0073091.00004 (40/40)

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

DEC 12 2013

BY: 82302

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.

B. **FEES ARE NOT REFUNDABLE.**

C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
Physician	0 3 6	USMLE Step 3 Examination	$692.30

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- [x] This is the first time I have made application for this profession in Illinois.
- [ ] I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- [ ] Other: _____
- [ ] My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- [ ] I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information - You must notify the Department of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
HOLMQUIST SABRINA ANNE	M.D.	[redacted]

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

[redacted]

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
1300 MORRIS PARK AVE Rm 501 BRONX NY	10461	BRONX

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
Same	RUSSELL

8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH	10. AGE
[redacted]		

11. TE[redacted]

12. PREFERRED e-MAIL ADDRESS(ES)

Work (917) 762-9661 (Area Code) pager Home: [redacted]

IL486-1019 01/03 (LT)

Additional application forms can be downloaded from the IDPR Web site at www.dpr.state.il.us.

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 (12) Graduated High School? ☒ Yes ☐ No Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION
James Madison Memorial H.S.	Madison, WI	06 / 1992 (Month / Year)

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 (8) Graduated? ☒ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	TYPE OF DEGREE EARNED
University of Minnesota	Minneapolis, MN	Month/Year 09/1992	Month/Year 06/1996	B.A.
University of Wisconsin Medical School	Madison, WI	08/1996	05/2000	M.D.

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	Did You Complete Training?
Albert Einstein College of Medicine, Montefiore Med Ctr	Bronx, NY	Month/Year 07/2000	Month/Year 11/03 ongoing	☒ Yes ☐ No ONGOING
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

NAME (Last, First, MI): HOLMQUIST, SABRINA A

SS#: [redacted]

Profession: Physician

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NAME (Last, First, MI): HOLMQUIST, SABRINA A

SS#: [redacted]

Profession: PHYSICIAN

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information *(This part must be completed by all applicants)*	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? *If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*		X
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		X
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		X
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		X

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes.

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state: 0 0

e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? Yes ☒ No ☐

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☒
   (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State, however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

   Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes ☐ No ☒

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

[redacted]
Signature of Applicant

12/4/03
Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

NAME (Last, First, MI): HOLMQUIST, SABRINA A

SS#: [redacted]

Profession: Physician

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2002

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING

SUPPORTING DOCUMENT

TN-MED

(CTS)

APPLICANT: ***Complete the applicant section. The remainder of this form must be completed by the postgraduate training program director of the institution at which you completed your training.***

1. NAME LAST FIRST MIDDLE HOLMQUIST SABRINA ANNE	2. DATE OF BIRTH [redacted]	3. SOCIAL SECURITY NUMBER
4. ADDRESS STREET, CITY, STATE, ZIP CODE [redacted]	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. Physician — Profession Name 0 3 6 — Profession Code	
6. MAIDEN OR GIVEN SURNAME Holmquist		
7. ILLINOIS TEMPORARY LICENSE NUMBER (If applicable)	8. ISSUANCE DATE	

POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR

Complete the remainder of this form. Return the completed form directly to:
Continental Testing Services, Inc., P.O. Box 100, LaGrange, Illinois 60525-0100

This is to certify that the above-named applicant satisfactorily completed will have 48 months of postgraduate clinical training in Obstetrics and Gynecology
(Name of Accredited Postgraduate Clinical Training Program)

from July 1, 2000 to June 30, 2004 at the following hospital:

Hospital: Albert Einstein College of Medicine
Montefiore Medical Center
Belfer, Room 510

Number and Street: 1300 Morris Park Avenue

City, State and Zip Code: Bronx, NY 10461

I further certify that at the time of such training the program was accredited by:

- [X] the Accreditation Council for Graduate Medical Education;
- [ ] the Accreditation Council on Canadian Graduate Medical Education; or
- [ ] the American Osteopathic Association

Name of Postgraduate Clinical Training Program Director: Brian L. Cohen, MD, FRCOG, FACOG

Signature of Postgraduate Clinical Training Program Director: [redacted]

Date of this Certification: November 26, 2003

SEAL

Telephone No: (718) 430-4031

IL486-1535 07/02 (MD)

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WORK HISTORY

SUPPORTING DOCUMENT

WH

APPLICANT: Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.

