

Lindsay Elaine Dale, MD

Licensed Physician #MD2020-0282

Issue Date	Expiration Date
04/03/2020	07/01/2022
Signature of Holder	

The bearer is prohibited by law from using this identification card to give the impression that they are in any way associated with a governmental agency.

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Lindsay Elaine Dale, MD
License Number: MD2020-0282

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 04/03/2020 Date Expires: 07/01/2022*

**A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

~~This License Must Be Conspicuously Posted In Each Practice Location~~



The New Mexico Physician and Practitioner
 Credentials Application ©
 Physician (MD) Application



Date of Application: 1/9/2020
 PayPal Confirmation: AF0A2B6CBBBB
 Name: Lindsay Elaine Dale

Application Fee: \$400.00
 TOTAL: \$400.00

Maiden or Other Names Used

Will you be applying by endorsement? Yes No Applying using: NMMB HSC FCVS
 What are your NM practice plans? Family Planning Fellowship at University of New Mexico

R#: 2257102

exam

Gender: Female Citizenship: United States Place of Birth: [REDACTED]
 Social Security Number: [REDACTED] Date of Birth: [REDACTED]
 State Tax ID#: Pending Fed. Tax ID#: Pending
 Medicare#: Pending Medicaid #: Pending
 Unique Physician Identification Number (UPIN): Pending
 National Provider Identifier Number (NPI): 1942654736 Pending
 CLIA Number (if applicable): Approval Level: Expiration Date:

Home Address

Street Address: [REDACTED]
 City, State/Province and Zipcode: Richmond, VA, 23221
 Country: United States
 Telephone Number: [REDACTED] Pager Number:
 Cell Phone Number: Spouse's Name (Optional):

Credentials Correspondence Address

Department:
 Street Address: 1 University of New Mexico MSC10 5580
 City, State/Province and Zipcode: Albuquerque, NM, 87131
 Country: United States Email: slinney@salud.unm.edu
 Telephone Number: 505-272-4155 Facsimile Number:

Military Service

Branch: Type of Discharge:
 Dates: From: To: Current Rank:

Immigration

Status: Certification Number:

ECFMG (Educational Commission for Foreign Medical Graduates)

Number (if applicable): Date Issued: (Please attach a copy of your ECFMG certificate)

Languages

Foreign Languages (spoken fluently by practitioner): English

Certifications

ACLS CERTIFICATION	ATLS CERTIFICATION	PALS CERTIFICATION
Certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Expires: 4/18/2020	Expires:	Expires:



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HOSPITAL AND HEALTHCARE AFFILIATIONS

- Are you a PCP? Do you deliver babies? Are you an MD, DO, or DPM?

If you answered yes to any question above, you must:

- (a) Have admitting privileges at a hospital (list below) OR
 (b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

- Do you have courtesy or consulting privileges at this facility.
 If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

No affiliation information provided

Facility Name: _____ Is this your primary admitting facility

Department: _____

Street Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____

Phone Number: _____ Facsimile: _____

Appointment Dates From: _____ To: _____ Present

Type of Appointment: _____ Privileges Assigned: _____

WORK HISTORY

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Work history gap explanations follow:

PRACTICE LOCATIONS

Group Name: Virginia Commonwealth University Resident Effective Date: 7/2016

Department: _____

Street Address: PO BOX 980034

City: Richmond State/Province: VA Zip Code: 23298

Country: United States

Phone Number: 804-828-8614 Facsimile Number: 804-827-1229

Email Address: _____ Answering Service Number: _____



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Foreign Languages (spoken fluently at practice):

Office Manager or Contact Person:

Phone:

Billing Address

Contact Person:

Tax ID #:

Department:

Street Address:

City:

State/Province:

Zip Code:

Country: United States

Phone Number:

Facsimile Number:

Practice Associates (if applicable):

Call Coverage (if applicable):

What are the office hours for your Practice or Group Practice? (Provide days/hours):
 What provisions have been made for after hours?:

CONTINUING EDUCATION

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.
2. If you are applying for privileges at a hospital or clinic, please complete the enclosed privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.

