MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Osteopathic Physician Educational Limited Application 5151014144APP19

Record Type

Osteopathic Physician Educational Limited Application Created: 9/17/2019 3:19 pm

Record ID: **5151014144APP19** Created by: PUBLICUSER804995, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
$180.25	Credit Card	09/17/2019

Applicant

Name (First Middle Last):	Garth K Summers
Birth Date:	[redacted]
Primary Phone:	5038307994 Extension:
E-mail:	garth.summers@unmc.edu
Preferred Channel:	Email
Physical Address:	4517 Oak St, Omaha, NE 68106
Mailing Address:	UofM - Dept of OBGYN, 1500 E Medical Center Drive, Ann Arbor, MI 48109-5276

County

County

If you are an Individual, select the County applicable to your license address; If you are a Business, select the County applicable to the PHYSICAL location of your business.: Non-Michigan County

Other Names List

Other Names List

List any other name or alias by which you have ever been known, including maiden name, if applicable

First Name:	--
Middle Name:	--
Last Name:	--

Good Moral Character

Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found here.
here.
here.

Have you ever been convicted of a felony:	No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance:	No
Offense:	--
Year:	--
Court:	--
Case Number:	--
Incarceration, Probation, or Parole Information:	--
Check this box if you have additional offenses to report:	No
List each additional offense, year, court, case number; and incarceration, probation, or parole information:	--

Other License(s) in Michigan, Other State(s) and/or Country

Other State Licenses

State or Country:	Nebraska
Permanent License/Registration Number:	8043
Profession:	--
Date of Issuance:	07/01/2017
How obtained:	Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?:	No
Sanctions Imposed or Disciplinary Proceedings Explanation:	--

Professional Education

Professional Education

Name of School:	Des Moines University
Name of Education Program:	Doctor of Osteopathy

CS Certification

CS Certification

Are you applying for a Controlled Substance license:	--
Have you completed a 1-time training in opioids and controlled substance awareness:	--

Controlled Substance

Controlled Substance

Address Line 1:	UofM - Dept of OBGYN
Address Line 2:	1500 E Medical Center Drive
Address Line 3:	L5003, UH South
City:	Ann Arbor
State or Province:	Michigan
ZIP or Postal Code:	48901

Name of Appointing Hospital

Appointment Information

Name of Appointing School or Hospital:	UofM - Dept of OBGYN
School or Hospital Street Address:	1500 E Medical Center Drive, L5003 UH South
Address Line 2:	--
City, State, Zip:	Ann Arbor, MI 48109-5276
Program Name:	OBGYN Residency
Program Start Date:	02/03/2020

Hospital Affiliations

Hospital Where Employed

List the name of each hospital with which you are employed or under contract.

Name of Hospital Employed or Under Contract:	--

Hospital Affiliations

Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice:	--

Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to BPLData@michigan.gov or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click HERE.

If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.

If you answered "yes" to the disciplinary action question, you must upload documentation from each State Board or administrative agency indicating the resolution of the sanctions.

Name	Type	Size	Latest Update
205_MWBC_Letter_20190917_151931.pdf	MWBC Letter	95 KB	09/17/2019
PRIMARY SOURCE	Certification of Appointment to a Michigan Training Program Form	28 KB	10/11/2019
Official Transcripts - Primary	General Correspondence	341 KB	10/18/2019

Signed Attestation

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, specialty licensure, or specialty certification board or task force of this or any other state, United States military, federal government, or another country.

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838

☒ By checking this box, I agree to the above certification. Date: 09/17/2019

This Record Summary shows MiPLUS data in record 5151014144APP19 as of 08/24/2021, 6:45 am

LARA
LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant it will not be accepted.

Applicant Information:

Applicant's First Name	Middle Name	Last Name
Garth	Kellogg	Summers

Address		
4517 Oak Street		
City	State	Zip Code
Omaha	NE	68106

Date of Birth (MM/DD/YYYY)	Telephone Number	Email Address
[redacted]	503-830-7994	garth.summers@unmc.edu

Remainder of Form to be Completed by Director of Medical Education

Name of Training Hospital			
University of Michigan			
Address of Hospital			
1500 E. Medical Center Drive, L5003 UH South, SPC 5276			
City	State	Zip Code	ACGME Program Number (If applicable)
Ann Arbor	MI	48109-5276	2202531132

CERTIFICATION AND SIGNATURE

I certify the applicant named above has been duly appointed to the training program in the clinical area of

Obstetrics and Gynecology
(Program Name)

beginning 02/03/2020 (Month/Day/Year) and ending 02/28/2020 (Month/Day/Year).

