago and in a cooperative Hyde Park Theological School.

Doctorate: students enrolled in D.Comp.L., J.S.D., or Ph.D. degree.

Exchange Scholar: students who are degree candidates at another university, who, by formal arrangement, are registered *pro forma* at The University of Chicago.

Laboratory Schools: students who are registered *pro forma* in the College but who are enrolled as students in the Laboratory Schools of the University as secondary school students.

Master's/Professional: students enrolled in programs leading to a master's or professional degree (J.D., M.Div.).

Returning Scholars: students who are registered through the Graham School of Continuing Liberal and Professional Studies and are not candidates for a degree.

Special Summer: students who are registered in a Summer Quarter in credit courses but not candidates for a degree.

Students-at-large: students who are not candidates for a degree.

Undergraduate: students in a program leading to a baccalaureate degree.

Work taken as a Student-at-large, or Special Summer Student normally does not apply toward a degree program at The University of Chicago. However, such courses become available for academic credit if a student is later admitted to an approved degree program at The University of Chicago. Effective Autumn 1989 courses taken by Returning Scholars may not be applied toward a degree nor will quality grades be assigned.

9. Graduate Residence Status: Effective Autumn 1984 the academic records of students in programs leading to the degree of Doctor of Philosophy reflect their residence status:

Scholarship Residence: the first two years of graduate study beyond the baccalaureate degree. (Resumed Summer 2000 to include the first four years of graduate study.)

Research Residence: the third and fourth years of graduate study beyond the baccalaureate degree. (Discontinued Summer 2000.)

Advanced Residence: the period of registration following completion of Scholarship and Research Residence until the Doctor of Philosophy is awarded. (Resumed in Summer 2000) to be limited to 12 years following admission to doctoral program.

Active File Status: A student in Advanced Residence status who makes no use of University facilities other than the Library may be placed in an Active File with the University. (Discontinued Summer 2000.)

Leave of Absence: the period during which a student suspends work toward a degree and expects to resume work following a maximum of one academic year.

Extended Residence: the period following the conclusion of Advanced Residence. (Discontinued Summer 2000.)

Students in Scholarship, Research, or Advanced Residence Status, but not in the Active File or Extended Residence status, are considered full-time students.

The academic records of students who are permitted to complete the scholarly or research workplace requirement on half-time basis will indicate half-time status.

Students in Research or Advanced Residence Status after doctoral research requires residence away from the University register *pro forma*. The *pro forma* registration does not exempt a student from any other residence requirements but suspends the requirement for the period of the absence.

10. Law School Transcript Key: The credit hours in the measure of credit at the Law School (University courses of 100 Units not taught through the Law School) is comparable to 3 credit hours at the Law School, unless otherwise specified.

The frequency of hours in a typical semester is:

Highest Honors (180+)	11+
High Honors (180-5) (Spec. Not. 180+)	10+
Honors (170-5) (Spec. 2002-178+)	9+

Pass/Fail and letter grades are awarded primarily for non-law courses. Non-law grades are not calculated into the law GPA.

P+ indicates that a student has successfully completed the course but technical difficulties, not attributable to the student, interfered with the grading process.

IP (In Progress) indicates that a grade was not available at the time the transcript was printed.

* next to a course title indicates fulfillment of one of two substantial writing requirements (Discontinued for Spring 2011 graduating class).

See 7 for Law School grading system.

11. FERPA Re-Disclosure Notice: In accordance with U.S.C. 1486(a)(9)(B) (The Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agents or employees, will not permit any other party access to this record without consent of the student. Alteration of this transcript may be a criminal offense.

12. Basis of Authenticity: Transcripts of University of Chicago academic records for students registered after Spring Quarter 1979 are produced in two media: Paper or Electronic.

Paper Transcripts: these are computer generated and printed on safety paper. The transcript is official if it bears the signature of the University Registrar in white over the smaller University seal on the front of the transcript.

Further detail on verifying authenticity appears on the face of this document.

