

Aaron Campbell, MD

Licensed Physician #MD2022-1053

Issue Date

07/25/2022

Expiration Date

07/01/2023

Signature of Holder

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

New Mexico Medical Board
Triennial Renewal Certificate

This is to certify that

Aaron Campbell, MD

License Number: MD2022-1053

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: 07/25/2022 Date Expires: 07/01/2023*

**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 Application



Applying for Telemedicine Licensure?



Applying for first ever Full Physician License in any state?



****ALL FEES ARE NON-REFUNDABLE****

****If this application is incomplete upon one (1) year of receipt, the application and supporting documentation will become dormant, and application will become null and void.****

Date of Application: 5/18/2022

Application Fee: \$400.00

PayPal Confirmation: [REDACTED]

TOTAL: \$400.00

Name: Aaron Daniel Campbell

Title: MD

Other:

Maiden or Other Names Used

CC0747 \$400
R# 2401810

What are your NM practice plans?

I have future plans to work at OB/GYN office pending New Mexico licensure approval.

EXAM

Gender: Male

Citizenship: United States

Place of Birth:

Social Security Number: [REDACTED]

Date of Birth: [REDACTED] 991

State Tax ID#:

Pending

Fed. Tax ID#:

Pending

Medicare#:

Pending

Medicaid #:

Pending

Unique Physician Identification Number (UPIN):

Pending

National Provider Identifier Number (NPI): 1699207183

Pending

CLIA Number (if applicable):

Approval Level:

Expiration Date:

Home Address

Street Address: [REDACTED]

City, State/Province and Zipcode: Knoxville, TN, 37902

Country: United States

Telephone Number: [REDACTED]

Pager Number:

Cell Phone Number:

Spouse's Name (Optional):

Credentials Correspondence Address

Department:

Street Address: 501 W Main St Number 2028

City, State/Province and Zipcode: Knoxville, TN, 37902

Country: United States

Email: adcampbellmd@gmail.com

Telephone Number: 865-556-3037

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



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



ACLS CERTIFICATION

Certified? Yes No
Expires: 12/1/2023

ATLS CERTIFICATION

Certified? Yes No
Expires:

PALS CERTIFICATION

Certified? Yes No
Expires:

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.

Facility Name: University of Tennessee Medical Center

Is this your primary admitting facility

Department: OB/GYN

Street Address: 1924 Alcoa Hwy

City: Knoxville

State/Province: TN

Zip Code: 37920

Country: United States

Phone Number:

Facsimile:

Appointment Dates From: 08/2021

To:

Present

Type of Appointment: Vol Faculty

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.

Organization: Magee Womens Hospital of UPMC

From: 06/2017

To: 06/2021

Present

Department: Graduate Medical Education

Street Address: 3600 Forbes Ave, Iroquois Bldg, Ste 300

City: Pittsburgh

State/Province: PA

Zip Code: 15213

Country: United States

Phone Number: 412-647-5815

Contact:

Fax Number: 412-647-5809

Type of Practice: Resident Physician

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Knoxville Center for Reproductive Health

From: 07/2021

To:

Present

Department:



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



Street Address: 1547 W Clinch Ave

City: Knoxville

State/Province: TN

Zip Code: 37916

Country: United States

Phone Number: 865-637-3861

Contact:

Fax Number:

Type of Practice: Medical Director

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: High Risk Obstetrical Consultants

From: 08/2021

To:

Present

Department:

Street Address: 1930 Alcoa Hwy

City: Knoxville

State/Province: TN

Zip Code: 37920

Country: United States

Phone Number: 865-263-2400

Contact:

Fax Number: 865-263-2401

Type of Practice: Attending Physician

Please provide written explanation for any gaps in work history of six (6) months or more.

Work history gap explanations follow:

From: 5/1/2013

To: 6/1/2017

Explanation: Medical school

PRACTICE LOCATIONS

Group Name: High Risk Obstetrical Consultants

Effective Date: 8/2021

Department:

Street Address: 1930 Alcoa Hwy Building A, Suite 435

City: Knoxville

State/Province: TN

Zip Code: 37920

Country: United States

Phone Number: 865-263-2400

Facsimile Number: 865-263-2401

Email Address: [REDACTED]

Answering Service Number:

Foreign Languages (spoken fluently at practice):

Office Manager or Contact Person: Tammy Zane

Phone: 865-263-2400

Billing Address

Billing Information same as practice information

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: Lynlee Wolfe MD Specialty: Maternal-Fetal Medicine
 Department: High Risk Obstetrical Consultants
 Street Address: 1930 Alcoa Hwy Building A, Suite 435
 City: Knoxville State/Province: TN Zip Code: 37920
 Country: United States Email: lwolfe1@utmck.edu
 Phone Number: 865-263-2400 Facsimile Number: 865-263-2401

Name and Title: Mark Hennessy MD Specialty: Maternal-Fetal Medicine
 Department: High Risk Obstetrical Consultants
 Street Address: 1930 Alcoa Hwy Building A, Suite 435
 City: Knoxville State/Province: TN Zip Code: 37920
 Country: United States Email: mhennes@utmck.edu
 Phone Number: 865-263-2400 Facsimile Number: 865-263-2401

Name and Title: Nicole Donnellan MD Specialty: OB/GYN
 Department: Magee-Womens Hospital
 Street Address: 300 Halket St
 City: Pittsburgh State/Province: PA Zip Code: 15213
 Country: United States Email: donnellann2@upmc.edu
 Phone Number: 412-641-6412 Facsimile Number: 412-641-3447

Name and Title: Nikki Zite MD Specialty: OB/GYN
 Department: University of Tennessee Medical Center
 Street Address: 1928 Alcoa Hwy Suite B-300
 City: Knoxville State/Province: TN Zip Code: 37920



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



Country: United States
Phone Number: 865-305-9799

Email: nzite@utmck.edu
Facsimile Number: 865-305-9752

Name and Title: Rebecca Waltner-Toews MD
Department: Magee-Womens Hospital
Street Address: 300 Halket St
City: Pittsburgh
Country: United States
Phone Number: 412-641-6412

Specialty: OB/GYN
State/Province: PA
Email: waltnertoewsri2@upmc.edu
Facsimile Number: 412-641-3447

Zip Code: 15213

LICENSURE REGISTRATION INFORMATION

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

State Professional License/Certification Number: T2022-058 Pending
State: Arkansas Issue Date: 4/29/2022 Expiration Date: 6/10/2022

State Professional License/Certification Number: E-15361 Pending
State: Arkansas Issue Date: 5/5/2022 Expiration Date: 1/31/2023

State Professional License/Certification Number: MD469297 Pending
State: Pennsylvania Issue Date: 11/12/2019 Expiration Date: 12/31/2022

State Professional License/Certification Number: MT213358 Pending
State: Pennsylvania Issue Date: 5/5/2017 Expiration Date: 6/19/2021

State Professional License/Certification Number: MD62745 Pending
State: Tennessee Issue Date: 4/15/2021 Expiration Date: 1/31/2023

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	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input type="checkbox"/> LMCC		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input checked="" type="checkbox"/> NBME (MD Only):		
Part/Step 1 Date Passed 6/15/2015	Part/Step 2 Date Passed 8/29/2016	Part/Step 3 Date Passed 9/27/2017



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



- NBOE (DO Only):

Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
-------------------------	-------------------------	-------------------------
- COMPLEX (DO Only):

Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
-------------------------	-------------------------	-------------------------
- USMLE

Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
-------------------------	-------------------------	-------------------------