1. NAME LAST FIRST MIDDLE: Holmquist Sabrina Anne

2. DATE OF BIRTH: [redacted]

3. SOCIAL SECURITY NUMBER: [redacted]

4. ADDRESS STREET CITY, STATE ZIP CODE: [redacted]3

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.
Physician — Profession Name
0 3 6 — Profession Code

6. MAIDEN OR GIVEN SURNAME: Holmquist

7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED ☐

8. DATE FORM COMPLETED: 11/18/03

9. RECORD WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.

A. NAME OF BUSINESS / INSTITUTION: Albert Einstein College of Medicine / Montefiore Med Ctr

JOB TITLE: Resident Physician, OB/GYN / Womens Health

ADDRESS STREET, CITY, STATE, ZIP CODE:

SUPERVISOR NAME: Dr Brian Cohen, Program Director

DATE OF EMPLOYMENT/ATTENDANCE
From 07 / 01 / 2000 (Month Day Year)
To 11 / 18 / 2003 (Month Day Year)

HOURS WORKED PER WEEK: 60 - 110

TYPE OF EMPLOYMENT: ☒ Full-time ☐ Part-time

TOTAL TIME WORKED (Year/Month): 3 years 4 months

DESCRIPTION OF DUTIES PERFORMED: Full range of educational and patient care activities involved in the resident training of an OB/GYN including both low and high risk obstetric care, gynecologic inpatient and outpatient treatment, gyn surgery and general outpatient continuity care

B. NAME OF BUSINESS / INSTITUTION: Unemployed

JOB TITLE: Unemployed

ADDRESS STREET, CITY, STATE, ZIP CODE:

SUPERVISOR NAME:

DATE OF EMPLOYMENT/ATTENDANCE
From 05 / __ / 2000 (Month Day Year)
To 07 / 01 / 2000 (Month Day Year)

HOURS WORKED PER WEEK:

TYPE OF EMPLOYMENT: ☐ Full-time ☐ Part-time

TOTAL TIME WORKED (Year/Month): 1.5 months

DESCRIPTION OF DUTIES PERFORMED: From the time of my graduation 5/00 to beginning my residency 7/1/00, I was not gainfully employed and was relocating to New York

C. NAME OF BUSINESS / INSTITUTION		JOB TITLE
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED
SUPERVISOR NAME		
DATE OF EMPLOYMENT/ATTENDANCE From ___ / ___ / _____ (Month Day Year) To ___ / ___ / _____ (Month Day Year)	HOURS WORKED PER WEEK TYPE OF EMPLOYMENT ☐ Full-time ☐ Part-time	
TOTAL TIME WORKED (Year/Month)		

D. NAME OF BUSINESS / INSTITUTION		JOB TITLE
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED
SUPERVISOR NAME		
DATE OF EMPLOYMENT/ATTENDANCE From ___ / ___ / _____ (Month Day Year) To ___ / ___ / _____ (Month Day Year)	HOURS WORKED PER WEEK TYPE OF EMPLOYMENT ☐ Full-time ☐ Part-time	
TOTAL TIME WORKED (Year/Month)		

E. NAME OF BUSINESS / INSTITUTION		JOB TITLE
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED
SUPERVISOR NAME		
DATE OF EMPLOYMENT/ATTENDANCE From ___ / ___ / _____ (Month Day Year) To ___ / ___ / _____ (Month Day Year)	HOURS WORKED PER WEEK TYPE OF EMPLOYMENT ☐ Full-time ☐ Part-time	
TOTAL TIME WORKED (Year/Month)		

NAME (Last, First, MI):

SS#:

Profession:

L486-1071 07/02 (LT)

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UNIVERSITY OF MINNESOTA
OFFICE OF THE REGISTRAR

TRANSCRIPT RECORD

University of Minnesota Official Transcript

Page No. 1

University of Minnesota, Twin Cities

[redacted]

Print Date 12-22-2003

MOST RECENT PROGRAMS

Institution : University of Minnesota, Twin Cities
Program : College of Liberal Arts
Plan : English B A Major
Subplan : Honors
Degree Sought : Bachelor of Arts

- - - - - University of Minnesota Degrees and Certificates Awarded - - - - -

COLLEGE OF LIBERAL ARTS
BACHELOR OF ARTS
SUMMA CUM LAUDE
GRANTED JUNE 9, 1994
MAJOR ENGLISH

- - - - - Transfer Credits - - - - -

Transfer Credit from CA BY ADV PLCMT-COL BOARD
Quarter Credits Transferred 17.00

Transfer Credit from RESEA UNIVERSITY
Quarter Credits Transferred 15.50

- - - - - Beginning of Undergraduate Record - - - - -

Fall Quarter 1992
University of Minnesota, Twin Cities
College of Liberal Arts
Undecided Pre-Major
Honors

Course		Description	Attempted	Earned	Grade	Points
BIOL	1103H	General Biology	[redacted]			
ENGL	1242	Shakespeare				
MATH	1251	One-Var Calc I				
MUSA	1111	Oboe, Elective				

CLA DEAN'S LIST, FALL QUARTER, 1992

TERM GPA 4.000 TERM TOTALS 15.00 15.00 51.000

Winter Quarter 1993
University of Minnesota, Twin Cities
College of Liberal Arts
Undecided Pre-Major
Honors

Course		Description	Attempted	Earned	Grade	Points
CHEM	1051	Chem Prin I	[redacted]			
ECOL	1020	Phil Moral & Novel				
MATH	1252	One-Var Calc II				
MUSA	1111	Oboe, Elective				
SOC	1001H	Intro To Sociology				