Electronic Transcripts: these are digitally signed, sent electronically, and display a blue ribbon certificate of authenticity.

Office of the University Registrar
University of Chicago
1427 E. 60th Street
Chicago, IL 60637
773.702.2991

For an online version including updates to this information, visit the Office of the University Registrar website: <http://registrar.uchicago.edu>

Revised 05/2013/131453

THE UNIVERSITY OF CHICAGO

ON THE RECOMMENDATION OF THE FACULTY
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM
THE TRUSTEES OF THE UNIVERSITY HAVE CONFERRED ON

JENNIFER E. KAISER

THE DEGREE OF

DOCTOR OF MEDICINE

THE PRITZKER SCHOOL OF MEDICINE

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF
GIVEN IN THE CITY OF CHICAGO IN THE STATE OF ILLINOIS
IN THE UNITED STATES OF AMERICA IN THE YEAR
TWO THOUSAND AND THIRTEEN
ON THE FIFTEENTH DAY OF JUNE

Andrew M. Alper
Chairman of the Board of Trustees

Seamus
University Registrar



Robert J. Grier
President of the University
Thomas F. Rosenbaum
Provost
Kenneth S. Blomquist
Dean

ELECTRONIC
SEAL VERIFIED

This is to certify that this is a true copy of the original diploma for Dr. Jennifer E. Kaiser who received the Degree of Medicine degree on June 15, 2013.

Maureen Okonski
Maureen Okonski, Registrar

Postgraduate Training

Accreditation ID: 2204921294**Institution:** University of Utah Program**Location:** Salt Lake City, UT
UNITED STATES**Accreditation ID:** None**Institution:** University of Utah**Location:** Salt Lake City, UT
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:

The Verification of Post Graduate Training Form from University of Utah dated 07/01/2017 to 06/30/2019 reported in the Chronology of Activities is not included in the Profile.

Solution(s):

FCVS does not obtain verification of non-accredited training programs.

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****Verification of Postgraduate Medical Education****Accreditation Code:** 2204921294**Institution Name:** University of Utah Program**Affiliated University:** University of Utah Medical Center**City:** Salt Lake City**State:** Utah**Country:** United States**Verification For:** Jennifer Erin Kaiser**Date of Birth:** [REDACTED] 1984**Program Participation:**

PGY: 1 Accredited By: ACGME Status: Complete

Specialty: Obstetrics & Gynecology

From: 06/24/2013 To: 06/23/2014 Program Type: Internship

PGY: 2 Accredited By: ACGME Status: Complete

Specialty: Obstetrics & Gynecology

From: 06/24/2014 To: 06/30/2014 Program Type: Residency

PGY: 3 Accredited By: ACGME Status: Complete

Specialty: Obstetrics & Gynecology

From: 07/01/2014 To: 06/30/2015 Program Type: Residency

PGY: 4 Accredited By: ACGME Status: Complete

Specialty: Obstetrics & Gynecology

From: 07/01/2015 To: 06/30/2016 Program Type: Residency

PGY: N/A Accredited By: None of these Status: Complete

Specialty: Obstetrics & Gynecology

From: 07/01/2016 To: 06/30/2017 Program Type: Residency

PGY: Accredited By: Status:

Specialty:

From: To: Program Type:

FID: 215815747

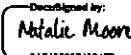
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- | | | | |
|---|-----|--|---------------|
| 1. Did this individual ever take a leave of absence from his/her training? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 2. Was this individual ever placed on probation? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 3. Was this individual ever disciplined or placed under investigation? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 4. Were any negative reports for behavioral reasons ever filed by instructors? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? | Yes | No <input checked="" type="checkbox"/> | Not Available |

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Natalie Moore
	Title: Associate Director Education Degree: None
	Signature:  <small>Digitally signed by: Natalie Moore 2019.04.26 15:01:17</small>
	Date of Signature: 4/26/2019

Would you like to upload an additional attachment(e.g. Rotation Schedule)? Yes No ☒
If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