DRUG CERTIFICATION INFORMATION

- Federal Drug Enforcement Administration (DEA) Registration: N/A
- DEA Number: [REDACTED] Expiration Date: 8/31/2022 Pending
- DEA Number: [REDACTED] Expiration Date: 8/31/2022 Pending

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: Residency

Institution: Magee Womens Hospital of UPMC Dates Attended:

Department: Graduate Medical Education From: 6/2017

Street Address: 3600 Forbes Ave, Iroquois Bldg, Ste 300 To: 6/2021

City: Pittsburgh State/Province: PA Zip Code: 15213

Country: United States Graduation Date: 2021

Degree Earned: RES - Residency or Specialty: Obstetrics/Gynecology

If teaching appointment: Department/Position

Degree Level: Graduate

Institution: Etsu Quillen College of Medicine Dates Attended:

Department: From: 7/2013

Street Address: 178 Maple Ave To: 5/2017

City: Mountain Home State/Province: TN Zip Code: 37684

Country: United States Graduation Date: 2017

Degree Earned: MD - Doctor of Medicine or Specialty: Medicine

If teaching appointment: Department/Position



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



SPECIALTY BOARD CERTIFICATIONS

NOTE: If you are not board certified by the American Board of Medical Specialties or the American Osteopathic Association, or accepted for examination in your specialty, please give brief explanation on the attached sheet.

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:

I passed the Qualify (written) exam with the American Board of Obstetrics and Gynecology in June 2021, and am an active candidate for ABOG board certification; the Certifying (oral) exam must be taken within 3 years of passing the Qualifying exam. I plan to take the Certifying exam in 2023.

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: SVMIC Limits: 1000000.00, 3000000.00
Department: 101 W. Park Dr. Suite 300
Street Address: 101 W. Park Dr. Suite 300 Pending
City, State/Province and Zipcode: Brentwood, TN, 37027-5000
Country: United States
Dates Insured: From: 07/01/2021 To: 07/01/2022 Policy Number: 1666838



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



PROFESSIONAL PRACTICE QUESTIONS

Read carefully before answering questions.

- A. You must answer all questions. You must provide explanatory information –
- for any "yes" answer to questions numbered 1-18 and
 - for any "no" answer to questions numbered 19-23.

Your failure to provide full and accurate details for any or all of those answers may result in disciplinary action or denial of your application. If in doubt, disclose.

- B. The Board expects full and accurate disclosure of all information. You must update any information that changes while your application is pending.
- C. The term "you" means you personally and any healthcare entity for which you serve as a business owner, officer or medical director.

Licensing & Professional Membership

- | | | |
|---|------------------------------|--|
| 1.a. <i>Regardless of the outcome</i> , have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 1.b. Is any license you now hold under investigation or being challenged? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Education

- | | | |
|--|------------------------------|--|
| 4. Have you, for any reason, ever | | |
| 4.a. been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.b. been placed on probation or remediation by a medical school or PGT program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.c. taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Privileges/Appointments

- | | | |
|--|------------------------------|--|
| 5.a. For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5.b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Insurance/Health Care Plans

- | | | |
|---|------------------------------|--|
| 8. Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

Liability

- | | | |
|---|------------------------------|--|
| 9. 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 to physicians? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. Have you ever been denied professional liability insurance coverage? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. Has your professional liability insurance carrier ever excluded any procedures from your coverage? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12. Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit?
If yes, please complete the attached Malpractice History Form for each case. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

- | | | |
|--|------------------------------|--|
| 13. Have you ever been reported to the National Practitioner Data Bank (NPDB)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|--|------------------------------|--|

Ethics/Impairment

- | | | |
|---|------------------------------|--|
| 14. Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



- 15.a. During the past five (5) years, have you engaged in any behavior(s) or used any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder? [REDACTED]
- 15.b. Are you now engaging in any behavior(s) or using any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder? [REDACTED]
- 15.c. Have you been diagnosed with or treated for an addiction disorder at any time during the past five years (including the present)? [REDACTED]
16. Are you now, being treated with any opioid analgesic(s) for chronic pain? If yes, please provide a current neuropsychological evaluation and written clearance to practice from your treating physician. See Rule 16.10.14.10. [REDACTED]
17. Do you have, or have you been diagnosed with, an illness or condition which impairs your judgment 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]
18. Are you currently out of compliance with a judgment and order for child support in New Mexico? Yes No
- Attestations**
19. I attest I will limit my practice to areas in which I am competent to practice. Yes No
20. I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC. Yes No
21. I attest I have reviewed the completed form and the information it contains is complete and accurate. Yes No
22. I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes. Yes No
23. I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times. Yes No

If you answered "YES" to questions 1-18, and/or "NO" to questions 19-23, please provide a detailed written explanation for each of those answers with this application.

5/18/22

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



APPLICANT'S OATH

I, Aaron Campbell, 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.

ATTACH RECENT

Aaron Campbell MD 5/18/22
Applicant Signature Date



raph taken within six months prior to filing the application, approximate size 2 x 2 inches, 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 Aaron Campbell Date 5/18/22

**HOSPITAL SERVICES CORPORATION
CREDENTIALS VERIFICATION SERVICE
STANDARD AUTHORIZATION, ATTESTATION AND RELEASE**

Authority to Release: I consent to complete disclosure by the recipient of this release to Hospital Services Corporation's Credentials Verification Service ("HSC") of all relevant information pertaining to my professional qualifications, moral character, physical and mental health (hereinafter "qualifications") on behalf of those organizations and their authorized representatives (hereafter "Health Care Entity") to which I have applied as a health care provider and which have designated HSC as their agent. I authorize the recipient to make available and/or disclose to HSC all such information in its files from any university, professional school, licensing authority, accreditation board, hospital, physician, dentist, professional society, insurance carrier, law enforcement agency, military service, or any other person or entity deemed necessary or appropriate in the investigation and processing of my application.

I request and authorize the recipient to release the requested information and I expressly waive any claim of privilege or privacy with respect to the released information bearing on my admission to, retention or termination of medical staff appointment or clinical privileges. I release and discharge HSC, the Health Care Entity and the medical, dental, podiatry and ancillary staffs or panels, credentials committees, administrators, review and approval boards or committees, governing boards, whether or not designated by these titles, and their agents, servants or employees authorized by representatives and all other persons or entities supplying information to them from liability or claims of any kind or character in any way arising out of inquiries concerning me or disclosures made in good faith in connection with my application for appointment to the Health Care Entity's Medical Staff or Provider Panel.

This authorization is limited to the acquisition and disclosure of information required by state or federal law, and information which is acquired or disclosed pursuant to activities protected by the state's Review Organizational Immunity Act and the Health Care Quality Improvement Act of 1986.

Attestation: I certify that the information I have provided and the statements I have made on this application are correct, true, and complete to the best of my knowledge. I will abide by the applicable bylaws, rules and regulations, and policies and procedures of the designated health care entity. I acknowledge that I have received and reviewed a copy of the bylaws, if applicable, of the designated health care entity. I further agree that, in the event there should arise an adverse ruling with respect to my status and/or clinical privileges, I will exhaust the administrative remedies afforded by the entity's bylaws before resorting to litigation.

Signature stamps and date stamps are not acceptable.

Aaron Campbell MD
Applicant Signature

Aaron Campbell MD
Printed Name

5/18/22
Date

Please fax, upload or e-mail this completed form to:

Hospital Services Corporation
Credentials Verification Services
Toll Free: (866) 908-0070 x 2006
Facsimile: (505) 346-0287
Email: credentialing@nmhsc.com

For additional information about disclosures and definitions used in this document, please refer to our website at <https://ecreds.nmhsc.com> in our Practitioner Documents section.