PROFESSIONAL REFERENCES

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

Name and Title: Christine Isaacs MD

Specialty: Obstetrics and
 Gynecology

Department:

Street Address: VCUHS Women's Health, MCV Mail Stop PO BOX 980034

City: Richmond

State/Province: VA

Zip Code: 23298

Country: United States

Email:

Phone Number: 804-628-7023

Facsimile Number:



The New Mexico Physician and Practitioner
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Physician (MD) Application



Name and Title: Frances Casey MD

Specialty: Obstetrics and
Gynecology

Department:

Street Address: VCUHS Women's Health, MCV Mail Stop PO BOX 980034

City: Richmond

State/Province: VA

Zip Code: 23298

Country: United States

Email:

Phone Number: 804-828-7877

Facsimile Number:

Name and Title: Jordan Hylton DO

Specialty: Obstetrics and
Gynecology

Department:

Street Address: VCUHS Women's Health, MCV Mail Stop PO BOX 980034

City: Richmond

State/Province: VA

Zip Code: 23298

Country: United States

Email:

Phone Number: 804-828-7877

Facsimile Number:

Name and Title: Nicole Karjane MD

Specialty: Obstetrics and
Gynecology

Department:

Street Address: VCUHS Women's Health, MCV Mail Stop PO BOX 980034

City: Richmond

State/Province: VA

Zip Code: 23298

Country: United States

Email:

Phone Number: 804-828-8614

Facsimile Number:

Name and Title: Stephanie Lee MD

Specialty: Obstetrics and
Gynecology

Department:

Street Address: VCUHS Women's Health, MCV Mail Stop PO BOX 980034

City: Richmond

State/Province: VA

Zip Code: 23298

Country: United States

Email:

Phone Number: 804-628-7023

Facsimile Number:

LICENSURE REGISTRATION INFORMATION

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

State Professional License/Certification Number: 0116029149

Pending

State: Virginia

Issue Date: 5/24/2016

Expiration Date: 6/30/2020



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LICENSING EXAM

Please check all that apply:

<input type="checkbox"/> State Board Exam (Prior to 1973)	Which State?	Date(s) passed?
<input type="checkbox"/> FLEX		
Part/Step 1 Date Passed		
<input type="checkbox"/> LMCC		
Part/Step 1 Date Passed		
<input type="checkbox"/> National Board (MBME)		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input checked="" type="checkbox"/> USMLE		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
4/22/2014	5/6/2015	1/16/2017

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration: N/A

State Controlled Substance Registration (CSR): N/A

EDUCATION

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Graduate
 Institution: Tufts University School of Medicine
 Department: Registrar's Office
 Street Address: 136 Harrison Ave
 City: Boston
 Country: United States
 Degree Earned: MD - Doctor of Medicine
 If teaching appointment: Department/Position

Dates Attended:
 From: 8/2012
 To: 5/2016

State/Province: MA Zip Code: 02111
 Graduation Date: 2016
 or Specialty: Medicine

Degree Level: House Staff



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 Physician (MD) Application



Institution: Virginia Commonwealth University SOM
 Department: Graduate Medical Education Office
 Street Address: PO Box 980257
 City: Richmond
 Country: United States
 Degree Earned: RSF - Residency/Fellowship
 If teaching appointment: Department/Position

Dates Attended:
 From: 7/2016
 To: Present
 State/Province: VA Zip Code: 23298-0257
 Graduation Date:
 or Specialty: Obstetrics/Gynecology



SPECIALTY BOARD CERTIFICATIONS

If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted by examination in your specialty, please give a brief explanation on an attached sheet. Explain any gaps or delays in achieving Board certification by the recognized Board in your specialty area.

Board or Specialty Specialty: Obstetrics and Gynecology
 Certification Number: Accepted for Examination? Yes No
 If not accepted, have you made application? Yes No N/A If no, provide an explanation:

MEDICAL MALPRACTICE INSURANCE

Do you have current medical malpractice insurance? Yes No

Please list medical malpractice Insurance carriers for the past five (5) years. Attach a separate page if necessary.