As per R338.2421(2)(3)(4) or (5), is this an active program accredited by one of the following: ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada or the Canadian Medical Association's Conjoint Accreditation Services?

☑ Yes ☐ No

Signature of Director of Medical Education

10/10/2019
Date

David Marzano, MD
Print or Type Name of Director of Medical Education

(Seal) If hospital has no seal, please indicate.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

APPLICATION CONFIRMATION & FINGERPRINTING INFORMATION

APPLICATION INFORMATION:
We are in receipt of your application and fee for licensure or registration.

FINGERPRINTING INFORMATION:

- If you fall under any of the following situations you will need to be fingerprinted to be eligible for a health professional license per MCL 333.16174(3) of the Public Health Code:
  - You are applying for an initial license and have never been fingerprinted for a Michigan health professional license.
  - You are applying for relicensure and your license has been lapsed for more than 3 years.
  - You are applying for a different health professional license and have never been fingerprinted for a Michigan health professional license.
  - You are applying for reinstatement of a revoked or suspended license or reclassification of a limited license.

  PLEASE NOTE EXCEPTION: Fingerprints are not required for a controlled substance license.

- Fingerprints MUST be done by IdentoGO fingerprinting sites ONLY. Schedule your appointment online at: http://www.identogo.com/FP/Michigan.aspx
- You will need to enter the **Requester/Agency ID** and a Confirmation Number. Both numbers can be found on the enclosed Livescan Fingerprint Background Check Request (RI-030). Use the **Individual ID** (Box 4) as your Confirmation Number. Payment can be made online by credit card when scheduling, or by company check or money order, made payable to MorphoTrust, at the fingerprinting site.
- Complete the enclosed Livescan Fingerprint Background Check Request (RI-030) form and take it to the fingerprinting site, along with an acceptable form of identification. Preferred ID types: Unexpired State-issued driver's license or identification card with photo, issued by the US government or Michigan governmental agency
- NOTE: Out-of-state or out-of-country applicants must pre-register with IdentoGO at http://www.identogo.com/FP/Michigan.aspx and pay the appropriate fee. Once registered, contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper. Mail the completed Livescan Fingerprint Background Check Request (RI-030) form and fingerprint card to: IDENTOGO • CARDSCAN DEPARTMENT • 6840 CAROTHERS DRIVE STE. 650 • FRANKLIN, TN 37067-9929.
- Once fingerprinted, law enforcement reports can take up to 30 business days to be sent to the Bureau of Professional Licensing.
- IdentoGO will provide a receipt confirming that fingerprints were submitted. Please keep for your own records. For assistance with scheduling a fingerprinting appointment please contact IdentoGO at (866) 226-2952.

If it has been more than four weeks and you have not received additional correspondence from our office, please contact the Licensing Division support team by phone at (517) 241-0199 or by email at bplhelp@michigan.gov.

Sincerely,
Licensing Division
Bureau of Professional Licensing

(Revised 10/18)

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.
Instructions: See page two.

I. Authorizing Information:

1. Fingerprint Reason Code	2. Requestor/Agency ID	3. Agency Name	4. Individual ID (MNU-OA)
LHP	71734K	LARA	C193URUT

II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.

1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
Summers	Garth	K	

2. Any Alternative Names, Last names, or Aliases	3. Social Security Number (Optional)

4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number	8. Issuing State
	[redacted]	(503) 830-7994		

9. Home Address	10. City	11. State	12. Zip Code
4517 Oak St	Omaha	NE	68106

13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color

III. Live Scan Information:

1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Livescan Operator*

* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then the unique identifier in the Identification Code field.

IV. Privacy Act Statement

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:	Date:

INSTRUCTIONS

Section I:

Authorizing Information:
This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. **Fingerprint Code:**
   The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. **Requesting Agency Identification (ID):**
   The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. **Agency Name:**
   The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. **Individual ID (MNU-OA):**
   This Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:
This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:
This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

Garth K. Summers
3333 Grand Ave
Unit 241
Des Moines IA 50312

ID Number: [redacted]