Aaron D. Campbell

[REDACTED], Knoxville, TN 37902

Phone: [REDACTED]

E-mail: [REDACTED]

WORK

High Risk Obstetrical Consultants
Substance Use and Addiction Clinic
August 1, 2020 - Present

Knoxville Center for Reproductive Health
Medical Director
July 1, 2020 - Present

Magee-Womens Hospital of UPMC, Pittsburgh, PA
Department of Obstetrics, Gynecology, and Reproductive Sciences
OB/GYN Resident Physician
PGY-1 June 20, 2017 - June 19, 2018
PGY-2 June 20, 2018 - June 19, 2019
PGY-3 June 20, 2019 - June 19, 2020
PGY-4 June 20, 2020 - June 19, 2020

HSC
5/31/2022
CVS

EDUCATION

East Tennessee State University, Johnson City, TN
James H. Quillen College of Medicine
Doctor of Medicine
GPA: 3.86/4.0
Class Rank: 13/76
July 2013 - May 5, 2017

The University of Tennessee Knoxville, TN
Bachelor of Science in Biological Sciences, concentration in Biochemistry and Cellular and Molecular Biology, Summa cum laude
Minor in *Philosophy*
GPA: 3.87/4.0
August 2009 - December 2012

HONORS

Gold Humanism Honor Society (Spring 2019)
Summa cum laude in the College of Arts & Sciences (Fall 2013)
Phi Beta Kappa Society, Epsilon Chapter at the University of Tennessee (Spring 2012)
Omicron Delta Kappa National Leadership Honor Society (Fall 2011)

HSC
5/31/2022
CVS

EXTRACURRICULAR Medical Students for Choice

Member, Board of Directors

(March 2015 – March 2018)

Treasurer, Board of Directors

(July 2015 – March 2018)

- Lead Finance Committee meetings
- Collaborate with staff to prepare Finance Committee presentations and monthly financial statement overviews
- Determine organization's programming priorities
- Approve annual budget
- Approve fundraising strategies

MSFC Reproductive Health Extern

Planned Parenthood League of Massachusetts

Boston, MA (June 4 - 28, 2014)

Knoxville Center for Reproductive Health

Knoxville, TN (July 7 - 16, 2014)

South Wind Women's Center

Wichita, KS (July 10 - 11, 2014)

- Observed medical and surgical abortion patients
- Observed patients in gynecology clinic
- Assisted staff with recovery room responsibilities
- Attended Family Planning lectures at Brigham and Women's Hospital

University of Tennessee Housing

Resident Assistant: Clement Hall (July 2011 - May 2012)

University of Tennessee Housing

Resident Assistant: Gibbs Hall (May 2011 - August 2011)

University of Tennessee Housing

Resident Assistant: Clement Hall (August 2010 - May 2011)

- Supervised floor of approximately 50 male residents
- Served as a liaison between residents and housing department
- Motivated residents to engage in healthy, positive lifestyles
- Trained in handling emergency situations

Click Funeral Home

Funeral Assistant

Lenoir City, TN (June - July 2009)

- Welcomed and comforted families of the deceased
- Assisted in embalming and preparation

ACTIVITIES

Magee-Womens Hospital Obstetrics Morbidity and Mortality Conference

Coordinator (2020)

HSC
5/31/2022
CVS

HSC
5/31/2022
CVS

University of Pittsburgh School of Medicine
 Humanism Day - Invited Speaker (May 3, 2019)
 Abortion: Quality Care and Public Health Implications by UCSF
 Online Course
 • "Expert Interview"
 Ob/Gyn Interest Group
President (April 2014 - April 2015)
 "Realities and Misconceptions of ObGyn" (September 22, 2014)
 Suture Workshop (August 20, 2014)
 Cervical Cancer Awareness Fundraising and Lecture (January 1 - 15, 2014)
 High School Contraception/STD Class
 Happy Valley High School (October 16, 2013)
 Science Hill High School (December 16, 2013; April 25, 2014)

Medical Students for Choice at Quillen College of Medicine

Founder (August 2013)
President (August 2013 – April 2015)
 • Conference on Family Planning (November 8 – 9, 2014)
 • "Vote No On 1" Campaign (Fall 2014)
 • Meet the Doctor (October 21, 2014)
 • TN SJR 127 "Amendment 1" Messaging Training (September 10, 2014)
 • Values Clarification Workshop (August 20, 2014)
 • Reproductive Health Externship (June 2014, July 2016)
 • Abortion Training Institute (May 16 - 17, 2014)
 • Abortion 101 with ETSU FMLA (April 24, 2014)
 • *After Tiller* Screening and Discussion (March 31, 2014)
 • Meet the Doctor (February 19, 2014)
 • Values Clarification Workshop, Part 2 (January 27, 2014)
 • Values Clarification Workshop, Part 1 (December 11, 2013)
 • 'History of Pregnancy Termination' Guest Lecture (November 13, 2013)
 • Conference on Family Planning (November 9 - 10, 2013)

Integrated Grand Rounds

Mentor (2015 – 2016)
 • Serve as a group mentor for first- and second-year medical students
 • Teach basic science and clinical skills to underclassmen
 • Lead group discussion on differential diagnoses and patient-centered care

ETSU "World AIDS Day" Week

Volunteer (December 5 - 6, 2013)

Honor Council, Quillen College of Medicine

Chair (April 2016 – May 2017)

Class Representative (August 2013 - May 2017)

Shriners International, Kerbela Shriners

Knoxville, TN (February 2013 - present)

Phi Beta Kappa Society, Epsilon Chapter of Tennessee

(Spring 2012 - present)

Omicron Delta Kappa National Leadership Honor Society

(Fall 2011 - present)

HSC
 5/31/2022
 CVS

HSC
 5/31/2022
 CVS

Philosophy Club at the University of Tennessee

President (August 2011 - May 2012)

- Organized and led meetings and discussions, including coordinating with faculty

Scottish Rite, Valley of Knoxville

Knoxville, TN (August 2009 - present)

Avery Lodge #593, Free & Accepted Masons

Lenoir City, TN (March 2009 - present)

AWARDS

The Ryan Program Resident Award for Excellence in Family Planning (2021)

Best Resident Teacher Award by Medical Students (2021)

"Little Apple" Humanism and Excellence in Teaching Award (2018 - 2019)

"Little Apple" Humanism and Excellence in Teaching Award (2017 - 2018)

Magee-Womens Hospital Junior Resident Award for Excellence in Family Planning (Spring 2018)

National Abortion Federation Elizabeth Karlin Early Achievement Award (Spring 2017)

Dr. Barnett A. Slepian Memorial Fund Grant to Support Training in Abortion Techniques (October 24, 2014)

HSC

5/31/2022

CVS

PRESENTATIONS

Opioid Use Disorder: Management in Pregnancy

Preventative and Occupational Medicine resident lecture

Meharry Medical College (3/9/22)

Opioid Use Disorder: Management in Pregnancy

University of Tennessee Medical Center Grand Rounds (2/25/22)

Opiate Use Disorder: Directions in Pregnancy

Magee-Womens Hospital Grand Rounds (6/30/20)



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

AARON DANIEL CAMPBELL
[REDACTED]
KNOXVILLE, TN 37901-2028

Primary Office Address

Phone [REDACTED]

Birth date [REDACTED] 1991

HSC
5/25/2022
CVS

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 National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

*On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the*



primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: EAST TENNESSEE STATE UNIVERSITY J H QUILLEN COLLEGE OF MEDICINE

Degree Awarded: YES Degree Type: MD
Enrollment Date: 07/2013 Degree Date: 05/2017

Current and/or historical ACGME-accredited graduate medical training programs

HSC
5/25/2022
CVS

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: UPMC MEDICAL EDUCATION
Sponsoring State: PENNSYLVANIA
Program name: UPMC MEDICAL EDUCATION PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Training Type: SPECIALTY
Dates: 06/2017 - 06/2021
Status: COMPLETED

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure



License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
E-15361	MD	AR	05/05/2022	01/31/2023		ACT	UNL	05/16/2022	Campbell, Aaron Daniel
MT213358	MD	PA	05/15/2017	06/19/2021		ACT	RES	04/02/2021	AARON DANIEL CAMPBELL

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

HSC
5/25/2022
CVS

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME
US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

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 select 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 AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician 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, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.



