

Medicine- Medical Physician and Surgeon-
Accredited School Graduate
Renewal (MD469297)
AA0002689992



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION					
Last Name	CAMPBELL		First Name	AARON	
Middle Name	DANIEL		Suffix		
Full Name	AARON DANIEL CAMPBELL				
SSN	██████	Date Of Birth	██████	Age	██████
				Gender	MALE
ADDRESS DETAILS					
Street Address	██				
City/State/Zip	PITTSBURGH PA 15207				
County	Allegheny			Country	United States
CONTACT DETAILS					
Phone number	██████████		Mobile Phone number		
Primary Email Address	████████████████████		Secondary Email Address		
CHECKLIST ITEMS					
Checklist name	Status		Submitted Date	Expiration Date	
Application	Pending Review		11/12/2020		
Application Fee	Completed		11/12/2020		
Child Abuse CE	Completed		11/12/2020		
LEGAL QUESTIONS					
Questions	Answer		Document Uploaded	File Name	
1	Are you submitting a name change with this renewal?		N	No	
2	First Name			No	
3	Middle Name			No	
4	Last Name			No	
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.			No	
6	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		N	No	

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10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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

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

PA VETERANS REGISTRY

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

CONFIRMATION

<input checked="" type="checkbox"/>	Any fees paid are non refundable. (11/12/2020 13:59:33)
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TARGET SHEET

Board: Medicine

Licensee Full Name:
AARON DANIEL CAMPBELL

License No:
MT213358

3539761_LIC_2_05/15/2017

MT 2 13358

(6/2015)

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov	Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110	HOSPITAL USE ONLY TO BE COMPLETED FOR BULK CHECK USAGE HOSPITAL NAME: _____ HS#: _____ Receipt #: _____
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APPLICATION FOR A GRADUATE MEDICAL TRAINING LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Submit a \$30 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

TO BE COMPLETED BY APPLICANT
(Please print or type)

NAME:	Last Campbell	First Aaron	Middle Daniel
ADDRESS:	Street [REDACTED]		
City Johnson City	State TN	ZIP 37604	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: [REDACTED]		

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

APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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NAME & ADDRESS OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	East Tennessee State University Quillen College of Medicine		
ADDRESS OF SCHOOL:	PO Box 70580 Johnson City, TN 37614-1708		
DATES OF ATTENDANCE:	From: Month/Day/Year 7/22/13	To: Month/Day/Year 5/5/17	
DATE OF GRADUATION:	Month/Day/Year 5/5/17		

PREVIOUS TRAINING HOSPITAL INFORMATION

NAME & ADDRESS OF PREVIOUS TRAINING HOSPITAL(S): (If applicable)	DATES OF PREVIOUS TRAINING:	SPECIALTY:

APR 03 2017

APPLICATION FOR GRADUATE MEDICAL TRAINING LICENSE - AMERICAN

NAME OF APPLICANT:	Last Campbell	First Aaron	Middle Daniel
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TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA

ATTENTION HOSPITAL: When listing the specialty in which the doctor will be training, list the specialty by the name in which the program is accredited with ACGME. If the Board cannot verify that the program is accredited by ACGME, a discrepancy will occur and could cause a delay in issuing the license.

NAME OF HOSPITAL:	University Health Center of Pittsburgh	HS- <u>000288</u> -L
HOSPITAL ADDRESS:	Street Suite 300 Iroquois Bldg., 3600 Forbes Avenue	
City	Pittsburgh	State PA
		ZIP 15213
# OF COMPLETED YEARS OF TRAINING IN USA:	0	ACGME SPECIALTY: Obstetrics & Gynecology
		PGY TRAINING LEVEL BEING REQUESTED BY HOSPITAL: 1
DATES OF TRAINING REQUESTED:	BEGIN DATE: Month/Day/Year 06/20/2017	END DATE: Month/Day/Year 06/19/2018

TO BE COMPLETED BY HOSPITAL PROGRAM DIRECTOR

I VERIFY THAT I AM THE PROGRAM DIRECTOR FOR THE HOSPITAL PROGRAM LISTED ABOVE AND THAT THIS IS AN ACGME ACCREDITED PROGRAM AT THIS HOSPITAL