Carrier: VCUHS Authority/MCH Hospitals Medical Malpractice Seld Insuranc Limits: 2400000.00, 7200000.00
 Department:
 Street Address: P.O. Box 980521 Pending
 City, State/Province and Zipcode: Richmond, VA, 23298
 Country: United States
 Dates Insured: From: 07/01/2016 To: 06/30/2020 Policy Number:



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Physician (MD) Application



PROFESSIONAL PRACTICE QUESTIONS

Please answer the following Yes or No questions. Note that "N/A" is not an acceptable response except for question #16. If you answer YES to any question, you must give details including name, address, and telephone number of significant parties on a separate sheet of paper. You must respond to each question.

1	Has your professional liability coverage ever been terminated by action of the insurance company (except as a result of the company ceasing to offer insurance coverage to physicians or other practitioners)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Have you ever been denied professional liability insurance coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3	Has your professional liability carrier ever excluded any specific procedures from your coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Have you ever been named as a defendant in any criminal proceedings?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Have you ever been subject to investigation by a governmental entity or Board that either could have resulted, or did result, in licensure sanctions or other adverse actions, irrespective of the outcome?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10a	Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional competence or conduct?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10b	Have you ever agreed not to exercise your clinical privileges while under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10c	Have you ever been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11	Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12a	Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12b	Are any currently held licenses pending investigation or being challenged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14	Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, or voluntarily or involuntarily limited, suspended, revoked, or restricted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15	Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please list on a separate sheet of paper for each case: Name, age, sex of patient/claimant, Date(s) and type of treatment and/or surgery that led to the allegations against you, Nature of allegations in claims/suits. Specify whether a suit was ever filed, Names of other practitioners and hospital, if any, involved in claims or suit, Disposition or current status of claim or suit (be specific), Name of insurance carrier defending you.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	Have you ever been reported to the National Practitioner Data Bank?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17a	Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



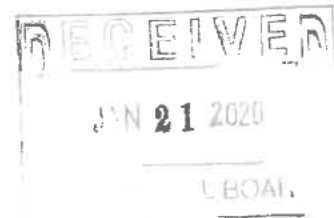
The New Mexico Physician and Practitioner
Credentials Application ©

Physician (MD) Application



- 17b Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO) [REDACTED]
- 18 Do you have or have you been diagnosed with an illness or condition which impairs your judgement or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status. [REDACTED]
- 19a Have you ever, for any reason, resigned from a medical school or postgraduate training (PGT) program? Yes No
- 19b Have you ever, for any reason, withdrawn from a medical school or postgraduate training (PGT) program? Yes No
- 19c Have you ever, for any reason, been suspended, dismissed, or expelled from a medical school or postgraduate training (PGT) program? Yes No
- 19d Have you ever, for any reason, been placed on probation or remediation, including academic probation or remediation, by a medical school or postgraduate training (PGT) program? Yes No
- 19e Have you ever, for any reason, taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or postgraduate training (PGT) program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issues, etc)? Yes No
- 20 I attest that I will limit my practice to areas in which I am competent to practice. Yes
- 21 Are you currently in arrears for payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state? Yes No

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



APPLICANT'S OATH

I, Lindsay Elaine Dale, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having 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 their 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, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



[Signature]
Applicant Signature

1/2/2020
Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name Lindsay Elaine Dale Date 1/2/2020

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LINDSAY E. DALE MD

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EDUCATION

Virginia Commonwealth University Richmond, VA Resident, Department of Obstetrics and Gynecology Anticipated Graduation June 2020	2016 – Present
Tufts University School of Medicine - Maine Track Boston, MA Doctor of Medicine	2012 – 2016
Colby College Waterville, ME Bachelor of Arts with Honors in Chemistry: Biochemistry. Minor in Mathematics. <i>summa cum laude</i>	2008 – 2012

HONORS AND AWARDS

Virginia Commonwealth University John W. Seeds Award for Excellence in Ultrasonography The Ryan Program Resident Award for Excellence in Family Planning	January 2019 June 2018
Colby College Samuel R. Feldman Premed Book Prize, Colby College Career Center Senior Class Award in the Department of Chemistry Phi Beta Kappa Honor Society, Beta of Maine Chapter Julius Seeyle Bixler Scholar Presidential Scholar	May 2012 May 2012 May 2011 2009 – 2011 2008 – 2012