Program(s)...: Doctor of Osteopathic Medicine

Course	Title	Grd	R	Hrs Att	Hrs Cmpt	Hrs GPA	Grade Points	GPA
Term: 12/11 - DO 2016 Yr 1 08/2012-05/2013								
BIOC 1102	Biochem / Molecular Genetics			4.00	4.00	4.00	12.00	
OMM 1101	Osteopathic Manual Med I			4.50	4.50	4.50	18.00	
OSTE 1103	Professional Certifications I			0.50	0.50	0.00	0.00	
HMNTS 1111	Intro History of Medicine			1.00	1.00	1.00	4.00	
PSYC 1105	Behavioral Medicine			2.00	2.00	2.00	6.00	
BIOE 1120	Intro to Medical Ethics			1.50	1.50	1.50	6.00	
OSTE 1102	Funds of Patient Safety/Qual I			0.50	0.50	0.00	0.00	
ANAT 1101	Gross Anatomy			6.50	6.50	6.50	21.45	
HIST 1106	Cell & Tissue Biology			3.00	3.00	3.00	9.00	
MICR 1103	Immuno / Micro / Virology			6.00	6.00	6.00	22.20	
HLTH 1107	Physical Diagnosis			3.50	3.50	3.50	12.95	
PHYS 1116	Intro to Physiology			6.50	6.50	6.50	21.45	
PATH 1109	General Pathology			3.00	3.00	3.00	9.00	
ANAT 1104	Neuroanatomy			2.00	2.00	2.00	6.60	
OSTE 1122	Geriatrics			2.50	2.50	2.50	9.25	
BIOC 1122	PBL Biochem Elective			1.00	1.00	1.00	4.00	
	Term:			48.00	48.00	47.00	161.90	[redacted]
	Cumulative:			48.00	48.00	47.00	161.90	[redacted]
Term: 12/SP - Spring 2013 Electives								
INST 2027	Elect: Cranial Course	CR		2.00	2.00	0.00	0.00	
INST 2026	Elect: Problem-Based Anatomy	CR		1.00	1.00	0.00	0.00	
	Term:			3.00	3.00	0.00	0.00	0.00
	Cumulative:			51.00	51.00	47.00	161.90	[redacted]
Term: 13/21 - DO 2016 Yr 2 07/2013-05/2014								
OSTE 2119	Prev Med / Nutrition			2.00	2.00	2.00	7.40	
OSTE 2125	Clin Reasoning, Sim, SPAL			2.50	2.50	0.00	0.00	
OMM 2101	Osteopathic Manual Med II			4.00	4.00	4.00	16.00	
OSTE 2103	Professional Certifications II			1.00	1.00	0.00	0.00	
OSTE 2120	Evidence Based Medicine			1.00	1.00	1.00	4.00	
PHARM 2115	Medical Pharmacology			5.50	5.50	5.50	18.15	
OSTE 2104	Early Clinical Experiences			0.50	0.50	0.00	0.00	
OSTE 2102	Funds of Pt Safety II			0.50	0.50	0.00	0.00	
SYST 2103	Hematology			3.00	3.00	3.00	11.10	

Des Moines University

Official Record

RAISED SEAL NOT REQUIRED

[redacted]
Registrar

In accordance with the Family Educational Rights and Privacy Act of 1974, this document may not be released to a third party without the written consent of the student.

Garth K. Summers
3333 Grand Ave
Unit 241
Des Moines IA 50312

ID Number: [redacted]

Program(s)...: Doctor of Osteopathic Medicine

Course	Title	Grd	R	Hrs Att	Hrs Cmpt	Hrs GPA	Grade Points	GPA
BIOE 2120	Medical Ethics II			2.00	2.00	2.00	7.40	
LAB 2115	Basic Surgical Skills			1.00	1.00	0.00	0.00	
SYST 2111	Gastrointestinal (GI)			3.00	3.00	3.00	11.10	
SYST 2101	Cardiovascular			3.00	3.00	3.00	12.00	
SYST 2114	Respiratory			3.00	3.00	3.00	11.10	
OSTE 2124	Inf Dis / Public Health			1.50	1.50	1.50	4.50	
SYST 2106	Endocrine			2.50	2.50	2.50	9.25	
SYST 2116	OB / Gyn			2.50	2.50	2.50	8.25	
SYST 2105	Renal			3.00	3.00	3.00	11.10	
HLTH 2104	Ophthalmology			1.00	1.00	1.00	4.00	
SYST 2141	Neurology			2.00	2.00	2.00	7.40	
PSYC 2107	Psychiatry			2.50	2.50	2.50	7.50	
OSTE 2140	Intro to Clinical Clerkships			1.00	1.00	0.00	0.00	
OSTE 2133	Rheum/Ortho			1.50	1.50	1.50	4.95	
HLTH 2103	ENT - Ear, Nose, Throat			1.00	1.00	1.00	2.30	
SYST 2144	Dermatology/Allergy			1.00	1.00	1.00	4.00	
			Term:	51.50	51.50	45.00	161.50	[redacted]
			Cumulative:	102.50	102.50	92.00	323.40	[redacted]
Term: 13/FA - Fall 2013 Electives								
INST 2021	Elective EPEC	CR		1.00	1.00	0.00	0.00	
			Term:	1.00	1.00	0.00	0.00	0.00
			Cumulative:	103.50	103.50	92.00	323.40	[redacted]
Term: 14/FA1 - Fall 2014								
OSTE 3151	Intro Hlth Sys & Policy			1.00	1.00	0.00	0.00	
OSTE 3144A	Clinical Rotations Year III			22.00	22.00	0.00	0.00	
	General Internal Med (Req)			0.00	0.00	0.00	0.00	
	Cardiology			0.00	0.00	0.00	0.00	
	General Pediatrics (Required)			0.00	0.00	0.00	0.00	
	Primary Care - ER			0.00	0.00	0.00	0.00	
	Family Medicine 3rd Yr (Req)			0.00	0.00	0.00	0.00	
			Term:	23.00	23.00	0.00	0.00	0.00