NAME OF PROGRAM DIRECTOR:	Gabriella G. Gosman, MD
SIGNATURE OF PROGRAM DIRECTOR:	[REDACTED]
DATE:	6/19/17

APR 03 2017

LEGAL QUESTIONS


You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

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

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

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


Signature of Applicant
Aaron Campbell
Printed Name of Applicant

3/22/17

Date

N.T.R

PENNSYLVANIA STATE BOARD OF MEDICINE

VERIFICATION OF MEDICAL EDUCATION
(For Graduates of Accredited Medical Schools)

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Campbell	Aaron	D.
NAME OF MEDICAL SCHOOL:	East Tennessee State University Quillen College of Medicine		
LOCATION:	Johnson City, TN		

Submit the verification of medical education form to your medical school and request the school return the completed form directly to the board in an official school envelope.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	East Tennessee State University Quillen College of Medicine		
NAME OF MEDICAL STUDENT:	Last Campbell	First Aaron	Middle D.
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month 07	Day 24	Year 2013
DATE OF GRADUATION:	Month 05	Day 05	Year 2017

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN/REGISTRAR:	Charlene Perrequin
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DATE:	Month 05	Day 08	Year 2017
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This form may be completed **ONLY three months prior to graduation.** Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

(Seal of School)

**** IF GRADUATION DOES NOT TAKE PLACE, NOTIFY THE BOARD IMMEDIATELY****

DO NOT RETURN THIS FORM TO THE APPLICANT

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

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

RECEIVED DIRECT

RECEIVED
MAY 12 2017

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:4/28/2017

PRACTITIONER INFORMATION

Name: Aaron Campbell
DOB: [REDACTED]
Medical School: East Tennessee State University James H. Quillen College of Medicine
Johnson City, Tennessee, UNITED STATES
Year of Grad:
Degree Type:

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:4/28/2017
Practitioner Name: Aaron Campbell

ABMS® CERTIFICATION HISTORY

No ABMS 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.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
April 28, 2017

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

AARON DANIEL CAMPBELL 9849
UNIVERSITY HEALTH CENTER
GRAD MED EDU, IROQUOIS BLDG, STE 300
3600 FORBES AVENUE
Pittsburgh PA 15213

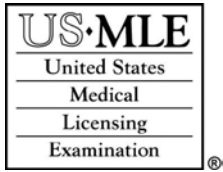
RE: DISCREPANCY NOTICE – Graduate Medical Training (American)

Dear Applicant:

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

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

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



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

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Date: 09/21/2016

Examinee: Campbell, Aaron

Examinee ID: 5-329-561-4

Date of Birth: [REDACTED]

Results for all Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score (MP) is shown in parentheses. 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 scale.

USMLE Step 1

Test Date	Pass/Fail	Score	MP	Comments
06/15/2015	Pass	236	192	

USMLE Step 2 Clinical Knowledge

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	MP	Comments
08/29/2016	Pass	234	209	

Step 2 Clinical Skills

*Clinical Skills (CS)**

Test Date	Pass/Fail	Comments
04/18/2016	Pass	

* Performance on the CS component of Step 2 is reported as pass or fail.

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

Medicine- Graduate Medical Trainee-

AA0000532005



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	CAMPBELL			First Name	AARON		
Middle Name	DANIEL			Suffix			
Full Name	AARON DANIEL CAMPBELL						
SSN	██████	Date Of Birth	██████	Age	██████	Gender	MALE
ADDRESS DETAILS							
Street Address	████████████████████						
City/State/Zip	PITTSBURGH Pennsylvania 15207						
County	Allegheny				Country	United States	
CONTACT DETAILS							
Phone number	██████████████████			Mobile Phone number			
Primary Email Address	██████████████████████████████			Secondary Email Address			
CHECKLIST ITEMS							
Checklist name	Status			Submitted Date	Expiration Date		
Application	Pending Review			05/24/2018			
Application Fee	Completed			05/24/2018			
Child Abuse CE	Completed			04/20/2018			
Exam Results	Pending Review			05/24/2018			
LEGAL QUESTIONS							
Questions	Answer			Document Uploaded	File Name		
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?			Y	No		

2	Please provide the profession and state or jurisdiction.	<QuestionGrid><QuestionGridData><ID>95994e4f-aac7-4485-955c-10a8f5dfecb8</ID><logstate><value>3618</value><text>Pennsylvania</text></logstate><logsprofession>Resident Physician</logsprofession><logsjuris></logsjuris></QuestionGridData></QuestionGrid>	No	
3	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
6	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N	No	
7	Have you completed at least 2 hours of Board-approved education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y	No	
7	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
8	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
9	Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
10	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
11	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
12	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	