TERM GPA 3.429 TERM TOTALS 15.00 16.00 48.000

Spring Quarter 1993
University of Minnesota, Twin Cities
College of Liberal Arts
Undecided Pre-Major
Honors

Course		Description	Attempted	Earned	Grade	Points
ANTH	1102H	Intro Soc.Cult Anth	[redacted]			
CHEM	1052	Chem Prin II				
ENGL	3412	Am Lit 1900-1945				
MUS	5410	Band				
MUSA	1111	Oboe, Elective				

TERM GPA 3.385 TERM TOTALS 16.00 16.00 44.000

Fall Quarter 1993
University of Minnesota, Twin Cities
College of Liberal Arts
Undecided Pre-Major
Honors

Course		Description	Attempted	Earned	Grade	Points
CHEM	3301	Organic Chem I	[redacted]			
CHEM	3305	Organic Chem Lab I				
HIST	1131	Med Disease In Hist				
MUS	3410	Concert Band				
MUSA	1111	Oboe, Elective				
WOST	3303	Women, Literature				

CLA DEAN'S LIST, FALL QUARTER, 1993

TERM GPA 4.000 TERM TOTALS 17.00 17.00 56.000

Winter Quarter 1994
University of Minnesota, Twin Cities
College of Liberal Arts
Pre English Pre-Major

Course		Description	Attempted	Earned	Grade	Points
CHEM	3302	Organic Chem II	[redacted]			
CHEM	3306	Organic Chem Lab II				
ENGL	3112	Survey Of Engl Lit				
FREN	1104	Intermediate French				
HMED	3002	Doctors Disease Hist				
MUS	3410	Concert Band				
MUSA	1111	Oboe, Elective				

CLA DEAN'S LIST, WINTER QUARTER, 1994

TERM GPA 4.000 TERM TOTALS 12.00 12.00 48.000

Spring Quarter 1994
University of Minnesota, Twin Cities
College of Liberal Arts
Pre English Pre-Major

Course		Description	Attempted	Earned	Grade	Points
BIOC	3021	Biochemistry	[redacted]			
ENGL	3113	Survey Of Engl Lit				
FREN	1105	Intermediate French				
HMED	3003	Doctors Disease Hist				
MUS	3410	Concert Band				

THE WORDS "UNIVERSITY OF MINNESOTA" AND "COPY" APPEAR WHEN PHOTOCOPIED

THIS OFFICIAL UNIVERSITY TRANSCRIPT IS PRINTED ON SCRIP-SAFE® PAPER AND DOES NOT REQUIRE A RAISED SEAL

CONTINENTAL TESTING SVCS INC
PO BOX 100
LA GRANGE IL 60525-0100

Susan Van Voorhis, Registrar
University of Minnesota - Twin Cities

In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student. Explanatory legend and authenticity confirmation information on back.

PLEASE QUESTION AUTHENTICITY OF DOCUMENT IF SIGNATURES AND SEAL ARE NOT VISIBLE OR ARE DISTORTED.

KEY TO TRANSCRIPT

Academic Calendar

The semester system started Fall 1999 for all University of Minnesota campuses. Prior to Fall 1999 the University used a quarter system with these exceptions: Law school started on semesters Fall 1981, and some College of Continuing Education courses were taught on a semester calendar but the credits reported as quarter credits.

Accreditation

The University of Minnesota is accredited by the North Central Association of Colleges and Secondary Schools, by the National Council for the Accreditation of Teacher Education, and by many other agencies.

Course (Class) Numbering System (from Fall 1999)

0000 to 0999 noncredit courses

1000 to 1999 primarily for undergraduates in first year

2000 to 2999 primarily for undergraduates in second year

3000 to 3999 primarily for undergraduates in third year

4000 to 4999 primarily for undergraduates in fourth year, may count for graduate credit if taught by a faculty member authorized to teach at the graduate level and with approval of student's major field

5000 to 5999 primarily for graduate students but third and fourth year undergraduates may enroll

6000 to 7999 for postbaccalaureate professional degree students

8000 to 9999 for graduate students

Prior Course numbering systems

For Fall 1970 through Summer 1999 (course numbering prior to 1970 is noted in parenthesis)

0000 to 0999 noncredit courses

1000 to 1999 (01 - 49) introductory courses primarily for freshmen and sophomores

3000 to 3999 (50 - 99) intermediate courses primarily for juniors and seniors

5000 to 5999 (100 - 199) advanced courses for juniors, seniors and graduate students

8000 to 8999 (200 and higher) for graduate and professional school students

Credit

Starting Fall 1999 – units are semester credit

Prior to Fall 1999 – units generally are quarter credit (see calendar for exceptions)

Thesis credit – an asterisk (*) will appear following the course title of courses numbered 8777, 8888, or 8969 if the degree award is shown.