Des Moines University
Official Record
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[redacted]
eline Summer
Registrar

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Garth K. Summers
3333 Grand Ave
Unit 241
Des Moines IA 50312

ID Number: [redacted]

Program(s)...: Doctor of Osteopathic Medicine

Course	Title	Grd R	Hrs Att	Hrs Cmpt	Hrs GPA	Grade Points	GPA
	Cumulative:		126.50	126.50	92.00	323.40	3.52
Term: 15/SP1 - Spring 2015							
	Psychiatry (Required)	[redacted]	0.00	0.00	0.00	0.00	
	General Surgery (Required)	[redacted]	0.00	0.00	0.00	0.00	
	Neurology	[redacted]	0.00	0.00	0.00	0.00	
	Radiology	[redacted]	0.00	0.00	0.00	0.00	
	Osteopathic Manual Medicine	[redacted]	0.00	0.00	0.00	0.00	
OSTE 3144B	Clinical Rotations Year III	[redacted]	22.00	22.00	0.00	0.00	
OSTE 3160	Comprehensive Clin Assessment	[redacted]	1.00	1.00	0.00	0.00	
	Term:		23.00	23.00	0.00	0.00	0.00
	Cumulative:		149.50	149.50	92.00	323.40	[redacted]
Term: 15/FA1 - Fall 2015							
OSTE 4144A	Clinical Rotations Year IV	[redacted]	20.00	20.00	0.00	0.00	
	OB/GYN (Required)	[redacted]	0.00	0.00	0.00	0.00	
	Family Medicine 3rd Yr (Req)	[redacted]	0.00	0.00	0.00	0.00	
	Rehabilitation (4 weeks)	[redacted]	0.00	0.00	0.00	0.00	
	General Pediatrics (Elective)	[redacted]	0.00	0.00	0.00	0.00	
	OMM Fellowship 1.4.16 - 4.22.16						
	Term:		20.00	20.00	0.00	0.00	0.00
	Cumulative:		169.50	169.50	92.00	323.40	[redacted]
Term: 16/SP1C - Spring 2016 1							
OSTE 4144B	Clinical Rotations Year IV	[redacted]	4.00	4.00	0.00	0.00	
	Term:		4.00	4.00	0.00	0.00	0.00
	Cumulative:		173.50	173.50	92.00	323.40	[redacted]
Term: 16/SU1A - Summer 2016 1A							
OSTE 4144A	Clinical Rotations Year IV	[redacted]	8.00	8.00	0.00	0.00	
	OB/GYN Subspecialty	[redacted]	0.00	0.00	0.00	0.00	
	OB/GYN Subspecialty	[redacted]	0.00	0.00	0.00	0.00	
	Term:		8.00	8.00	0.00	0.00	0.00
	Cumulative:		181.50	181.50	92.00	323.40	[redacted]
Term: 16/FA1 - Fall 2016							

Des Moines University
Official Record
RAISED SEAL NOT REQUIRED

Leland S. Miller
Registrar

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Garth K. Summers
3333 Grand Ave
Unit 241
Des Moines IA 50312

ID Number: [redacted]