13	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
14	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
15	Docket Number:		No	
16	Filing Date:		No	
17	Date you were served:		No	

TRAINING HOSPITAL INFORMATION

NAME & ADDRESS OF TRAINING HOSPITAL(S)	DATES OF TRAINING:	SPECIALTY	PGY Training Level
UNIVERSITY HEALTH CENTER, GRAD MED EDU, IROQUOIS BLDG, STE 300 3600 FORBES AVENUE PittsburghPA15213	06/20/2018 to 06/19/2019	Obstetrics and Gynecology	Level 2

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

Profession	State/Jurisdiction
Resident Physician	Pennsylvania

CONFIRMATION

<input checked="" type="checkbox"/> All fees are non-refundable. Please check to continue with your transaction. (05/24/2018 13:30:06)
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Medicine- Graduate Medical Trainee-
Accredited School Graduate
Renewal
AA0001185215



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	CAMPBELL			First Name	AARON		
Middle Name	DANIEL			Suffix			
Full Name	AARON DANIEL CAMPBELL						
SSN	██████	Date Of Birth	██████	Age	██████	Gender	MALE
ADDRESS DETAILS							
Street Address	████████████████████						
City/State/Zip	PITTSBURGH PA 15207						
County						Country	United States
CHECKLIST ITEMS							
Checklist name	Status			Submitted Date	Expiration Date		
Application	Pending Review			03/06/2019			
Application Fee	Completed			03/06/2019			
Child Abuse CE	Not Received			03/04/2019			
Exam Results	Pending Review			05/12/2019			
LEGAL QUESTIONS							
Questions	Answer			Document Uploaded	File Name		
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?			Y	No		
2	Please provide the profession and state or jurisdiction.			Medicine (training license)- Pennsylvania	No		
3	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?			N	No		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?			N	No		
6	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.			N	No		

7	Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y	No	
7	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		No	
7	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
8	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
9	Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
10	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
11	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
12	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
13	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
14	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
15	Docket Number:		No	
16	Filing Date:		No	
17	Date you were served:		No	

TRAINING HOSPITAL INFORMATION

NAME & ADDRESS OF TRAINING HOSPITAL(S)	DATES OF TRAINING:	SPECIALTY	PGY Training Level
UNIVERSITY HEALTH CENTER, GRAD MED EDU, FORBES TOWER, PLAZA LEVEL,3600 FORBES AVE STE 140 PITTSBURGH107315213	06/20/2019 to 06/19/2020	Obstetrics and Gynecology	Level 3

SPECIALTIES

Specialty	Certifying Organization	Certification Number	Expiration Date
Obstetrics and Gynecology			

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

Profession	State/Jurisdiction
Medicine (training license)	Pennsylvania

RELATIONSHIP/ASSOCIATION REQUEST

License Number	Name	Relationship Type	Address	License Expiration Date
HS000288L	UNIVERSITY HEALTH CENTER	Business Relationship	GRAD MED EDU, IROQUOIS BLDG, STE 300 3600 FORBES AVENUE PITTSBURGH PA 15213	

CONFIRMATION

All fees are non-refundable. Please check to continue with your transaction. (05/14/2019 11:39:37)

Medicine- Graduate Medical Trainee-
Accredited School Graduate
Renewal (MT213358)
AA0002172998



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	CAMPBELL			First Name	AARON		
Middle Name	DANIEL			Suffix			
Full Name	AARON DANIEL CAMPBELL						
SSN	██████	Date Of Birth	██████	Age	██████	Gender	MALE
ADDRESS DETAILS							
Street Address	██						
City/State/Zip	PITTSBURGH PA 15207						
County	Allegheny				Country	United States	
CONTACT DETAILS							
Phone number	██████████			Mobile Phone number			
Primary Email Address				Secondary Email Address			
CHECKLIST ITEMS							
Checklist name	Status	Submitted Date	Expiration Date				
Application	Pending Review	03/09/2020					
Application Fee	Completed	03/09/2020					
Child Abuse CE	Not Received	03/09/2020					
Exam Results	Not Received	03/09/2020					