COMMITTEES AND ACTIVITIES

Accreditation Council for Graduate Medical Education (ACGME) Clinical Learning Environment Review (CLER) Evaluation Committee Council of Review Committee Residents	2018 – Present 2018 – Present
Virginia Commonwealth University Obstetrics Quality Assurance Committee Labor and Delivery Practice Committee VCU School of Medicine Professionalism Committee	2017 – Present 2018 – 2019 2017 – 2018

Tufts University School of Medicine

TUSM Maine Track Admissions Subcommittee	2015 – 2016
OB/GYN Interest Group, Maine Medical Center	2015 – 2016
Healer's Renewal Facilitator	2015 – 2016
IDEAS in Medicine Participant and Leader	2012 – 2014

RESEARCH EXPERIENCE

Virginia Commonwealth University School of Medicine

Preceptor: Frances Casey, MD MPH	2019 – Present
Management of late-term fetal demise at VCU: a cross sectional, descriptive study.	
Preceptor: Edward Springel, MD	2017 – Present
Study PI: Rupsa Boelig, Thomas Jefferson University	
Vaginal vs Intramuscular Progesterone for Prevention of Recurrent Preterm Birth: a multi-center randomized controlled trial.	

Fred Hutchinson Cancer Research Center

PI: Peter Nelson, M.D., Human Biology Division	Summer 2011
Effects of anti-androgens and growth factor inhibitors on the proliferation of prostate cancer cell lines.	

Geisel School of Medicine at Dartmouth

PI: Scott Gerber Ph.D. Department of Genetics and Biochemistry	Summer 2010
Use of mass spectrometry to determine linear kinase substrate motifs of specific mitotic kinases.	

Colby College

PI: Kevin Rice, Ph.D. Department of Chemistry	2009 – 2012
Effects of a novel cancer prodrug (Laromustine) on the DNA repair enzyme, DNA Ligase III.	

PRESENTATIONS

Grand Rounds, Gender Affirming Care of Transgender and Nonbinary People, Richmond, VA	2019
Poster Presentation, Annual Ware-Dunn Society Meeting, Richmond, VA	2019
Grand Rounds, OB Quality Assurance, Richmond, VA	2018
Oral Presentation, Chairman Rounds, Richmond, VA	2018
Oral Presentation, Honors Thesis Defense, Waterville, ME	2012
Poster Presentation, American Association for Cancer Research Annual Meeting, Chicago, IL	2012
Poster Presentation, Fred Hutchinson SURP Poster Session, Seattle, WA	2011
Poster Presentation, Geisel School of Medicine SURP Poster Session, Hanover, NH	2010

PUBLICATIONS

Kaye E.G., Gross K.G., Bellairs J., Dale L.E., Gallagher C., Sher E.V., Robinson K.N. & Rice K.P.. Changes in apoptotic gene expression in human leukemia cells treated with anticancer drug Laromustine [abstract]. In: Proceedings of the 103rd Annual Meeting of the American Association for Cancer Research; 2012 Mar 31-Apr 4; Chicago, IL. Philadelphia (PA): AACR; Cancer Res 2012;72(8 Suppl):Abstract nr 1764. doi:1538-7445.AM2012-1764.

CERTIFICATES AND LICENSURE

Fundamentals in Laparoscopic Surgery, Certificate	May 2019
Residents as Teachers, Certificate	May 2018
Virginia Intern/Resident Medical License	July 2016 – Present

PROFESSIONAL ORGANIZATIONS

American College of Obstetricians and Gynecologists, <i>Junior Fellow</i>	July 2016 – Present
American Medical Association	August 2012 – Present



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

LINDSAY ELAINE DALE
VCU OB/GYN RESIDENCY PROGRAM
PO BOX 980034
RICHMOND, VA 23298-0034

Primary Office Address

Phone UNKNOWN

Birth date 07/03/1990

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

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
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None Reported