**Graduate Medical Education**

Medical Professional Name: Kaiser, Jennifer Erin

Accreditation ID: 2204921294

Institution: University of Utah Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 6/24/2013 - 6/30/2014 Internship/Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

Unusual Circumstances

Training Period: 7/1/2014 - 6/30/2017 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Kaiser, Jennifer Erin

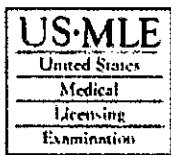
FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Licensure / Examinations****fsmb**

Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



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

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

Date: 04/29/2019

Federation Credentials Verification Service

ATTN: FCVS

FCVSIID: 417085

Examinee: Kaiser, Jennifer Erin

Alt Name(s):

Examinee ID: 5-234-695-4

Date of Birth: [REDACTED] 1984

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/12/2009	Pass	240	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/18/2012	Pass	234	(196)	

Clinical Skills (CS)

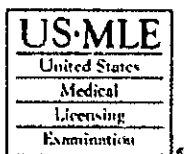
Test Date	Pass/Fail	Comments
10/02/2012	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/25/2013	Pass	229	(190)	

End of Exam History

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



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Examinee: Kaiser, Jennifer Erin

Examinee ID: 5-234-695-4

Date of Birth: [REDACTED] 1984

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PRACTITIONER PROFILE

Prepared for:

FCVS

As of Date:4/29/2019

PRACTITIONER INFORMATION

Name: Kaiser, Jennifer Erin
DOB: [REDACTED] 1984
Medical School: University of Chicago Pritzker School of Medicine
Chicago, Illinois, UNITED STATES
Year of Grad: 2013
Degree Type: MD
NPI: 1164764742

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
UTAH	9149530-1205	09/10/2014	01/31/2020	04/02/2019

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:4/29/2019
Practitioner Name:	Kaiser, Jennifer Erin	

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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

University of Utah

School of Medicine
and Affiliated Hospitals

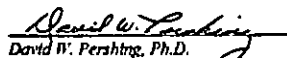
Certifies that


Jennifer Erin Kaiser, M.D.

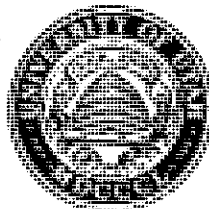
has successfully fulfilled all requirements
for completion of RESIDENCY training in

Obstetrics and Gynecology


June 30, 2017


David W. Pershing, Ph.D.
President of the University


Wayne Samuelson, M.D.
Interim Dean of the Medical School




Alan J. Smith, Ph.D., M.Ed.
Director of Graduate Medical Education


Michael L. Draper, M.D.
Program Director



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246
Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us
MN Relay Service for Hearing Impaired (800) 627-3529

VERIFICATION OF POSTGRADUATE MEDICAL TRAINING

(Copy this form for multiple programs)

This form is for verification of all US/Canadian post graduate medical training (i.e. internship, residency and fellowship) and must be completed and mailed by the facility DIRECTLY to the Minnesota Board of Medical Practice. The applicant's signature authorizes release of information, favorable or otherwise, DIRECTLY to the Board.

Print Name Jennifer Kaiser SS# [REDACTED]
Signature [REDACTED] Date 5/7/2019
Training Dates (Month, Day, Year) 7/1/2017 - 6/30/2019 Birthdate [REDACTED] /1984

This section is to be completed by the Program Director or Graduate Medical Education Representative

It is hereby certified that: (Name of Applicant) Jennifer Kaiser

Received credit for post graduate training: (# Months) 24 from date: 07 /01 /2017 to date: 06 /30 / 2019

The program was accredited to provide graduate, clinical, medical training during the dates above by: (Check One)
ACGME ☐ AOA ☐ RCPSC ☐ CFPC ☐ None of the above ☒ (explain) non-ACGME fellowship

at: (Name of Hospital or Institution) University of Utah

located at 50 N Medical Dr, Salt Lake City, UT 84132

(Street Address, City, State, Zip, Country)

Affiliated Medical School Name University of Utah SOM Specialty OBGYN / Family Planning PGY 5-6

Training Program (Check One): Internship ☐ Resident ☐ Chief Resident ☐ Fellowship ☒ Research ☐

Did the applicant complete all required years of the post graduate training program?