An asterisk (*) indicates graduate credit taken though College of Continuing Education (Continuing Education and Extension prior to Fall 1999)

Grading Definitions

A – achievement that is outstanding relative to the level necessary to meet course requirements

B – achievement that is significantly above the level necessary to meet course requirements

C – achievement that meets the course requirements in every respect

D – achievement that is worthy of credit even though it fails to meet fully the course requirements

E – achievement that is significantly greater than the level required to meet the have course requirements but not judged to be outstanding

I (or N) – Represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (see also I)

H – (Honors) Used by Law School and Medical School only

I – (incomplete) Assigned at the discretion of the instructor when, due to extraordinary circumstances, e.g., hospitalization, a student is prevented from completing the work of the course on time. Requires a written agreement between instructor and student

K – assigned by an instructor to indicate the course is still in progress and that a grade can not be assigned at the present time

NG – no grade required

O – represents outstanding achievement for Doctor of Medicine and Doctor of Veterinary Medicine programs

P – achievement designating passing work

Q – achievement designating passing work

R – a course related registration symbol

S – achievement that is satisfactory, which is equivalent to a C- or better (C or better on the Duluth campus)—achievement required for an S is at the discretion of the instructor but may be no lower than a C- (no lower than a C on the Duluth campus)

T – transfer credit or test credit

V – registration as an auditor or visitor (a non-grade non-credit registration)

W – entered by the registrar's office when the student officially withdraws from a course after the second week

X – reported by the instructor for a student in a sequence course where the grade can not be determined until the sequence is complete – the instructor is to submit a grade for each X when the sequence is complete

Y – assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing passing work

Z – assigned from Fall 1929 to Summer 1959 to indicate the student canceled while doing failing work

On the Twin Cities campus from Fall 1972 through Summer 1977 and on the Morris campus from Fall 1972 through Summer 1985, the official University transcript included only positive academic achievements. Courses in which the student received a grade of N or a registration symbol of I or W did not appear on the transcript.

For complete grading policy, see
http://www.umn.edu/usenate/policies/gradingpolicy.html

Grade/Numeric Point Average Formulas

Effective Fall 1997, grade point values were standardized for the University. All units except Law use: A = 4.000, A- = 3.667, B+ = 3.333, B = 3.000, B- = 2.667, C+ = 2.333, C = 2.000, C- = 1.667, D+ = 1.333, D = 1.000, D- = 0.000, F = 0.000, I = 0.000, K = 0.000, X = 0.000

Before 1997, most units did not use +/-. But the Duluth campus and the School of Management used: A = 4.0, A- = 3.6, B+ = 3.3, B = 3.0, B- = 2.6, C+ = 2.3, C = 2.0, C- = 1.6, D+ = 1.3, D = 1.0, F = 0.0 and the Twin Cities General College used A = 4.0, A- = 3.6, B = 3.2, B- = 2.8, C+ = 2.4, C = 2.0, C- = 1.6, D = 1.2, D- = 0.8, F = 0.0.

The Twin Cities campus Law School uses a numeric rather than a grade point average for the *juris doctor (J.D.)* degree program. Grades range from 4-16 points based on the following:

14-16: Excellent/Outstanding; 11-13: Substantially better than average; 8-10: Minimally acceptable; 5-7: Inadequate (credits count towards degree completion, and NPA); 4: Failing; 0: Non-performance. Classes for which a 0 grade is earned are not included in NPA calculation. Grades earned in the *LL.M.* (Master of Laws) program are: A=4.00, B=3.00, C=2.00, D=1.00, F=0.00. No +/- distinctions are given.

Symbols Following Course Numbers

C – certificate credit

E – on Duluth campus, registration in Continuing Education, or on Twin Cities campus, an MBA course

G – honors course for extra credit

H – honors course

J – evening MBA course for extra credit

K – evening MBA course by independent study

L – honors course by independent study

M – extra credit by independent study

Q – evening MBA extra credit by independent study

R – honors extra credit by independent study

S – semester registration (pre 1999)

T – semester honors course (pre 1999)

U – special term course taken for extra credit

V – honors and writing intensive

W – writing intensive

X – extra credit

Y – independent study

Z – special term registration

Repeated course and re-enrollment eligibility vary by academic unit.
Degree with distinction indicates graduation with high GPA; degree with honors (laude) indicates completion of special honors program.
For more information see: **http://www.umn.edu**

Campus Records office locations:

University of Minnesota, Crookston
170 Owen Hall
Crookston, MN 56716-5001
(218) 281-8146
Dept. of Educ. Loan Id: 003091

University of Minnesota, Duluth
184 Darland Administration Building
Duluth, MN 55812-3011
(218) 726-8000
Dept. of Educ. Loan Id: 002348

University of Minnesota, Morris
212 Behelar Hall
Morris, MN 56267-2134
(320) 589-6070
Dept. of Educ. Loan Id: 002349

University of Minnesota, Twin Cities:
200 Fraser Hall or Minneapolis, MN 55455-0211 (612) 624-1111 Dept. of Educ. Loan Id: 003000
130 Coffey Hall or St. Paul, MN 55108-1030 (612) 624-5111
130 West Bank Skyway Minneapolis, MN 55455-0422 (612) 626-9110

The University of Minnesota, Waseca campus closed in 1992. For information on Waseca student transcripts, contact the St. Paul office.