Current and/or historical medical school

TUFTS UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 2016



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: VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM
Sponsoring State: VIRGINIA
Program name: VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Training Type: SPECIALTY
Dates: 7/2016 - 6/2020 (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
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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 2020 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
0116029149	MD VA	05/24/2016	06/30/2020		ACTIVE	RES	01/03/2020

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
None Reported				

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: New Mexico Medical Board As of Date: 1/15/2020

PRACTITIONER INFORMATION

Name: Dale, Lindsay Elaine
 DOB: [REDACTED]
 Medical School: Tufts University School of Medicine
 Boston, Massachusetts, UNITED STATES
 Year of Grad: 2016
 Degree Type: MD
 NPI: 1942654736

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1942654736	Individual			07/18/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
VIRGINIA	0116029149	05/24/2016	06/30/2020	12/16/2019

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

No DEA found.

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:1/15/2020
Practitioner Name: Dale, Lindsay Elaine

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.



Virginia Department of Health Professions License Lookup

Current as of 01/23/2020 11:20

License Information	
License Number	0116029149 ✓
Occupation	Interns & Residents ✓
Name	Lindsay E Dale ✓
Address	Richmond, VA 23298-0257
Initial License Date	05/24/2016
Expire Date	06/30/2020
License Status	Current Active
Additional Public Information*	No ✓
Back to License Lookup Result	

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

** "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.G of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.*

[Back to License Lookup](#)

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



MEDICAL EDUCATION VERIFICATION

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

Waiver for Release of Information

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

Applicant's Signature: [Signature] Date of Birth [Redacted]
Print or Type Name: Lindsay Elaine Dale Soc Sec # [Redacted]
Other Name(s) _____
Name of Medical School: Tufts University School of Medicine
Address: [Redacted] City Boston State MA Country USA

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

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

APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY

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

Enrollment and Participation: Our records indicate that

(type or print the applicant's name): Dale Lindsay Elaine
(Last Name) (First Name) (MI)

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

ATTENDANCE DATES:	FROM	TO	FROM	TO
	<u>8/6/2012</u>	<u>5/24/2013</u>	<u>5/11/2015</u>	<u>3/25/2016</u>
	<u>8/12/2013</u>	<u>4/25/2014</u>	<u> </u>	<u> </u>
	<u>5/5/2014</u>	<u>4/24/2015</u>	<u> </u>	<u> </u>

The applicant attended 146 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:


Check One Was awarded a degree in Medicine on 05/22/2016
mm dd yr
 Was NOT awarded degree. Please explain reasons(s): _____

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

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

COMMENTS: _____

AFFIX INSTITUTIONAL SEAL HERE

Signature: 
Print Name: Carol A Duffrey
Title: Asst. Dean / Registrar
Date: 1-17-2020

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

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

TUFTS UNIVERSITY

School of Medicine

TRANSCRIPT

Date Issued: 01/17/20

Name: Dale, Lindsay Elaine
Student ID: 1124526

Matriculated: 08/06/12
Graduated: 5/22/16
Track: Maine Track
Degree Program(s): M.D.
Degree(s) Awarded: M.D.