☒ Program was completed ☐ Anticipated date of completion 06 /30 / 2019

☐ Program was not completed because _____

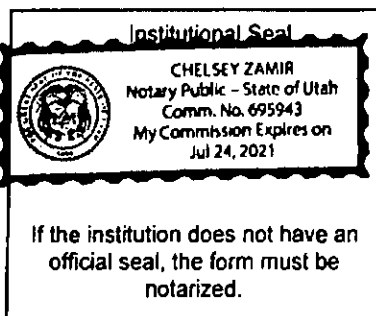
Was this individual issued a certificate as proof completion of training? Yes ☐ No ☒

Did the individual take a leave of absence or break during training? Yes* ☐ No ☒

Was this individual ever placed on probation or remediation? Yes* ☐ No ☒

Was this individual ever disciplined or placed under investigation? Yes* ☐ No ☒

Were any limitations or special requirements placed upon this individual due to academic incompetence, disciplinary problems or any other reason? Yes* ☐ No ☒



Completed by Program Director or Graduate Medical Education Representative:

Print Name David Turok

Signature [Signature]

Date 5/7/2019 Phone 801-231-8516

Fax _____ Email david.turok@hsc.utah.edu



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246
Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us
MN Relay Service for Hearing Impaired (800) 627-3529

VERIFICATION OF POSTGRADUATE MEDICAL TRAINING

(Copy this form for multiple programs)

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Print Name Jennifer Kaiser SS# [REDACTED]
Signature [REDACTED] Date 5/7/2019
Training Dates (Month, Day, Year) 7/1/2017 - 6/30/2019 Birthdate [REDACTED] 1984

This section is to be completed by the Program Director or Graduate Medical Education Representative

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The program was accredited to provide graduate, clinical, medical training during the dates above by: (Check One)
ACGME ☐ AOA ☐ RCPSC ☐ CFPC ☐ None of the above ☒ (explain) non-ACGME fellowship

at: (Name of Hospital or Institution) University of Utah

located at 50 N Medical Dr, Salt Lake City, UT 84132

(Street Address, City, State, Zip, Country)

Affiliated Medical School Name University of Utah SOM Specialty OBGYN / Family Planning PGY 5-6

Training Program (Check One): Internship ☐ Resident ☐ Chief Resident ☐ Fellowship ☒ Research ☐

Did the applicant complete all required years of the post graduate training program?

☐ Program was completed ☒ Anticipated date of completion 06 / 30 / 2019

☐ Program was not completed because _____

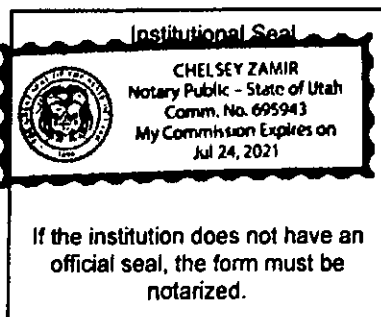
Was this individual issued a certificate as proof completion of training? Yes ☐ No ☒

Did the individual take a leave of absence or break during training? ... Yes* ☐ No ☒

Was this individual ever placed on probation or remediation? Yes* ☐ No ☒

Was this individual ever disciplined or placed under investigation? Yes* ☐ No ☒

Were any limitations or special requirements placed upon this individual due to academic incompetence, disciplinary problems or any other reason? .. Yes* ☐ No ☒



Completed by Program Director or Graduate Medical Education Representative:

Print Name David Turok

Signature [Signature]

Date 5/7/2019 Phone 801-231-8516

Fax _____ Email david.turok@hsc.utah.edu