[illegible]

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UNIVERSITY OF MINNESOTA
OFFICE OF THE REGISTRAR

TRANSCRIPT RECORD

University of Minnesota Official Transcript

Page No. 2

University of Minnesota, Twin Cities

[redacted]

MUSA	3111	Ghos. Elective	2.50	2.50	

CLA DEAN'S LIST, SPRING QUARTER 1994.
COMPLETING THE FRESHMAN-SOPHOMORE HONORS
PROGRAM IN THE COLLEGE OF LIBERAL ARTS.

TERM GPA 4.000 TERM TOTALS : 20.00 20.00 72.000

Fall Quarter 1994
University of Minnesota, Twin Cities
College of Liberal Arts
Pre English Pre-Major

Course		Description	Attempted	Earned	Grade	Points
ENGL	3680	Tech Literary Study	[redacted]			
ENGL	3691	English Language				
GCM	3022	Genetics				
PE	1014	Conditioning				
PHYS	1104	General Physics				
PHYS	1107	General Physics Lab				

CLA DEAN'S LIST,
FALL QUARTER, 1994.

Special Exam						
FREN	1101	Beginning French				
Special Exam						
FREN	1102	Beginning French				
Special Exam						
FREN	1103	Beginning French				

TERM GPA : 4.000 TERM TOTALS :

Winter Quarter 1995
University of Minnesota, Twin Cities
College of Liberal Arts
English B A Major

Course		Description	Attempted	Earned	Grade	Points
BIOL	3611	Animal Biology	[redacted]			
ENGL	3963	Swift & Satire				
MUS	3010	Campus Orchestra				
PHYS	1105	General Physics				
PHYS	1105	General Physics Lab				

CLA DEAN'S LIST WINTER QUARTER, 1995.

TERM GPA : 3.667 TERM TOTALS 16.00 16.00 55.500

Spring Quarter 1995
University of Minnesota, Twin Cities
College of Liberal Arts
English B A Major

Course		Description	Attempted	Earned	Grade	Points
CSCL	3175	Comedy/Vest Theory	[redacted]			
MUS	3010	Campus Orchestra				
PE	1113	Fencing				
PHIL	3305	Medical Ethics				
PHYS	1105	General Physics				
PHYS	1109	General Physics Lab				

CLA DEAN'S LIST, SPRING QUARTER, 1995.

TERM GPA : 3.928 TERM TOTALS : 16.00 16.00 63.000

Fall Quarter 1995
University of Minnesota, Twin Cities
College of Liberal Arts
English B A Major

Course		Description	Attempted	Earned	Grade	Points
PUST	3000	Study Abroad	10.00	0.00		

TERM GPA 0.000 TERM TOTALS : 10.00 0.00 0.000

Winter Quarter 1996
University of Minnesota, Twin Cities
College of Liberal Arts
English B A Major
Honors

Course		Description	Attempted	Earned	Grade	Points
		American Indian Lit	[redacted]			
		Microbiology				
		Silence/Brkng Silen				

GPA 3.615 TERM TOTALS 13.00 13.00 47.000

Spring Quarter 1996
University of Minnesota, Twin Cities
College of Liberal Arts
English B A Major
Honors

Course		Description	Attempted	Earned	Grade	Points
COMP	3085	Conf Advanced Comp	[redacted]			
ENGL	39638	Honors Thesis				
HSEM	3120	Global Hlth Issues				
NURS	54828	Global Hlth Issues				
PSY	3446	Human Sexuality				

APPLIED FOR CLA DEGREE 04/05/96.
CLA DEAN'S LIST, SPRING QUARTER, 1996

TERM GPA : 4.000 TERM TOTALS 14.00 14.00 56.000

University of Minnesota Summary Information

Undergraduate Career Totals

			Attempted	Earned	Points
UMN GPA	3.819	UMN TOTALS :	382.00	182.00	645.000
GPA UNITS	168.000	CUM TOTALS :		332.50	

***** End of Transcript *****
Page 2 of 2

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Susan Van Voorhis, Registrar
University of Minnesota - Twin Cities

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0073091 00004 (40/40)

The Federation of State Medical Boards
of the United States, Inc.
P O Box 619850
Dallas, TX 75261-9850
Telephone: (817) 571-2949
FAX (817) 868-4098

RECEIVED
JAN - 2 2004

December 29, 2003

Continental Testing Center
ATTN: Lisa Albury
P.O. Box 100
547 S. LaGrange Rd
La Grange, IL 60525

RE: Holmquist, Sabrina Anne
[redacted]

The enclosed Examination and Board Action History Report is being provided at the request of the above-referenced physician. This report must not be duplicated or forwarded to any other party.

Your compliance with these requirements is appreciated.