Education: Colby College, B.A. 2012, Summa Cum Laude

Registration History
03/23/16 Completed Studies
05/22/16 Graduated

Doctor of Medicine

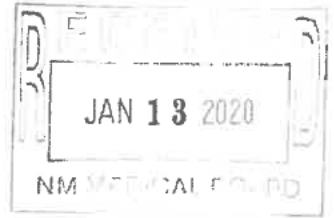
Description	Grade	Description	Grade
1st Year 08/06/12 to 05/24/13		TIU201 Health to Disease 2	
12*13 TIU100 MedFoundations 1		MED219 Hematology/Oncology	Pass
ANA131 Cell Biology	Pass	MED221 Dermatology	Pass
BCH100 Biochemistry	Pass	MED222 Microbiology/Infectious Disease	Pass
GEN150 Genetics	Pass	MED220 Rheumatology	Pass
ANA132 Tissue and Organ Biology	Pass	TIU203 Health to Disease 3	
EMM100 Immunology	Pass	MED223 Gastrointestinal	Pass
MBI100 Introduction to Microbiology	Pass	MED226 Nutrition	Pass
TIU102 MedFoundations 2		MED224 Endocrinology	Pass
ANA133 Clinical Anatomy	Pass	MED225 Reproductive	Pass
PHR100 Core Pharmacology	Pass	PFM215 Comp-based Apprent Prim Care 2	Pass
PHY115 Core Physiology	Pass	MED230 Intro to Clinical Reasoning	Pass
PAT115 Core Pathology	Pass	3rd Year 05/05/14 to 04/24/15	
TIU103 The Brain		14-15 FAM310 Family Medicine	High Pass
ANA140 Head and Neck Anatomy	Pass	MED310 Medicine	Honors
XDS110 Neuroscience	Pass	ORG310 Obstetrics/Gynecology	Honors
PSY115 Intro to Clinical Psychiatry	Pass	PED310 Pediatrics	High Pass
CME135 Addiction Medicine	Pass	PSY310 Psychiatry	Honors
TIU104 Foundations Pt Care		SGN310 Surgery	Honors
PFM114 Physical Diagnosis	Pass	MED311 Medicine Immersion	Credit
XDS115 Evidence Based Medicine	Pass	ORG200 Obstetrics and Gynecology	Credit
XDS100 Problem Based Learning	Pass	FAM200 Family Medicine Elective	Credit
PFM102 Medical Interviewing	Pass	4th Year 05/11/15 to 03/25/16	
ETH100 Ethics and Professionalism I	Pass	15-16 HEM414 Hematology/Oncology	Honors
CME110 Epidemiology and Biostatistics	Pass	ORG428 Gynecologic Oncology AI	Honors
PFM115 Comp-based Apprent Prim Care 1	Credit	ORG405 Reproductive Endocrinology	Honors
XDS120 Sci Foundations Soc & Beh Med	Pass	ORG429 Obstetrics Acting Internship	Honors
ZNS099 Neurosurgery	Pass	ANE408 Clinical Anesthesia	High Pass
ZFE032 Metabol Disease/Bioch Genetics	Pass	EMR416 Emergency Medicine	Honors
2nd Year 08/12/13 to 04/25/14		PED438 NICU Acting Internship	Honors
13-14 TIU201 Health to Disease 1		NEU427 Neurology	Honors
MED216 Pulmonary	Pass	IFD411 ID Consult	Honors
MED217 Renal	Pass	End of Record:	
MED218 Cardiovascular	Pass		

Carol A. Duffey
Carol A. Duffey
Assistant Dean for Student Enrollment/Registrar

All official transcripts from Tufts University School of Medicine bear the raised seal and the signature of the Registrar.

A SECURITY STATEMENT APPEARS IF PHOTOCOPIED

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



POSTGRADUATE TRAINING VERIFICATION

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

Name: Lindsay Elaine Dale M.D.

Signature: [Handwritten Signature] Date (Month/Day/Year): 1/21/2020

(DO NOT DETACH)

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

This is to certify that Lindsay E. Dale, M.D. undertook and satisfactorily completed a full term approved program of 48 months in the Virginia Commonwealth University, Box 980034, Richmond, VA 23298 in the field of Obstetrics and Gynecology from 07/01/2016 to 6/30/2020

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

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

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

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

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

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

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



Printed name of person completing this form: Nicole Karjane, MD Signature: [Handwritten Signature] Date: 1-6-2020
Signature of Notary (if applicable): [Handwritten Signature] Date: 1/6/2020
My commission expires: 3/31/2023

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

New Mexico Medical Board



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

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

Recipient: NEW MEXICO MEDICAL BOARD

Date: 01/03/2020

Examinee: Dale, Lindsay Elaine
Alt Name(s):

Examinee ID: 5-321-464-9
Date of Birth: [REDACTED]

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
04/22/2014	Pass	246	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/06/2015	Pass	260	(209)	

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/10/2015	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
01/16/2017	Pass	228	(196)	

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.



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

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

Examinee: Dale, Lindsay Elaine

Examinee ID: 5-321-464-9

Date of Birth: [REDACTED]

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.