LEGAL QUESTIONS

Questions	Answer	Document Uploaded	File Name
1 Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?	N	No	
2 Please provide the profession and state or jurisdiction.		No	
3 Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
4 Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
5 Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y	No	
6 Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		No	
7 Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
8 Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
9 Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
10 Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
11 Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
12 Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
13 Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
14 Docket Number:		No	
15 Filing Date:		No	
16 Date you were served:		No	

TRAINING HOSPITAL INFORMATION

NAME & ADDRESS OF TRAINING HOSPITAL(S)	DATES OF TRAINING:	SPECIALTY	PGY Training Level
UNIVERSITY HEALTH CENTER, GRAD MED EDU, FORBES TOWER, PLAZA LEVEL,3600 FORBES AVE STE 140 PITTSBURGH107315213	06/20/2020 to 06/19/2021	Obstetrics and Gynecology	Level 4

SPECIALTIES

Speciality	Certifying Organization	Certification Number	Expiration Date
Obstetrics and Gynecology			

RELATIONSHIP/ASSOCIATION REQUEST

License Number	Name	Relationship Type	Address	License Expiration Date
HS000288L	UNIVERSITY HEALTH CENTER	Business Relationship	GRAD MED EDU, IROQUOIS BLDG, STE 300 3600 FORBES AVENUE PITTSBURGH, PA 15213	

CONFIRMATION

<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. (04/22/2020 00:19:37)
-------------------------------------	--

State Board of Medicine
2601 North Third Street
Harrisburg PA 17110



State Board of Medicine
P O BOX 2649
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS



VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
(Graduates of American/Canadian Medical Schools)

SECTION 1 - TO BE COMPLETED BY APPLICANT

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

APPLICANT INFORMATION

NAME: Last	CAMPBELL	First	AARON	Middle	DANIEL
OTHER NAME:					
DATE OF BIRTH :		LAST 4 DIGITS OF SSN:			
ADDRESS:					
CITY / STATE / ZIP:	PITTSBURGH PA 15207				

SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED
If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.

HOSPITAL WHERE TRAINING WAS COMPLETED:	UPMC, MAGEE-WOMENS HOSPITAL				
NAME OF SPONSORING INSTITUTION:	UPMC MEDICAL EDUCATION				
LOCATED IN:	CITY	Pittsburgh	STATE	PA.	ACGME ACCREDITED
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	YES	No
1	6/20/17	6/19/2018	OBSTETRICS + Gynecology	✓	
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	YES	No
2	6/20/2018	6/19/2019	OBSTETRICS + Gynecology	✓	

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.

 Kristina Parvainen, MD 10/22/19
Signature of Program Director Date

RETURN ADDRESS:

State Board of Medicine
P O BOX 2649
Harrisburg PA 17105-2649
7177831400

RETURN COMPLETED FORM DIRECTLY TO THE BOARD.

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HARRISBURG PA 17110

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PITTSBURGH PA 15213

SHIP TO:
STATE BOARD OF MEDICINE
717-783-1400
2601 NORTH THIRD STREET
HARRISBURG PA 17110-2046

PA 171 9-20

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Cost Center: magee 34774
My Reference Number: Campbell - MD
CS 21.5.41 W2VNSD 17.0A 09/2019

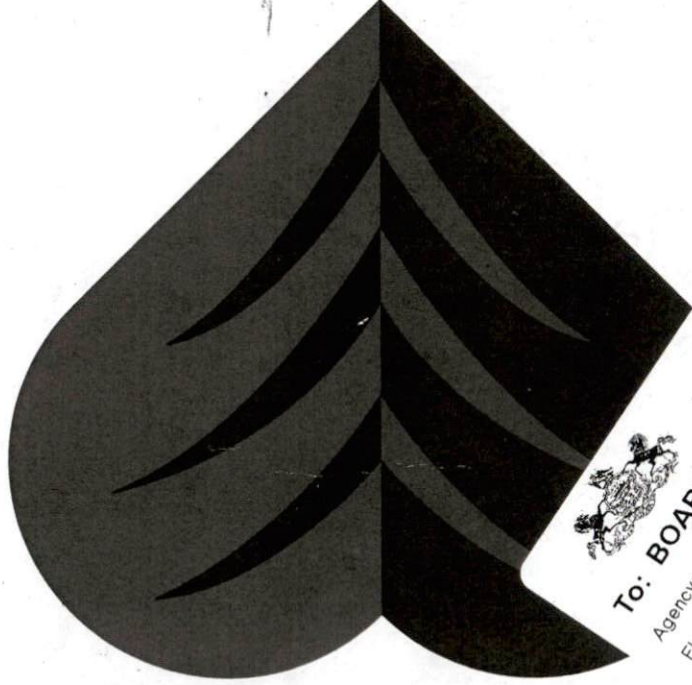
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P.O. Box 10832
Chantilly, VA 20153-0832


<https://www.npdb.hrsa.gov>

5500000151728783

Process Date: 09/20/2019

Page: 1 of 1

To: CAMPBELL, AARON DANIEL


PITTSBURGH, PA 15207-1182

From: National Practitioner Data Bank

Re: Response to Your Self-Query

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

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

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

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

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

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

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

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

CAMPBELL, AARON DANIEL - SELF-QUERY RESPONSE

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

Practitioner Name: CAMPBELL, AARON DANIEL
Date of Birth: ██████████ **Gender:** MALE
Delivery Address: ██████████ PITTSBURGH, PA 15207-1182
Social Security Number: ██████████ **NPI:** 1699207183
License: PHYSICIAN RESIDENT (MD), NO LICENSE, PA, OBSTETRICS & GYNECOLOGY
Professional School(s): EAST TENNESSEE STATE UNIVERSITY JAMES H. QUILLEN COLLEGE OF MEDICINE (2017)

B. PAYMENT INFORMATION

Credit Card Information: ██████████ ██████████
NPDB Charge: \$4.00 **NPDB Bill Reference Number:** N65085406
Transaction Date: 09/20/2019 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 09/20/2019

The following report types have been searched:

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

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

----- No Reports Found Based on the Subject Information Submitted -----



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: PENNSYLVANIA STATE BOARD OF
MEDICINE

Date: 09/20/2019

Examinee: Campbell, Aaron Daniel
Alt Name(s): Campbell, Aaron

Examinee ID: 5-329-561-4
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
06/15/2015	Pass	236	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/29/2016	Pass	234	(209)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
04/18/2016	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/27/2017	Pass	216	(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: Campbell, Aaron Daniel

Examinee ID: 5-329-561-4

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.

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:10/23/2019

PRACTITIONER INFORMATION

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

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			09/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Reported
PENNSYLVANIA	MT213358	05/15/2017	06/19/2020	08/16/2019

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

No DEA information found.

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:10/23/2019
Practitioner Name: Campbell, Aaron Daniel

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.

[REDACTED]



AARON CAMPBELL

[REDACTED]

PITTSBURGH, PA 15207





U.S. Department of Justice
 Federal Bureau of Investigation
 Criminal Justice Information Services Division
 Clarksburg, WV 26306

AARON CAMPBELL

Date: 09-27-2019

[REDACTED]
 PITTSBURGH, PA 15207

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

AARON CAMPBELL

Search Completed Result

09-27-2019 E2019270000000076323

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: [REDACTED]

Social Security number: [REDACTED]

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

William G. McKinsey
 Section Chief
 Biometric Services Section
 Criminal Justice Information
 Services Division

Transcript Report

Aaron Campbell, MD

Pittsburgh, PA 15213
United States

Organization Dartmouth-Hitchcock
Medical Center
Report Period 11/12/2019 to 11/12/2019
Report Run Date 11/12/2019