Thank you,

Examination Service Department

Enclosure

6/9/98-2005

CRJ v3.01.06 12749770

0073091.00004 (40/40)

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

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 12/29/2003

Continental Testing Center
ATTN: Lisa Albury
P.O. Box 100
547 S. LaGrange Rd.
La Grange, IL 60525

Examinee: Holmquist, Sabrina Anne
USMLE ID#: [redacted]
DOB:
Alt Name(s):

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. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/ Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	6/9/1998	[redacted]					

STEP2	Test Date	Pass/ Fail	Three-Digit Score	(Passing)	Two-Digit Score	(Passing)	Comments
	8/26/1999	[redacted]					

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

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SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

Authenticity of USMLE Transcripts

An original, certified transcript of United States Medical Licensing Examination scores is printed using black ink on blue safety paper and is produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 140 and 280. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. 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. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the 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 that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity 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 on Irregular Behavior 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.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

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.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, 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 Board Action Data Bank 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".

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UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

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01/07/04
PAGE 1

Holmquist, Sabrina Anne
BIRTHDATE [redacted]
MATRICULATION DATE 09/03/96
DEGREES: BA 06/1996 Univ Of Minnesota-St Paul, St Paul, MN

			CRS	GR	PTS
Fall 1996-97	MED	P1 Med Prof Medical			
		SESSION A1: SEP 03 - DEC 13			
ANATOMY	710	Histology and Organology			
ANATOMY	711	Gross Human Anatomy			
MED SC-M	800	Generalst Physician Parthrs			
BMOLCHEM	704	Comprehensive Human Biochem			
SUM:					
Spring 1996-97	MED	P1 Med Prof Medical			
		SESSION A1: JAN 21 - MAY 09			
HIST MED	720	Hist Perspectives-Medicine			
MD GENET	721	Medical Genetics			
MED SC-M	731	Neuroscience			
MED SC-M	801	Clin Medicine & Practice I			
PATH	703	General Pathology			
PHYSIOL	720	Prin of Human Physiology			
SUM:					
Fall 1997-98	MED	P2 Med Prof Medical			
		SESSION A1: SEP 02 - DEC 12			
M M & I	701	Infection and Immunity I			
MED SC-M	703	Hematology			
MED SC-M	706	Cardiovascular System			
MED SC-M	709	Renal			
MED SC-M	715	Respiratory System			
MED SC-M	717	Pharmacology			
MED SC-M	802	Clin Medicine & Practice II			
PREV MED	650	Special Topics			
SUM:					
Spring 1997-98	MED	P2 Med Prof Medical			
		SESSION A1: JAN 20 - MAY 07			
MED SC-M	699	Directed Study			
MED SC-M	702	Infection and Immunity II			
MED SC-M	707	Gastrointestinal Tract			
MED SC-M	708	Hepatic			
MED SC-M	711	Male/Female Endocrine Sys			
MED SC-M	716	Psychiatry			
MED SC-M	718	Autopsy Pathology			
MED SC-M	721	Neoplastic Diseases			
MED SC-M	727	Pharmacology II			
MED SC-M	732	Human Sexuality			
MED SC-M	804	Generalist Partners Prgm II			
SUM:					
Fall 1998-99	MED	P3 Med Prof Medical			
		SESSION A1: SEP 02 - DEC 15			
MEDICINE	812	Prin Int Med-Basic Clrkship			
SR MED	812	3rd Yr Primary Care Clrkshp			
SURGERY	812	Third Year Surgery			
SUM:					
Spring 1998-99	MED	P3 Med Prof Medical			
		SESSION A1: JAN 19 - MAY 06			
ANESTHES	812	Third Year Anesthesia			
OBS&GYN	812	3rd Year Obs & Gynecology			
NEUROL	812	Third Year Neurology			
OPHTHALM	812	Third Year Ophthalmology			
PEDIAT	812	3rd Year Pediatrics			
PSYCHIAT	812	Third Year Psychiatry			
SURGERY	963	Cardiac Surg Clerkship-CSC			
SUM:					
Fall 1999-2000	MED	P4 Med Prof Medical			
		SESSION 041: AUG 02 - AUG 28			
SURGERY	967	Urology Clerkship-CSC			
		SESSION 044: OCT 25 - NOV 20			
OBS&GYN	925	High Risk Obst Clrk-Meriter			
		SESSION 061: AUG 30 - OCT 23			
SR MED	872	Preceptorship-Woodruff			
SUM:					
Spring 1999-2000	MED	P4 Med Prof Medical			
		SESSION BDD: JAN 31 - FEB 27			
ANATOMY	722	Clinicl Anatomy & Radiology			
		SESSION 014: FEB 28 - MAR 11			
SURGERY	956	PlastC&ReconstrSurgClerk-CSC			
		SESSION 040: JAN 04 - JAN 29			
MEDICINE	915	Therapeut&Cl Pharmacol-VAH			
MEDICINE	920	Req 4th Yr Med Subintrnshp			
		SESSION 061: FEB 28 - APR 22			
SR MED	924	Extramur Elect-Medicine			
SUM:					

PAGE 2 FOLLOWS

[redacted]

UNIVERSITY OF WISCONSIN-MADISON
OFFICE of the REGISTRAR

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JAN 12 2004

[redacted]
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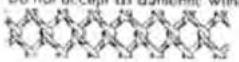

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GRADING SYSTEM

All credits are based on semester hours. A 4.000 grading system is used. Prior to 1954-55 a 3.00 grading system was used. Intermediate grades of AB and BC were instituted as of September 1973.