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

HSC
5/25/2022
CVS

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:5/25/2022

PRACTITIONER INFORMATION

Name: Campbell, Aaron Daniel
Alternate Name(s): Campbell, Aaron
DOB: █████ 991
Medical School: East Tennessee State University James H. Quillen College of Medicine
Johnson City, Tennessee, UNITED STATES
Year of Grad: 2017
Degree Type: MD
NPI: █████

HSC
5/25/2022
CVS

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
1699207183	Individual			10/19/2021

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:5/25/2022
 Practitioner Name: Campbell, Aaron Daniel

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ARKANSAS	E-15361	05/05/2022	01/31/2023	05/16/2022
FSMB License Status: Active				
PENNSYLVANIA	MT213358	05/15/2017	06/19/2021	04/27/2022
FSMB License Status: Inactive				
PENNSYLVANIA	MD469297	11/12/2019	12/31/2022	04/27/2022
FSMB License Status: Active				
TENNESSEE	62745	04/15/2021	01/31/2023	05/20/2022
FSMB License Status: Active				

HSC
5/25/2022
CVS

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
██████████	22N 33N 4 5	KNOXVILLE, TN 37916	08/31/2022	01/05/2022

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:5/25/2022
Practitioner Name: Campbell, Aaron Daniel

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

HSC
5/25/2022
CVS

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.



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Tanya Fulton

Detailed License Verification

Queried on: Friday, May 27, 2022 at: 10:22 AM

General Information

Name: Aaron Daniel Campbell, M.D.
Specialty: Obstetrics & Gynecology

Address Information

Mailing Address: [REDACTED]
City/State/Zip: Knoxville, TN 37901
Phone: [REDACTED]
Fax:

License Information

License Number: E-15361
Original Issue Date: 5/5/2022
Expiration Date: 1/31/2023
License Status: Active
License Category: Unlimited

License Number: T2022-058
Original Issue Date: 4/29/2022
Expiration Date: 6/10/2022
License Status: Inactive
License Category: Temporary

No Information Found for: License Board History



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

05/27/2022

Tanya Fulton

License Information

AARON DANIEL CAMPBELL

PITTSBURGH, Pennsylvania 15207

Board/Commission: State Board of Medicine

Status Effective Date: 11/12/2019

LicenseType: Medical Physician and Surgeon

Issue Date: 11/12/2019

Specialty Type:

Expiration Date: 12/31/2022

License Number: MD469297

Last Renewal: 11/12/2020

Status: Active

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

05/27/2022

Tanya Fulton

License Information

AARON DANIEL CAMPBELL

PITTSBURGH, Pennsylvania 15207

Board/Commission: State Board of Medicine

Status Effective Date: 06/25/2021

LicenseType: Graduate Medical Trainee

Issue Date: 05/15/2017

Specialty Type: Obstetrics and Gynecology

Expiration Date: 06/19/2021

License Number: MT213358

Last Renewal: 04/24/2020

Status: Expired

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Tanya Fulton



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS

665 Mainstream Dr.
Nashville, TN 37243

tn.gov/health

TENNESSEE BOARD OF MEDICAL EXAMINERS
1-800-778-4123 or (615) 532-4384

May 27, 2022

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Board of Medical Examiners. The Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION : Medical Doctor
RANK : Medical Doctor
NAME : Campbell, Aaron Daniel
LICENSE NUMBER: 62745
ISSUE DATE : 04/15/2021
EXPIRATION DATE : 01/31/2023
STATUS : Licensed
STATUS DATE : 04/15/2021
SPECIAL ENDORSEMENTS :

COMMENTS : There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Tennessee Board of Medical Examiners



PO Box 92200
Albuquerque, NM 87199-2200
7471 Pan American Freeway NE 87109
Phone: (505) 346-0222
Toll free: (866) 908-0070
www.nmhsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Aaron Daniel Campbell MD
From: High Risk Obstetrical Consultants
1930 Alcoa Hwy
Building A, Suite 435
Knoxville, TN 37920
SSN: [REDACTED] Year of birth: 1991
Fax: 8652632401
64524

- Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
- Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Active
- Specialty or Department: OB/GYN
- Status: (Temporary, Permanent, Provisional) Permanent
- Dates of Membership/Employment as Reported by Practitioner: From: 8/1/2021 *To: Present
*In the event the To date is blank, it is assumed this date to be current.
If these dates are not correct, please provide the correct dates: From: _____ To: _____
- Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet. N/A
- Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No Yes _____ Please provide details on a separate attached sheet.
- Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No Yes _____ Please provide details on a separate attached sheet.
- Has your Executive Committee for any reason ever disciplined this practitioner? No Yes _____ Please provide details on a separate attached sheet.
- Has this practitioner been a member in good standing on your staff? No _____ Yes Please provide details on a separate attached sheet.

Would Recommend Would Not Recommend Current Staff: Yes No

Comments: _____

Tammy Lane
Signature

07/05/2022
Date

Tammy Lane
Print Name

Practice Administrator
Title

Please return this information to the attention of:

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200 Albuquerque, NM 87199-2200
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

HSC
7/5/2022
CVS



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 346-0222
 Toll free: (866) 908-0070
 www.nmhsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Aaron Daniel Campbell MD SSN: [REDACTED] Year of birth: 1991
 From: University of Tennessee Medical Center Fax:
 OB/GYN
 1924 Alcoa Hwy 64524
 Knoxville, TN 37920

HSC
 6/6/2022
 CVS

- Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
 - Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) ACTIVE
 - Specialty or Department: OB/GYN
 - Status: (Temporary, Permanent, Provisional) PROVISIONAL
 - Dates of Membership/Employment as Reported by Practitioner: From: 8/1/2021 *To: _____
 *In the event the To date is blank, it is assumed this date to be current.
 If these dates are not correct, please provide the correct dates: From: 9.13.2021 To: 9.13.2022
 - Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet.
 - Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No X Yes _____ Please provide details on a separate attached sheet.
 - Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No X Yes _____ Please provide details on a separate attached sheet.
 - Has your Executive Committee for any reason ever disciplined this practitioner? No X Yes _____ Please provide details on a separate attached sheet.
 - Has this practitioner been a member in good standing on your staff? No _____ Yes X Please provide details on a separate attached sheet.
- Would Recommend Would Not Recommend Current Staff: Yes No

Comments: _____

[Signature] 5.31.2022
 Signature Date
KATIE FRIAR VP, CREDENTIALING AND PHYSICIAN SERVICES
 Print Name Title

Please return this information to the attention of:

Hospital Services Corporation
 Credentials Verification Services
 P.O. Box 92200 Albuquerque, NM 87199-2200
 Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 346-0222
 Toll free: (866) 908-0070
 www.nm.hsc.com

WORK HISTORY / AFFILIATION VERIFICATION

Re: Aaron Daniel Campbell MD
 From: Knoxville Center for Reproductive Health
 1547 W Clinch Ave
 Knoxville, TN 37916

SSN: [REDACTED] Year of birth: 1991
 Fax: 64524

1. Evaluation based on: Observation of Applicant Review of Credentialing/Personnel File
2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Active
3. Specialty or Department: GYN Surgical Ambulatory Center
4. Status: (Temporary, Permanent, Provisional) Permanent
5. Dates of Membership/Employment as Reported by Practitioner: From: 7/1/2021 *To: _____
 *In the event the To date is blank, it is assumed this date to be current.
 if these dates are not correct, please provide the correct dates: From: _____ To: _____
6. Termination: Voluntary Involuntary If involuntary, provide details on a separate sheet.
7. Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No Yes _____ Please provide details on a separate attached sheet.
8. Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No Yes _____ Please provide details on a separate attached sheet.
9. Has your Executive Committee for any reason ever disciplined this practitioner? No Yes _____ Please provide details on a separate attached sheet.
10. Has this practitioner been a member in good standing on your staff? No _____ Yes Please provide details on a separate attached sheet.