Program(s)...: Doctor of Osteopathic Medicine

Course	Title	Grd	R	Hrs Att	Hrs Cmpt	Hrs GPA	Grade Points	GPA
	Community Medicine	[redacted]		0.00	0.00	0.00	0.00	
OSTE 4144B	Clinical Rotations Year IV			4.00	4.00	0.00	0.00	
OMM 5101	OMM Fellowship			16.00	16.00	0.00	0.00	
		Term:		20.00	20.00	0.00	0.00	0.00
		Cumulative:		201.50	201.50	92.00	323.40	[redacted]
Term: 17/SP1 - Spring 2017								
OSTE 4144C	Clinical Rotations Year IV			18.00	18.00	0.00	0.00	
	Community Medicine			0.00	0.00	0.00	0.00	
	Dermatology			0.00	0.00	0.00	0.00	
	General Surgery (Elective)			0.00	0.00	0.00	0.00	
	Family Medicine 4th Yr (Req)			0.00	0.00	0.00	0.00	
	OB/GYN Subspecialty			0.00	0.00	0.00	0.00	
	Research			0.00	0.00	0.00	0.00	
		Term:		18.00	18.00	0.00	0.00	0.00
		Cumulative:		219.50	219.50	92.00	323.40	[redacted]

Institutional:	219.50	219.50	92.00	323.40 [redacted]
Program DO:	199.50	199.50	92.00	323.40 [redacted]

Doctor of Osteopathic Medicine DO Degree Conferred on 05/26/17

END OF TRANSCRIPT

Des Moines University

Official Record

RAISED SEAL NOT REQUIRED

Registrar

In accordance with the Family Educational Rights and Privacy Act of 1974, this document may not be released to a third party without the written consent of the student.

Des Moines University - Office of the Registrar
3200 Grand Avenue - Des Moines Iowa 50312
515-271-1460 / registrar@dmu.edu

Accreditation Statement and Academic Programs

Des Moines University is accredited by the Higher Learning Commission (inquiry@hlcommission.org, 1-800-621-7440) and is approved to award the following degrees: Doctor of Osteopathic Medicine (DO), Doctor of Podiatric Medicine (DPM), Doctor of Physical Therapy (DPT), Master of Science in Biomedical Sciences (MSBS), Master of Science in Anatomy (MSA), Master of Science in Physician Assistant Studies (MSPA), Master of Health Care Administration (MHA) and Master of Public Health (MPH). The College of Osteopathic Medicine is accredited by the Commission on Osteopathic College Accreditation (COCA); the College of Podiatric Medicine is accredited by the Council on Podiatric Medical Education (CPME); the professional DPT program is accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (APTA); the Physician Assistant program is accredited by the Accreditation Review Commission on Education for the Physician Assistant; the MPH program is accredited by the Council on Education for Public Health, and the MHA program is accredited by the Commission on Accreditation of Healthcare Management Education (CAHME).

Grade Legend Effective 2012-13

A- / A/ A+	Excellent	WP	Withdrew Passing after Mid-point
B- / B / B+	Very Good	WF	Withdrew Failing after Mid-point
C / C+	Average/Above Average		Status of Incomplete
C-	Below Average	FI	Failed to Complete Within One Year
F	Failure	IP	In Progress
F/C	Failure Remediated (No Course Repeat)	AU	Audit
F/P	Pass/Fail Course Remediated (No Repeat)	S	Satisfactory
p	Pass	u	Unsatisfactory
H	Honors Pass (Effective 2016}	CR	Credit
HP	High Pass	NC	No Credit
LP	Low Pass	TC	Transfer Credit
W	Withdrew Prior to Course Mid-point		

Grade Points Effective 2012-13

4.0	A+, A	2.7	B-	1.7	C-
3.7	A-	2.3	C+	0.0	F
3.3	B+	2.0	C	0.0	H, HP, P, AU, TC, CR, S (excluded from GPA)
3.0	B	2.0	F/C	0.0	W, WP, WF, NC, U (excluded from GPA)

The GPA is determined by dividing total quality points (grade points X credit hours) by the total number of credit hours.

Credit Hour Determination

- # of total course lectures divided by 15
- # of total course lab hours/small group hours divided by 30
- # of weeks of clinical rotation (1 week= 1 hour)
- # of hours engaged in research activity divided by 60
- Course hours rounded to the nearest D.S.

Graduation Requirements

DO students must pass COMLEX Level I, and COMLEX Level II CE & PE; DPM students must pass NBPME Level I and Level II. Specific requirements by degree program relative to minimum GPA and course completion are outlined in the DMU catalog (www.dmu.edu).

Previous Grade Legend

Prior to the 2012-13 academic year, grades in the DO, DPM, DPT, MBS and MSA programs were posted to the transcript in percentage scores. Repeated attempts were noted with an asterisk(*).

Institutional Name History

1898	Dr. S.S. Still College of Osteopathy
1905	Still College of Osteopathy
1945	Des Moines Still College of Osteopathy and Surgery
1958	College of Osteopathic Medicine and Surgery (COMS)
1981	University of Osteopathic Medicine and Health Sciences (UOMHS)
1999	Des Moines University (DMU)