Grades With Associated Grade Points Per Credit

	GRADE	GRADE POINTS
A	Excellent	4
AB	Intermediate Grade	3.5
B	Good	3
BC	Intermediate Grade	2.5
C	Fair	2
D	Poor	1
F	Failure	0
NR	No Report prior to 1999	0

Grades Which Do Not Have Associated Grade Points

CR	Credit	NW	No Work
DEF	Deferred	P	Progress
DR	Dropped	PE	Permanently Excused
EI	Extended Incomplete	PI	Permanent Incomplete
EX	Excused	Q	Question on credits
I	Incomplete	R	Registered
IN	Incomplete in Credit/No Credit Course	S	Satisfactory
N	No Credit	U	Unsatisfactory
NR	No Report beginning in 1999	W	Withdrew

Abbreviations and Symbols

.	Failed course that has been repeated. Credits are not used to calculate cumulative GPA
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*	Grades of Failure or No Report (NR) - Credit do not count toward degree
* With Name	Full name in body of transcript
? On Credits	Question on credits.
@	Repeat of a failed course.
>	Course does not count toward degree
!	Credit/No Credit course in-progress
ADV ST CRS	Credits not earned on UW-Madison Campus
AU	Course taken for Audit credit.
CRS	Number of credits.
CUM	Cumulative totals.
GPA	Grade Point Average
GPA CR	Credits included in Grade Point Average calculation
GR	Grade received.
H	Course taken for Honors credit.
PTS	Grade Points
SEM/TERM	Semester/Term totals
TOTAL CRS	Total credits earned.

YEAR LEVEL DEFINITIONS

1 = FRESHMAN - Less than 24 credits and 48 grade points
2 = SOPHOMORE - 24 credits and 48 grade points
3 = JUNIOR - 54 credits and 108 grade points
4 = SENIOR - 86 credits and 172 grade points
5/GR# = GRADUATE - A student pursuing a graduate degree
P# = Professional & Year

COURSE NUMBERING SYSTEM

000 - 099 Special Purpose Courses
100 - 299 Undergraduate Courses Not Open To Graduate Students
300 - 699 Courses Open To Either Undergraduates Or Graduates
700 - 999 Graduate And Professional Courses Including Seminars

A middle digit of 8 (i.e. 181) indicates an honors course. Honors courses are also shown by an H immediately preceding course credit.

A middle digit of 9 (i.e. 999) indicates courses such as independent study, research, or thesis.

INCOMPLETES

The undergraduate student in Letters and Science must remove the grade of I (Incomplete) by the end of the fourth week of classes in the next semester/term (excluding summer) the student is in attendance. All other undergraduate students and most special students must remove the Incomplete by the end of the next semester/term they are in attendance. Incompletes for credit courses that are not removed by the deadline dates lapse into a grade of F. The deadlines for removal of Incompletes may be extended with approval of the student's Dean's Office. Graduate & professional students are not subject to the above Incomplete deadlines. Students who are not in attendance for a five year period after an Incomplete is received may not remove the incomplete without permission from the student's Dean's Office. These Incompletes remain on the record as Permanent Incompletes and do not lapse into failures.

LAW SCHOOL STUDENTS

Most Law School courses are graded on a numerical scale from 65 to 95. Students are eligible to continue if their weighted average after completion of two or more semester/terms of Law School work is 77 or more. A weighted average of 77 and completion of not less than 90 credits are required for a Juris Doctor degree. Although the Law School operates on a numeric grading system, the approximate letter-grade equivalents are as follows:

87-95	A	77-79	C
85-86	AB	75-76	CD
83-84	B	70-74	D
80-82	BC	65-69	F

From September 1970 to August 1992, the following grading system and lettergrade equivalents were used:

87-100	A	70-76	D
82-86	B	0-69	F
77-81	C		

For interpretation of Law School grades prior to September 1970, please consult the Law School Registrar.

Note on Class Rankings: The Law School does not make available student class rank, but does produce a graph of cumulative averages. The graph indicates the approximate portion of the class in which a given grade point average falls. The graph is available from the Law School Registrar or Law School Office of Career Services.

MEDICAL SCHOOL GRADES

Detailed information concerning a student's grades, relative class standing and clinical performance is available upon request of the student from the UW-Madison Medical School Registrar's Office. The grade of H is available to medical students in Medical School Courses.