Would Recommend Would Not Recommend Current Staff: Yes No

Comments: _____

Karolina A. Ogarek
 Signature

5/31/22
 Date

Karolina A. Ogarek
 Print Name

Administrative Director
 Title

Please return this information to the attention of:

Hospital Services Corporation
 Credentials Verification Services
 P.O. Box 92200 Albuquerque, NM 87199-2200
 Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

5/18/22

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Campbell, Aaron Daniel**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED] **1991**

FID#: **300935129**

Recipient: **NM - New Mexico Medical Board**

Delivery Date: **05/12/2022**

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**

Biographic Information

Medical professional Name(s): **Campbell, Aaron Daniel****Campbell, Aaron**

Date of Birth: [REDACTED] 1991

Place of Birth: Knoxville, Tennessee, UNITED STATES

Contact Information

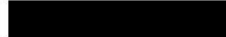
Home Address:

Knoxville, TN 37902
UNITED STATES

Home Address:

Pittsburgh, PA 15207
UNITED STATES

Mobile Phone:



Email:



Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

STATE OF TENNESSEE
Office of Vital Records

141-91 004111

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT
IN PERMANENT
BLACK INK.
FOR
INSTRUCTIONS,
SEE
HANDBOOK.
(ILD)

1. CHILD'S NAME (First, Middle, Last) Aaron Daniel Campbell		3. SEX Male	2. DATE OF BIRTH (Month, Day, Year) 1991	4. TIME OF BIRTH 10:21 P.M.
6. FACILITY NAME (If not institution, give street and number) Fort Sanders Regional Medical Center		5. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Free-standing Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
7. CITY, TOWN, OR LOCATION OF BIRTH Knoxville		8. COUNTY OF BIRTH Knox		
9. I certify that this child was born alive at the place and time and on the date stated. Signature: Norris D. Campbell M.D.		10. DATE SIGNED (Month, Day, Year) 1/15/91	11. CERTIFIER'S NAME AND TITLE (Type/Print) Name: Norris D. Campbell <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)	
12. IF CERTIFIER WAS NOT ATTENDANT, GIVE NAME AND TITLE OF ATTENDANT Name: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2001 Laurel Ave., Suite 105 Knoxville, TN 37916		
14. REGISTRAR'S SIGNATURE Dorothy Weaver		15. DATE FILED BY REGISTRAR (Month, Day, Year) Feb. 11, 1991		
16. MOTHER'S NAME (First, Middle, Last) [Redacted]		16a. MAIDEN SURNAME Veal	17. MOTHER'S DATE OF BIRTH (Month, Day, Year) March 19, 1956	
18. MOTHER'S BIRTH-PLACE (State or Foreign Country) Tennessee	18a. RESIDENCE-STATE Tennessee	18b. COUNTY Knox	18c. CITY, TOWN, OR LOCATION Knoxville	
19a. STREET AND NUMBER OR RURAL LOCATION [Redacted]	19b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 37922		
21. FATHER'S NAME (First, Middle, Last) [Redacted]		22. FATHER'S DATE OF BIRTH (Month, Day, Year) November 26, 1947	23. FATHER'S BIRTH-PLACE (State or Foreign Country) Virginia	
24a. I give permission to provide the Social Security Administration with data from this certificate for the purpose of issuing a Social Security Number. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24c. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Eldest Parent Norris D. Campbell		
24b. I authorize the Social Security Administration to provide the social security number to the State of Tennessee to add to the State's birth file. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

CERTIFIER
THE SIGNATURE MUST BE MADE WITHIN 72 HOURS AFTER BIRTH. SIGNATURE MUST BE IN PERMANENT BLACK INK.

REGISTRAR
THE REGISTRAR'S SIGNATURE MUST BE IN PERMANENT BLACK INK.
004111X1991

FATHER
I ENT

INFORMATION FOR MEDICAL AND HEALTH INSURANCE

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5594836

T. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

Date Issued Nov-29-2012

CERTIFICATION OF VITAL RECORD





Medical Education

Medical School: East Tennessee State University James H. Quillen College of Medicine

Location: Johnson City, TN

UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:		To MM/DD/YYYY:	
Academic Probation	Applicable	N/A	/	/	/	/
Probation for unprofessional conduct/behavior	Applicable	N/A	/	/	/	/
Probation for other reason	Applicable	N/A	/	/	/	/

Other Reason Explanation:

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? YES NO X N/A

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

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO X N/A

If YES, please provide detailed 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? YES NO X N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

6. Attach Transcript 7. Attach Diploma 8. Do you have a Dean's Letter to Attach? 9. Would you like to upload an additional attachment? YES X NO YES NO X



Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Erin Birchfield
	Title: Information Research Tech II
	Signature: 
	Date of Signature: 3/21/2022 Email: birchfieldee@etsu.edu

Medical School

Medical Professional Name: Campbell, Aaron Daniel

East Tennessee State University James H. Quillen College of Medicine

Unusual Circumstances

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: Campbell, Aaron Daniel

Aaron Daniel Campbell
October 1, 2016
Page 2

Academic History

Mr. Campbell matriculated with the Quillen College of Medicine in the Fall of 2013 and has made regular progress through the curriculum with no required repetition or remediation of coursework to date. He has not received any adverse actions from the medical school and is scheduled to graduate on May 5, 2017.

Basic Sciences

Mr. Campbell progressed through the basic science curriculum with a cumulative GPA of 3.77.

Clinical Sciences

During their clinical clerkships, students are evaluated in the following categories: fund of general medical knowledge, information gathering skills, utilization of resources, problem solving ability, interpersonal relationships, self-learning ability, and potential as a house officer. All clerkships use NBME clinical subject exams (or equivalent) in the determination of the final clerkship grade.

Jr. Internal Medicine Clerkship

"Personable and willing to learn, Aaron is a team player with a great attitude. He was interested in learning and participated with enthusiasm. He is intelligent, friendly, and hardworking. Aaron is a young, bright, professional, team player who built excellent rapport with his patients and the healthcare team. He has good communication skills and his interpersonal skills are superior. Aaron did well on this rotation and I expect he will also succeed as a resident physician."

Final Grade: A

Jr. Surgery Clerkship

"Aaron has sound medical knowledge, genuine interest in care for patients, and goes 'the extra mile' to improve the patients' situation. He is relaxed, easy to work with, and conveys a sense of confidence and professionalism. Aaron was always present and participatory in the healthcare team. He was an overall pleasure to work with, reliable, and punctual. As clerkship director in Surgery, I felt that Aaron did an excellent job on the rotation."

