



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

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DEC 03 2018

NH BOARD

Recipient: NEW HAMPSHIRE BOARD OF MEDICINE

Date: 11/13/2018

Examinee: Baer, Samantha Douglas
Alt Name(s):

Examinee ID: 5-310-468-3
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
[REDACTED]	[REDACTED]	[REDACTED]	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
[REDACTED]	[REDACTED]	[REDACTED]	(209)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
[REDACTED]	[REDACTED]	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
[REDACTED]	[REDACTED]	[REDACTED]		

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.

Baer, Samantha



Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

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Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

Verification of Limited License

November 21, 2018

To Whom It May Concern:

This is to certify that Dr. Samantha D. Baer has been granted a limited license number 267592 to serve as a Resident in Obstetrics & Gynecology and authority to practice medicine only at Tufts Medical Center. Service at the hospital began on June 15, 2016 and will expire on June 30, 2019.

Our files contain no derogatory information on this physician.

Staff Member, Board of Registration in Medicine
Franee L. Mulero

Seal

Please be advised that the above information is based entirely on examination of our open and closed complaint files, as well as post-1986 disciplinary actions. It is not based on a review of the application for licensure, renewal of licensure or any reports that the Board is required to receive by statute (from courts, insurers, hospitals, etc...).[e/share/verifications/Limited-No]

Baer, Samantha

VERIFICATION BY ACCREDITED PROGRAM

The above named applicant will be duly enrolled in the accredited residency or graduate fellowship program designated below, and the undersigned, an authorized agent of that program, hereby certifies that all of the above information concerning the applicant is correct.

[Redacted Signature]

Signature

Director, Graduate
Medical Education

12-12-18
Date

I, Alison Vogell, have reviewed the personal and professional qualifications of the above named applicant and hereby certify that the applicant is approved for entry into SNHMC O&GYN DEPT training program.

[Handwritten Signature]
Signature

Alison Vogell
Program Director

12-6-2018 2:17pm
Date

SUPPLEMENT TO APPLICATION FOR
TRAINING LICENSE AS RESIDENT/FELLOW

YOU ARE REQUIRED TO COMPLETE THE QUESTIONS BELOW:

- | | <u>YES</u> | <u>NO</u> |
|-------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Have you ever resigned from a medical education program or medical practice position? | ___ | ___ ✓ |
| 2. Do you now or have you ever held a license in another state? If so, please complete the following: | ___ ✓ | ___ |
| <u>STATE</u> <u>TYPE (Training, Full, Temporary)</u> | | |
| MA training | | |
| <i>Original verification of all prior licenses is required (whether the license is a full, training or temporary license).</i> | | |
| 3. Have you ever been reprimanded, sanctioned, restricted or disciplined in any activities involving medical education or practice? | ___ | ___ ✓ |
| 4. Have you ever been convicted of a felony? | ___ | ___ ✓ |
| 5. Are you now, or have you been in the past, dependent on alcohol or drugs? | ___ | ___ ✓ |

**If you answered yes to any of the above questions, please provide a complete description on the reverse side. You may attach additional sheets as necessary.

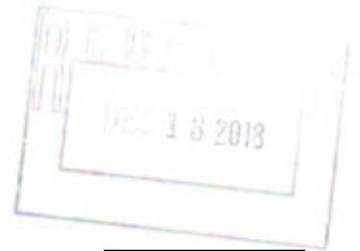
I hereby certify, under penalty of perjury, that all of the information provided in this application is complete and accurate.

NAME (PLEASE PRINT) Samantha D. Baer

SIGNATURE [REDACTED] DATE [REDACTED]

R 3344

STATE OF NEW HAMPSHIRE
BOARD OF MEDICINE
121 SOUTH FRUIT STREET, SUITE 301
CONCORD, NEW HAMPSHIRE 03301-2412



APPLICATION FOR TRAINING LICENSE
RESIDENTS AND GRADUATE FELLOWS



FEE FOR TRAINING LICENSE IS \$50.00. PLEASE MAKE CHECK PAYABLE TO:
TREASURER, STATE OF NEW HAMPSHIRE.

****Please print legibly or type:**

NAME OF APPLICANT: Baer Samantha D X MD or DO
(Last) (First) (M) (Maiden) (Male) (Female)

CURRENT RESIDENCE ADDRESS: [REDACTED]

[REDACTED] PHONE NUMBER [REDACTED]

BIRTH DATE [REDACTED] BIRTH PLACE [REDACTED]
Month Day Year City State Country

SOCIAL SECURITY #: [REDACTED]

MEDICAL SCHOOL(S) University of Florida, Gainesville FL

DATES ATTENDED 8/2012 - 6/2016 YEAR M.D. RECEIVED 2016

CURRENT TRAINING HOSPITAL Tufts medical center

TRAINING PROGRAM Tufts medical center Obstetrics and Gynecology
(start 7/1/16, expect to graduate 6/2020)

BEGIN DATE 1 21 2019 FINISH DATE 3 1 2019
Month Day Year Month Day Year

USMLE STEPS 1 AND 2 (PLEASE INDICATE DATES TAKEN AND PASSED)

STEP 1 4 2014 STEP 2 CS 5/2015
Month Year Month Year
STEP 2 ck 6/2015

(Certification received directly from the National Board of Medical Examiners (NBME) that the applicant has taken and passed USMLE steps 1 and 2 is **required**.)

You must have this certification sent directly to the N.H. Board of Medicine.

STANDARD ECFMG Certificate Number (if applicable) n/a

Online Registration – ACCESS the DATA

New Hampshire Prescription Drug Monitoring Program - AWARxE

The New Hampshire Prescription Drug Monitoring Program (PDMP) grants system access accounts to practitioners and approved delegates so that they may look up, and view, controlled substance dispensing information on specific patients .

Practitioners (and Delegates) can perform the following steps to request an account:

1. To request a new account in PMP AWARXE, got to login screen is located at <https://newhampshire.pmpaware.net/login>
2. Once at the login screen, the user must click the "Create an account" option to begin the process.
3. The first screen displayed requires the user to enter their current, valid email address and select a password. The password must be entered a second time for validation. a. The password must contain at least 8 characters, including 1 capital letter and 1 special character (such as !,@,#,\$)
4. After the email and desired password have been entered, the user must click the "Save and Continue" button.
5. The second step is the role selection screen. The user can expand the role categories to select the role that fits their profession. After the role has been selected, the user must click the "Save and continue" button.
6. A message is temporarily displayed to the user stating that an email has been sent to their email address for verification. The email should arrive in the user's inbox within a few minutes and will contain a link that the user will click to verify that their email address is valid and current.
7. The final screen is the demographics screen. Here the user must enter their name, date of birth, employer information, and other information as configured by the PDMP Administrator. a. Required fields are marked with a red asterisk. b. Please enter all active DEA numbers, if applicable.
8. After all information has been entered into the form, the user must click the "Submit Your Registration" button to complete the process.
9. The user will then be taken to a landing page notifying them that their account is pending approval.
 - a. Additional validation documents are not required, as is indicated by the "None Required" message in the "Validation Documents Required" column.



OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Medicine
121 South Fruit Street, Suite 301
Concord, N.H. 03301-2412
Telephone 603-271-1203 · Fax 603-271-6702

PETER DANLES
Executive Director

SHERI WALSH
Division Director



December 20, 2018

Dear Dr. Baer:

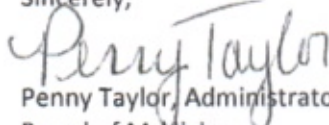
You have been issued a Resident license to practice medicine in New Hampshire at the facility or facilities indicated on the license, which has been sent directly to the facility or facilities. It is suggested that you register for the NH Prescription Drug Monitoring Program ("NH PDMP"). Please visit the website at www.newhampshirepdmp.com and register using the attached instructions. ***If you require assistance with this process, please contact APPRISS helpdesk at 855-353-9903.*** APPRISS is the vendor for New Hampshire's PDMP.

PLEASE NOTE: Pursuant to New Hampshire law RSA 318-B:36, III, "any person who engages in prescribing or dispensing of controlled substances in schedule II-IV without having registered with the program may be subject to discipline by the appropriate regulatory board."

Please feel free to contact me at 271-1205 or penny.taylor@oplc.nh.gov with any questions or concerns.

Thank you for taking the time to enroll in this important program. If you have any suggestions on how we can improve the program, please let me know.

Sincerely,


Penny Taylor, Administrator
Board of Medicine

\pt

Enclosure

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Medicine
121 South Fruit Street, Suite 301
Concord, N.H. 03301-2412
Telephone 603-271-1203 · Fax 603-271-6702

PETER DANLES
Executive Director

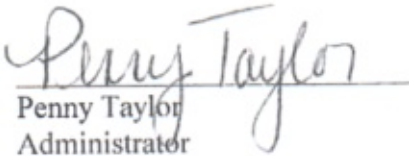
SHERI WALSH
Division Director



RT – 3344

This is to certify that **Samantha D. Baer, M.D.**, has been granted a TRAINING LICENSE to practice as a Medical Resident at Southern New Hampshire Medical Center, Nashua, NH, or off-site, under faculty supervision, as determined by the facility, as part of their training program.

Service begins 01/21/2019 and ends 03/01/2019.


Penny Taylor
Administrator

Date Issued: December 20, 2018

(Seal)

This certificate does not entitle holder to practice after the specified date.