Activity Name	Provider	Credit	Amount	Units	Completed	Location	Activity Learning Format
<p>From Hospital to Community: Responding to the Epidemic of Opioid Overdose and Addiction</p> <p><i>This module discusses the impact of opioid addiction on patients, communities and the healthcare system. Dr. Wakeman describes the societal impact of the opioid epidemic and discusses evidence-based approaches for opioid use disorder treatment. She reviews effective strategies for individual healthcare providers and healthcare delivery systems to respond to the opioid epidemic.</i></p>	Dartmouth-Hitchcock Medical Center	AMA PRA Category 1 Credit™	1.00	Credits	11/12/2019	Online	Enduring material
<p>Opioid Prescribing for Acute Pain after Surgery</p> <p><i>This module discusses the prescribing habits of physicians for general surgery patients resulting in the over prescription of opioids and overdose death. It describes interventions that have led to finding the lowest practical dose of opioids as well as adjunct methods of pain control leading to patient satisfaction and minimizing diversion.</i></p>	Dartmouth-Hitchcock Medical Center	AMA PRA Category 1 Credit™	1.00	Credits	11/12/2019	Online	Enduring material
<p>A Multidisciplinary Approach to the Care of Pregnant and Parenting Women with Opioid Use Disorders</p> <p><i>This presentation provides guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. It will support healthcare professionals and patients in determining clinically appropriate and integrated perinatal care for families in recovery.</i></p>	Dartmouth-Hitchcock Medical Center	AMA PRA Category 1 Credit™	1.00	Credits	11/12/2019	Online	Enduring material
<p>Medicine Grand Rounds - Cannabis and Opioids in Pain Management: Alternatives? Complements? Pipe dream?</p> <p><i>This presentation reviews the biological mechanisms that influence patients' perceptions of pain and the implications for pain treatment strategies. Many types of interventions modulate the neurotransmission of pain, and optimal treatment plans typically combine healthy self-care and clinical care, often in the form of prescription medications. The presenters discuss the risks and benefits of cannabis and opiates, as well as the history of both in the pharmacopeia. Therapeutic applications of cannabis in clinical practice and demand from patients may be moving faster than the evidence base and infrastructure for safety and quality control, and much of the current research on cannabis in the treatment of pain is low quality. There is limited evidence of efficacy for oncologic and neuropathic pain management, and evidence of effective relief from nausea, anxiety and spasticity, which may occur concomitantly in painful conditions. The complex neurochemical interactions of cannabis and opioids are reviewed, including animal and human studies that have mixed results regarding opioid sparing when used in combination therapy.</i></p>	Dartmouth-Hitchcock Medical Center	AMA PRA Category 1 Credit™	1.00	Credits	11/12/2019	Online	Enduring material

Credit Summary

Credit	Amount
AMA PRA Category 1 Credit™	3 00
AMA PRA Category 1 Credit™	1 00

Nursing:

The Dartmouth-Hitchcock Nursing Continuing Education Council is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Medicine

The Dartmouth-Hitchcock Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Aaron D. Campbell
Pittsburgh, PA 15207

WORK

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 - Present

EDUCATION

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

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

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)

EXTRACURRICULAR Medical Students for Choice

Member, Board of Directors
(March 2015 – present)
Treasurer, Board of Directors
(July 2015 – present)

- 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

Abortion: Quality Care and Public Health Implications by UCSF
Online Course

- "Expert Interview"

Ob/Gyn Interest Group

President (April 2014 - present)

"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 4, 2014 - present)
- 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 - present)

Class Representative (August 2013 - present)

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)

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

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

REFERENCES

Provided upon request.



UNITED STATES MEDICAL LICENSING EXAMINATION®

STEP 3 SCORE REPORT

This score report is provided for the use of the examinee.

Third-party users of USMLE information are advised to rely solely on official USMLE transcripts.

Campbell, Aaron Daniel

USMLE ID: 5-329-561-4

Test Date: September 27, 2017

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. The examination consists of two days: Day 1, Foundations of Independent Practice (FIP), assesses an examinee's knowledge of basic medical and scientific principles essential for effective health care; Day 2, Advanced Clinical Medicine (ACM), assesses the examinee's ability to apply comprehensive knowledge of health and disease in the context of patient management and the evolving manifestation of disease over time. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. This score[§] represents your result for the administration of Step 3 that began on the test date shown above.

PASS

This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.

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This score is determined by your overall performance on Step 3. For administrations between January 1, 2016 and December 31, 2016, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 225 and 15, respectively, with most scores falling between 140 and 260. A score of 196 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)[‡] for this scale is approximately six points.