Final Grade: A

Jr. Family Medicine Clerkship

"Aaron is intelligent, capable, and above all, a 'people person.' He seems naturally to rise to the level of leadership. He was fun to work with and to teach. He will do well whatever his chosen specialty. He responded well to feedback and worked to connect with patients, faculty, and residents. He exhibited strong communication and rapport building skills. Aaron interacted extremely well with patients. He spent time on-call one Saturday afternoon talking with one of my hospital patients who was lonely. She told me the next day how much she appreciated him being there with her. He was an effective team member. He would be an excellent family physician."

Final Grade: A

Jr. Obstetrics and Gynecology

"Aaron was engaged and involved throughout his ob/gyn clerkship. Faculty members found him to be motivated and enthusiastic. He took advantage of study time and demonstrated a confidence in the clinical material that came from his strong interest in ob/gyn. He demonstrated an excellent work ethic. His interactions with patients were appropriate. He is an outstanding candidate for any residency program. In particular, he would be an excellent ob/gyn physician and should he apply for this specialty it is my hope that he can be recruited to the program at this institution.

Final Grade: A

**East Tennessee State University
James H. Quillen College of Medicine**

Record of: Aaron Daniel Campbell **Current Name:** Aaron Daniel Campbell **Date Issued:** 21-MAR-2022 **Date of Birth:** [REDACTED] **PTS R**

Course Level: Medical **SUBJ NO.** **COURSE TITLE** **CRED GRD** **PTS R**

Program of Study
Doctor of Medicine
Major : Medicine

Degree Awarded Doctor of Medicine 05-MAY-2017

PRE-SYSTEM INSTITUTION SUMMARY HOURS: **0.00 GPA:** **0.00**

Ehrs: 0.00 GPA-Hrs: 0.00 Qpts: **88.00 GPA:** **4.00**

PRE-SYSTEM TRANSFER SUMMARY HOURS: **0.00 GPA:** **0.00**

Ehrs: 0.00 GPA-Hrs: 0.00 Qpts: **88.00 GPA:** **4.00**

INSTITUTION CREDIT:

Fall 2013 - Quillen COM

ANTY 1314	Med Hum Gross Anat/Embryology	11.00	A	44.00
BCHM 1315	Cellular & Molecular Medicine	11.00	A	44.00
CAOL 1121	Case Oriented Learning I	2.00	P	0.00
CSHP 1321	Com Skills For Health Prof	3.00	P	0.00
CSKL 1321	Intro To Physical Exam	3.00	P	0.00
MEDU 1314	Career Exploration I	1.00	+	0.00
PRMD 1121	The Profession of Medicine I	3.00	P	0.00
TERM TOTAL				4.00

Ehrs: 33.00GPA-Hr 22.00 Qpts: 88.00 GPA: 4.00

Spring 2014 - Quillen COM

CAOL 1122	Case Oriented Learning II	3.00	P	0.00
CBIO 1312	Cell & Tissue Biology	7.00	A	28.00
HGEN 1311	Genetics	3.00	A	12.00
INDP 8910	Healers Art (Awaken/Heart/Med)	1.00	P	0.00
MEDU 1312	Biostatistics and Epidemiology	1.00	A	4.00
MEDU 1314	Career Exploration I	10.00	A	40.00
PHSY 1312	Medical Physiology	2.00	P	0.00
PRCP 1122	Clin Preceptorship I	2.00	P	0.00
PRMD 1122	The Profession of Medicine II	3.00	P	0.00
PSYH 1312	Lifespan Development	1.00	A	4.00
*****	CONTINUED ON NEXT COLUMN	*****		*****

**ELECTRONIC
SEAL
VERIFIED**

**OFFICIAL TRANSCRIPT FOR
FCVS PURPOSES ONLY**

**East Tennessee State University
James H. Quillen College of Medicine**

Record of: Aaron Daniel Campbell Current Name: Aaron Daniel Campbell Date Issued: 21-MAR-2022 Date of Birth: [REDACTED]

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
----------	--------------	----------	-------

Institution Information continued:

TERM TOTAL	Ehrs: 49.00GPA-Hr 48.00	QPTS: 192.0	GPA: 4.00
Spring 2016 - Quillen COM			
COMD 3001	Jr Community Med Clerkship	12.00 A	48.00
MEDU 3314	Career Exploration III	1.00 P	0.00
PEDS 3005	Jr Pediatrics Clerkship	12.00 A	48.00
PSYH 3006	Jr Psychiatry Clerkship	12.00 A	48.00
SPEC 3007	Jr Specialties Clerkship	12.00 P	0.00
TERM TOTAL			
Ehrs: 49.00GPA-Hr 36.00	QPTS: 144.0	GPA: 4.00	

TERM TOTAL	Ehrs: 36.00GPA-Hr 0.00	QPTS: 0.00	GPA: 0.00
Fall 2016 - Quillen COM			
(Advanced to 4th Year By Faculty Action 10/19/16)			
ANTY 5002	Anatomy-CT & Cross-Sect Elec	4.00 P	0.00
IMED 4701	IMED Inpatient Subintern Sel	8.00 P	0.00
OBGY 5100	OB/GYN Elective-Away	8.00 P	0.00
OBGY 5100	OB/GYN Elective-Away	8.00 P	0.00
PEDS 4601	Neonatology Selective	8.00 P	0.00
TERM TOTAL			
Ehrs: 36.00GPA-Hr 0.00	QPTS: 0.00	GPA: 0.00	

TERM TOTAL	Ehrs: 25.00GPA-Hr 0.00	QPTS: 0.00	GPA: 0.00
Spring 2017 - Quillen COM			
ANTY 5005	Anatomy - Ultrasound	4.00 P	0.00
GMED 4501	Keystone Course	1.00 P	0.00
MEDU 5001	Adv Physical Diagnosis Elec	4.00 P	0.00
PSYH 4901	Psyc-Ambulatory Care Selec	8.00 P	0.00
RURL 5005	Rural ER - Erwin Elective	8.00 P	0.00
TERM TOTAL			
Ehrs: 25.00GPA-Hr 0.00	QPTS: 0.00	GPA: 0.00	

*****TRANSCRIPT TOTALS *****

TOTAL INSTITUTION	Earned Hrs	GPA Hrs	Points	GPA
276.00	168.00	653.00	3.88	

TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	276.00	168.00	653.00	3.88

*****END OF TRANSCRIPT *****

**OFFICIAL TRANSCRIPT FOR
FCVS PURPOSES ONLY**

Postgraduate Training

Accreditation ID: 2204111258
Institution: UPMC Medical Education Program
Location: Pittsburgh, PA
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

Graduate Medical Education

Medical Professional Name: Campbell, Aaron Daniel

Accreditation ID: 2204111258

Institution: UPMC Medical Education Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 6/20/2017 - 6/19/2021 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: Campbell, Aaron Daniel

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations

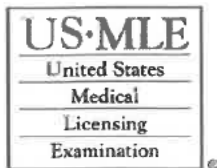
fsmb

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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Campbell, Aaron Daniel

Examinee ID: 5-329-561-4

Date of Birth: [REDACTED] 1991

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 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

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 SMB Profiles As of Date:5/12/2022
Practitioner Name: Campbell, Aaron Daniel

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
██████████	22N 33N 4 5	KNOXVILLE, TN 37916	08/31/2022	01/05/2022



CAMPBELL, AARON DANIEL

DCN: 5500000190298082

FOR AUTHORIZED USE BY: New Mexico Medical Board

Process Date: 5/12/2022

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

CAMPBELL, AARON DANIEL

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

Practitioner Name: CAMPBELL, AARON DANIEL
CAMPBELL, AARON

Date of Birth: [REDACTED] 991

Gender: MALE

Home Address: [REDACTED]
PITTSBURGH, PA 15207

Social Security Numbers (SSN): [REDACTED]

National Provider Identifiers (NPI): [REDACTED]

Drug Enforcement Administration (DEA) Numbers: [REDACTED]

License(s): Physician (MD), NO LICENSE, TN
Physician (MD), 62745, TN
Physician (MD), MD469297, PA
Physician (MD), MT213358, PA

Professional School(s): EAST TENNESSEE STATE UNIVERSITY JAMES H. QUILLEN COLLEGE OF MEDICINE (2017)

B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E

Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.