THE HONORS PROGRAM

Some Schools & Colleges have developed special Honors programs that replace or supplement the designation of awards based on grade point average alone. These programs encourage and recognize work of greater depth, scope and originality by undergraduates whose abilities and interests make them eligible. The content and pace of honors courses are adapted to students who have chosen to do intensive work (either of an accelerated or enriched nature) in the subjects. The programs are entirely voluntary.

TRANSCRIPTS FROM OTHER INSTITUTIONS

The University of Wisconsin - Madison does not issue copies of transcripts or other documents received from other institutions, including the University of Wisconsin - Extension.

RECORDING OF UW WORK PRIOR TO JANUARY 1972

Prior to January 1972 all course and grades for work taken within the former University of Wisconsin System (UW-Madison, UW-Milwaukee, UW-Green Bay, UW-Parkside, UW-Centers, and UW-Extension) were recorded on one record and may appear on this transcript.

Transcripts
Office of the Registrar
University of Wisconsin - Madison
750 University Avenue
Madison, Wisconsin 53706-1490

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UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

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Holmquist,Sabrina Anne

	CRS	GR	PTS

Doctor of Medicine
Degree Conferred May 21, 2000

MAJOR: Medicine

END OF RECORD

UNIVERSITY OF WISCONSIN-MADISON
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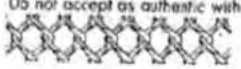

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University of Wisconsin - Madison
750 University Avenue
Madison, Wisconsin 53706-1490

University of Wisconsin-Madison

The Board of Regents of the University of Wisconsin System,
on the nomination of the faculty, has conferred upon

SABRINA ANNE HOLMQUIST

The Degree of

DOCTOR OF MEDICINE

Together with all honors, rights, and privileges belonging to that degree.
In witness whereof, this diploma is granted.

Given at Madison in the State of Wisconsin
this twenty-first day of May in the year two thousand
and of the University the one hundred fiftieth.

[redacted]

President, University of Wisconsin System | Chancellor, University of Wisconsin-Madison | President of the Board of Regents

0073091.00004 (40/40)

00050001010

76624

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/1 et. seq. (Illinois Compiled Statutes). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

DO NOT SUBMIT APPLICATION UNTIL A PERMANENT PRACTITIONERS LICENSE HAS BEEN ISSUED! CONTROLLED SUBSTANCES LICENSE WILL NOT BE ISSUED TO A TEMPORARY LICENSE HOLDER!

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.
2. A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or located.
3. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.

A. Type or print legibly with black ink only.
B. The fee is $5 - Make check payable to the Department of Financial and Professional Regulation. THIS FEE IS NOT REFUNDABLE! (Separate application/fee is required for each registration.)
C. Disclosure of your U.S. soc in accordance with 5 Illi license. The social sec Department of Public Aid delinquent in complying wit of Revenue to identify per penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

HOLMQUIST, SABRINA ANNE MD
[redacted]

RECEIVED
CASH SECTION
SEP 06 2005
Div. of Professional Regulation

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

☒ First Time Applicant ☐ Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1. PROFESSIONAL NAME	2. PROFESSIONAL CODE - Check applicable box		3. LICENSURE METHOD	4. FEE
Controlled Substances	☐319 Dentist ☐316 Podiatrist	☒336 Physician ☐390 Veterinarian	Registration	$5

PART II: Applicant Identifying Information

1. NAME LAST	FIRST	MIDDLE	2. TITLE (e.g., M.D., O.D., etc.)	3. UNITED STATE SOCIAL SECURITY NO.
Holmquist	Sabrina	Anne	MD	[redacted]

4. PERMANENT MAILING ADDRESS CITY STATE/COUNTRY ZIP CODE COUNTY
[redacted]

5. NAME OF BUSINESS AND LOCATION (STREET/CITY /ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED
[redacted]

6. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)

7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY
Work (773) 834-5129
Area Code
Home ([redacted]
Area Code

PART III: Professional Activity

Practitioner - Check and complete one of the following.

		Professional License Number
☐Dentist	019 -	
☒Physician	036 -	111433
☐Podiatrist	016 -	
☐Veterinarian	090 -	

Drug Schedule: (Circle the schedules for which you are applying)
II IIN III IIIN IV V

FOR OFFICIAL USE ONLY FEE $5

BNDD Number: ☐-☐☐☐☐☐☐☐☐ **Type:** ☐ **Suffix:** ☐

Schedule Codes: ☐☐☐☐☐☐☐ **Additional Function:** A **Card Code:** K

Issuance Date (Month/Day/Year) ☐☐-☐☐-☐☐☐☐

PART IV: Personal History Information *(This part must be completed by all Applicants)*	YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? *If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.*		X
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		X
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		X
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		X
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? *If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.*		X

PART V: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☒
   (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

   Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes ☐ No ☒

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

9/1/05
Date of Application

Sabrina A Holmquist
Print Name of Applicant

[redacted]
Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.

NAME (Last, First, MI): HOLMQUIST, SABRINA A

SS#: [redacted]

Profession: PHYSICIAN