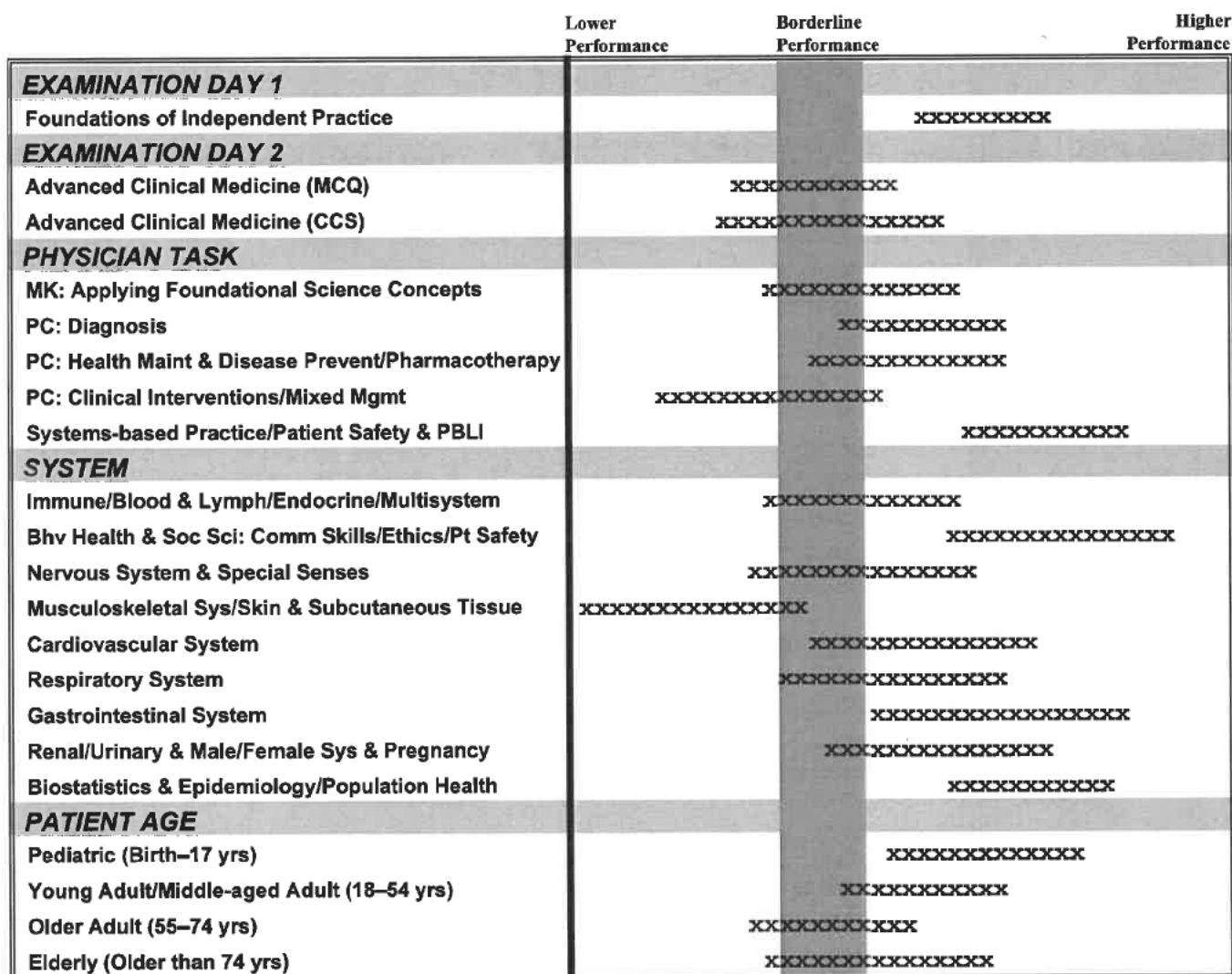
[§]Effective April 1, 2013, test results are reported on a three-digit scale only. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

[‡]Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

INFORMATION PROVIDED FOR EXAMINEE USE ONLY

The Performance Profile below is provided solely for the benefit of the examinee.
These profiles are developed as assessment tools for examinees only and will not be reported or verified to any third party.

USMLE STEP 3 PERFORMANCE PROFILE



The above Performance Profile is provided to aid in self-assessment. The shaded area defines a borderline level of performance for each content area; borderline performance is comparable to HIGH FAIL / LOW PASS on the total test.

Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. The band width for a given content area is the same for all examinees. An asterisk indicates that your performance band extends beyond the displayed portion of the scale. Small differences in the location of bands should not be over interpreted. If two bands overlap, the performance in the associated areas should be interpreted as similar.

Descriptions of the topics covered in these content areas, as well as other topics covered on USMLE Step 3, can be found in the informational materials for USMLE Step 3 on the USMLE website (<http://www.usmle.org/step-3/#outlines>). With the exception of the Day 2 Advanced Clinical Medicine CCS profile, all profiles are based upon performance in the MCQ sections.

CCS—Computer-based Case Simulation; MCQ—Multiple-choice Question; MK—Medical Knowledge; PC—Patient Care; PBLI—Practice-based Learning and Improvement.