Entity Name: New Mexico Medical Board

Authorized Agent: Federation of State Medical Boards, (817) 868 - 4000

Customer Use: 300935129

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 5/12/2022

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification 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

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 346-0222
 Toll free: (866) 908-0070
 www.nmhsc.com

MEDICAL EDUCATION VERIFICATION

Etsu Quillen College of Medicine

 178 Maple Ave

 Mountain Home, TN 37684
 4234398004

Re: Aaron Daniel Campbell MD
 Other names:
 Doctor of Medicine
 Medicine
 SSN: [REDACTED] Grad Year: 2017

DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:

Please include the dean's letter (if available) and a **COPY OF OFFICIAL TRANSCRIPT** (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations).

APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY

HSC
 5/27/2022
 CVS
 If name of institution was different from the above named institution when applicant attended, please enter name:

Enrollment and Participation: Our records indicate that Aaron Daniel Campbell MD attended our medical school on the following dates (indicate the month, day and year in the section below):

Attendance Dates:	From	To	From	To
	07 / 24 / 2013	05 / 05 / 2017	/ /	/ /
	/ /	/ /	/ /	/ /
	/ /	/ /	/ /	/ /

The applicant attended 148 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 / 05 / 2017
 Was NOT awarded degree. Please explain reason(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.

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

Comments: _____



Sherry S. Bailey
 Signature
 Sherry S. Bailey
 Print name
 Assistant Registrar
 Title
 05/27/22
 Date

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

Please complete this form and forward it to:

Hospital Services Corporation
 Credentials Verification Services
 P.O. Box 92200 Albuquerque, NM 87199-2200
 Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006

STATE UNIVERSITY OF TENNESSEE
JAMES H. QUILLLEN COLLEGE OF MEDICINE
 OFFICE OF THE REGISTRAR
 POST OFFICE BOX 70580
 JOHNSON CITY, TENNESSEE 37614-0580

Record of: Aaron Daniel Campbell **Current Name:** Aaron Daniel Campbell **Date Issued:** 27-MAY-2022 **Date of Birth:** [REDACTED]

Course Level: Medical **Subj No.** **Course Title** **Cred Grd** **Pts R** **Cred Grd** **Pts R**

Program of Study: Doctor of Medicine **Term Total** **Ehrs:** 32.00GPA-Hr 22.00 **Qpts:** 88.00 **GPA:** 4.00

Major: Medicine **Institution Information continued:**

Degree Awarded: Doctor of Medicine 05-MAY-2017

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
PRE-SYSTEM INSTITUTION SUMMARY HOURS:			
Ehrs:	0.00 GPA-Hrs:	0.00 Qpts:	0.00 GPA:
PRE-SYSTEM TRANSFER SUMMARY HOURS:			
Ehrs:	0.00 GPA-Hrs:	0.00 Qpts:	0.00 GPA:
INSTITUTION CREDIT:			
Fall 2013 - Quillen COM			
ANTY 1314	Med Hum Gross Anat/Embryology	11.00 A	44.00
BCHM 1315	Cellular & Molecular Medicine	11.00 A	44.00
CAOL 1121	Case Oriented Learning I	2.00 P	0.00
CSHP 1321	Com Skills For Health Prof	3.00 P	0.00
CSKL 1321	Intro To Physical Exam	3.00 P	0.00
MEDU 1314	Career Exploration I	1.00 +	0.00
PRMD 1121	The Profession of Medicine I	3.00 P	0.00
TERM TOTAL		4.00	
Ehrs:	33.00GPA-Hr 22.00	Qpts:	88.00 GPA:

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Spring 2014 - Quillen COM			
CAOL 1122	Case Oriented Learning II	3.00 P	0.00
CBYO 1312	Cell & Tissue Biology	7.00 A	28.00
HGEN 1311	Genetics	3.00 A	12.00
INDP 8910	Healers Art (Awaken/Heart/Med)	1.00 P	0.00
MEDU 1312	Biostatistics and Epidemiology	1.00 A	0.00
MEDU 1314	Career Exploration I	1.00 P	0.00
PHSY 1312	Medical Physiology	10.00 A	40.00
PRCP 1122	Clin Preceptorship I	2.00 P	0.00
PRMD 1122	The Profession of Medicine II	3.00 P	0.00
PSYH 1312	Lifespan Development	1.00 A	4.00
TERM TOTAL		4.00	
Ehrs:	33.00GPA-Hr 22.00	Qpts:	88.00 GPA:

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Fall 2014 - Quillen COM			
(Advanced to 2nd Year By Faculty Action 9/26/2014)			
IMUN 2311	Immunology	2.00 A	8.00
MEDU 2311	Medical Microbiology	11.00 +	0.00
NEUR 2314	Career Exploration II	1.00 +	0.00
PATH 2311	Clinical Neuroscience	6.00 A	24.00
PRCP 2121	Medical Pathology I	6.00 A	24.00
PRMD 2122	Clin Preceptorship II	2.00 P	0.00
TERM TOTAL		4.00	
Ehrs:	16.00GPA-Hr 14.00	Qpts:	56.00 GPA:
Spring 2015 - Quillen COM			
MEDU 2311	Medical Microbiology	11.00 B	33.00
MEDU 2314	Career Exploration II	1.00 P	0.00
PATH 2312	Medical Pathology II	4.00 A	16.00
PHRM 2312	Medical Pharmacology	8.00 B	24.00
PRMD 2122	The Practice Of Medicine	9.00 P	0.00
PSYH 2312	Intro Clin Psychiatry	3.00 A	12.00
TERM TOTAL		3.26	
Ehrs:	36.00GPA-Hr 26.00	Qpts:	85.00 GPA:

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Fall 2015 - Quillen COM			
(Advanced to 3rd Year By Faculty Action 1/15/2016)			
FMED 3002	Jr Family Med Clerkship	12.00 A	48.00
GMED 3000	Transitions to Clin Clerkships	1.00 P	0.00
IMED 3003	Jr Internal Med Clerkship	12.00 A	48.00
MEDU 3314	Career Exploration III	1.00 +	0.00
OBGY 3004	Jr Obstetrics/Gynecology Clerk	12.00 A	48.00
SURG 3008	Jr Surgery Clerkship	12.00 A	48.00
TERM TOTAL		2.00	
Ehrs:	36.00GPA-Hr 26.00	Qpts:	85.00 GPA:

***** CONTINUED ON PAGE 2 *****



Victoria Stevens, Academic Dean
 This is a true copy of the Record as filed in the Office of the Registrar, East Tennessee State University, James H. Quillen College of Medicine. This official transcript is printed on green security paper with the signature printed in white. A raised seal is not required. When photocopied the word

UNIVERSITY OF TENNESSEE
JAMES H. QUILLLEN COLLEGE OF MEDICINE
 OFFICE OF THE REGISTRAR
 POST OFFICE BOX 70580
 JOHNSON CITY, TENNESSEE 37614-0580

Record of: Aaron Daniel Campbell **Current Name:** Aaron Daniel Campbell **Date Issued:** 27-MAY-2022 **Date of Birth:** [REDACTED]

SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
TERM TOTAL			
Ehrs: 49.00	GPA: 48.00	QPts: 192.0	GPA: 4.00
Spring 2016 - Quillen COM			
COMD 3001	Jr Community Med Clerkship	12.00 A	48.00
MEDU 3314	Career Exploration III	1.00 P	0.00
PEDS 3005	Jr Pediatrics Clerkship	12.00 A	48.00
PSYH 3005	Jr Psychiatry Clerkship	12.00 A	48.00
SPEC 3007	Jr Specialties Clerkship	12.00 P	0.00
TERM TOTAL			
Ehrs: 49.00	GPA: 36.00	QPts: 144.0	GPA: 4.00
Fall 2016 - Quillen COM			
(Advanced to 4th Year By Faculty Action 10/19/16)			
ANTY 5002	Anatomy-CT & Cross-Sect Elec	4.00 P	0.00
IMED 4701	IMED Inpatient Subintern Sel	8.00 P	0.00
OBGY 5100	OB/GYN Elective-Away	8.00 P	0.00
OBGY 5100	OB/GYN Elective-Away	8.00 P	0.00
PEDS 4601	Neonatology Selective	8.00 P	0.00
TERM TOTAL			
Ehrs: 36.00	GPA: 0.00	QPts: 0.00	GPA: 0.00
Spring 2017 - Quillen COM			
ANTY 5005	Anatomy - Ultrasound	4.00 P	0.00
GMED 4501	Keystone Course	1.00 P	0.00
MEDU 5001	Adv Physical Diagnosis Elec	4.00 P	0.00
PSYH 4901	Psyc-Ambulatory Care Selec	8.00 P	0.00
RURL 5005	Rural ER - Erwin Elective	8.00 P	0.00
TERM TOTAL			
Ehrs: 25.00	GPA: 0.00	QPts: 0.00	GPA: 0.00
***** TRANSCRIPT TOTALS *****			
Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	276.00	168.00	653.00
TOTAL TRANSFER	0.00	0.00	0.00
OVERALL	276.00	168.00	653.00
***** END OF TRANSCRIPT *****			



Vivianela Street, Assistant Dean

This is a true copy of the record on file in the Office of the Registrar, East Tennessee State University, James H. Quillen College of Medicine. This official transcript is provided on green security paper with the signature printed in white. A raised seal is not required. When facsimiled the word

HSC
 CVS
 5/27/2022

HSC
 CVS
 5/27/2022



PO Box 92200
 Albuquerque, NM 87199-2200
 7471 Pan American Freeway NE 87109
 Phone: (505) 346-0222
 Toll free: (866) 908-0070
 www.nmhsc.com

POSTGRADUATE TRAINING VERIFICATION

UPMC Magee-Womens Hospital Graduate
 Medical Education
 [Redacted]
 Pittsburgh, PA 15213
 4126475809

Re: Aaron Daniel Campbell MD
 Other names:
 Residency
 Obstetrics/Gynecology
 SSN: [Redacted] Grad Year: 2021

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

HSC
 6/22/2022
 CVS

This is to certify that: Aaron Daniel Campbell MD undertook and satisfactorily completed a full term approved program of 48 (number) months at UPMC Magee Womens Hospital 300 Halket Street Pittsburgh, PA 15213 in the field of Obstetrics & Gynecology from 6/20/2017 (mo/day/yr) to 6/19/2021 (Date/Anticipated Date)

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 addiction 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.

Kristiina E. Parviainen, MD, MS, Program Director
 Print name of person completing this form

Signature

6/7/2022
 Date



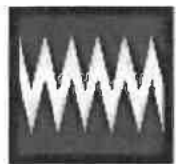
Signature of Notary _____ Date _____

My commission expires: _____

If there is no hospital or notary seal, this form is unacceptable. Thank you for your cooperation.

Please complete this form and forward it to:

Hospital Services Corporation
 Credentials Verification Services
 P.O. Box 92200 Albuquerque, NM 87199-2200
 Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006



HSC

efficient™

Credentials Verification Services

Provider Profile



New Mexico Medical Board Examination

DocCode: 64524 Aaron Daniel Campbell MD

SSN: [REDACTED] DOB: [REDACTED]1991 Application Received Date: 05/18/2022 Start Date: 05/26/2022
Release Signature Date: 05/18/2022 Shipped Date: 07/05/2022
Attestation Signature Date: 05/18/2022 Next Appt:

Home Address:

[REDACTED] Knoxville, TN 37902

Phone: [REDACTED]

Languages spoken by practitioner: English

Mailing Address:

[REDACTED] Knoxville, TN 37902

NPI: [REDACTED]

UPIN:

Medicaid:

Medicare:

State Tax ID:

Fed Tax ID:

* PRACTICE LOCATIONS

High Risk Obstetrical Consultants
1930 Alcoa Hwy
Building A, Suite 435
Knoxville, TN 37920
Languages used at practice:

Phone: 8652632400 Fax: 8652632401
Email: adcampbell1@utmck.edu

Contact: Tammy Zane

* AFFILIATIONS

University of Tennessee Medical Center
Type: Vol Faculty

From: 9/2021 To: Present
Verification Received: 06/06/2022

* WORK HISTORY

High Risk Obstetrical Consultants
Type: Active
Knoxville Center for Reproductive Health
Type: Active

From: 8/2021 To: Present
Verification Received: 07/05/2022
From: 7/2021 To: Present
Verification Received: 06/06/2022

* EDUCATION

Etsu Quillen College of Medicine
Degree: Doctor of Medicine Type: Graduate
Specialty: Medicine
Transcript - Graduate
Degree: Doctor of Medicine Type: Graduate
Specialty: Medicine
Magee Womens Hospital of UPMC
Degree: Residency Type: Residency
Specialty: Obstetrics/Gynecology

From: 7/2013 To: 5/2017
Graduation: 2017
Verification Received: 05/27/2022
From: 7/2013 To: 5/2017
Graduation: 2017
Verification Received: 05/27/2022
From: 6/2017 To: 6/2021
Graduation: 2021
Verification Received: 06/22/2022

* LICENSES

State: AR License#: E-15361
Status: Current and in good standing

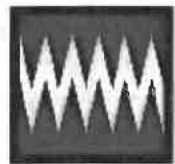
Issue Date: 04/29/2022
Lic Type: Medicine

Expiration: 01/31/2023
Verification Received: 05/27/2022

State: AR License#: T2022-058
Status: Inactive

Issue Date: 04/29/2022
Lic Type: Medicine-Temporary

Expiration: 06/10/2022
Verification Received: 06/14/2022



HSC

efficientSM

**Credentials Verification Services
Provider Profile**



**New Mexico Medical Board
Examination**

DocCode: 64524 Aaron Daniel Campbell MD

State: PA	License#: MD469297	Issue Date: 11/12/2019	Expiration: 12/31/2022
Status: Current and in good standing		Lic Type: Medicine	Verification Received: 05/27/2022
State: PA	License#: MT213358	Issue Date: 05/05/2017	Expiration: 06/19/2021
Status: Expired		Lic Type: Medicine-Trainee	Verification Received: 05/27/2022
State: TN	License#: MD62745	Issue Date: 04/15/2021	Expiration: 01/31/2023
Status: Current and in good standing		Lic Type: Medicine	Verification Received: 05/27/2022

*** REFERENCES**

Rebecca Waltner-Toews MD	Pittsburgh, PA	Verification Received: 07/05/2022
Lynlee Wolfe MD	Knoxville, TN	Verification Received: 06/01/2022

*** PROFESSIONAL PRACTICE QUESTIONS** See Application: No

HSC Use Only

Reviewed by: Brittany Ruiz

Date: 07/05/2022

Comments: