

Name: Jennifer Lin    DOB: [REDACTED]    Gender: [REDACTED]    Ethnic: [REDACTED]    SSN: [REDACTED]    SSN Exempt: [REDACTED]

**Current Address**

ADDRESS DIVISION: CREDENTIALING  
ADDRESS TYPE: MAILING

JENNIFER LIN  
[REDACTED]  
PORTLAND OR 97224-4318  
UNITED STATES

**Applications**

[Add New Application](#)

<u>Profession</u>	<u>Application ID</u>	<u>Method</u>	<u>Specialty</u>	<u>Sub Profession</u>	<u>Kind</u>	<u>Action</u>
20 (Medicine and Surgery)	324127	EXAM				✕
850 (Temporary Education Training Permit)	333800	TEP		850 (TEP - All)	55 (TEP - ALL)	✕

Total Applications : 2

**Credentials**

<u>Credential Number</u>	<u>Granted</u>	<u>Renewal By</u>	<u>Status</u>
2939-850	06/24/2009	06/23/2010	EXPIRED
53683-20	10/22/2009	10/31/2013	EXPIRED

Total Credentials : 2

**Orders (ICE)**

No orders found.

**Intake Cases (ICE)**

No cases found.

**Respondent Report**

[View Consolidated Case Notes Summary](#)

**Current**

<u>Default</u>	<u>Title</u>	<u>First Name</u>	<u>Middle</u>	<u>Last Name</u>	<u>Following</u>	<u>Type</u>
<input checked="" type="checkbox"/>		Jennifer	E	Lin		PRIMARY

**Old**

There are no query results.

Current

<u>Default</u>	<u>Attention</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Type</u>	<u>Division</u>
		[REDACTED]	PORTLAND OR 97224	MAILING	CREDENTIALING

Old

<u>Address</u>	<u>City/State/Zip</u>	<u>Type</u>	<u>End Date</u>	<u>Division</u>
[REDACTED]	MADISON WI 53715	MAILING	9/9/2013	CREDENTIALING
[REDACTED]	MADISON WI 53705	MAILING	9/8/2011	CREDENTIALING
[REDACTED]	Madison WI 53715	MAILING	11/2/2009	CREDENTIALING
[REDACTED]	Madison WI 53715	MAILING	3/31/2009	CREDENTIALING

Current

<u>Default</u>	<u>Area Code</u>	<u>Number</u>	<u>Extension</u>	<u>Type</u>	<u>Division</u>
	[REDACTED]	[REDACTED]		PHONE	CREDENTIALING
	[REDACTED]	[REDACTED]			CREDENTIALING

Old

There are no query results.

Current

<u>Default</u>	<u>Address</u>	<u>Type</u>	<u>Division</u>
	[REDACTED]	email address	CREDENTIALING

Old

There are no query results.

**License Type:** TEMPORARY   
**Status:** EXPIRED   
**Show SSN**  
**View/Edit Continuing Education**

**Specialty Code:** (12) OBSTETRICS AND GYNECOLOGY   
 -Select One-

**Working State:** -Select-   
**Residency:** -Select-   
 Renew Disabled:   
 Notify DOE:   
 Multi State:   
 Exempt Fee:

Opt. Out:   
 Expert:   
 Military:   
 Firearm Rnwl Disabled:

**History**

Date	History Type	History
07/01/2010	CredHolderStatusChange	Status Change: ACTIVE to EXPIRED by DRL-WORLD\ml142
03/31/2009	BlueLicensePrinted	
03/31/2009	FromApplicationMethodInformation	Application 333800 by method TEP
03/31/2009	TemporaryLicenseIssued	Temporaty license issued.
03/31/2009	FromApplicationMethodInformation	Application 333800 by method TEP
05/20/2008	GraduatedFrom	Graduated from Baylor College of Medicine

**Exam History**

Date	History Type	History
	Exam	USMLE 89 Passed

**License Type:** REGULAR   
**Status:** EXPIRED   
**Show SSN**  
**View/Edit Continuing Education**

**Specialty Code:** (12) OBSTETRICS AND GYNECOLOGY   
 -Select One-

**Working State:** -Select-   
**Residency:** -Select-   
 Renew Disabled:   
 Notify DOE:   
 Multi State:   
 Exempt Fee:

Opt. Out:   
 Expert:   
 Military:   
 Firearm Rnwl Disabled:

**History**

<u>Date</u>	<u>History Type</u>	<u>History</u>
04/05/2019	Endorsement Sent	Nevada State Board of Medical Examiners
11/01/2013	CredHolderStatusChange	Status Change: ACTIVE to EXPIRED by DRL-WORLD\meidl
09/09/2013	NameAndAddressChange	Per USPS address update via DOA
10/19/2011	Endorsement Sent	Endorsement Sent by Rnl111. OR
09/12/2011	RenewedAuto	Cred Holder Renewed - Auto Event
11/02/2009	OriginalCertificate	
10/22/2009	LicenseGranted	License granted.
10/22/2009	FromApplicationMethodInformation	Application 324127 by method EXAM
11/17/2008	FromApplicationMethodInformation	Application 324127 by method EXAM
11/17/2008	GraduatedFrom	Graduated from Baylor College of Medicine

**Exam History**

<u>Date</u>	<u>History Type</u>	<u>History</u>
	Exam	USMLE 89 Passed

**Renewal Requirements List**

<u>Code</u>	<u>Renewal Year</u>	<u>Complied</u>	<u>Complied Date</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Insert Date</u>	<u>Comments</u>
CLS	2013	Not met		No		09/06/2013	added by CRP SR 09/06/2013 08:23
FEE	2013	Not met		No		09/06/2013	added by CRP SR 09/06/2013 08:23
SIG	2013	Not met		No		09/06/2013	added by CRP SR 09/06/2013 08:23
CLS	2011	Met	09/08/2011	No		09/01/2011	status set to Met 09/08/2011 18:36 via online renewal
SIG	2011	Met	09/08/2011	No		09/01/2011	status set to Met 09/08/2011 18:44 via online renewal
FEE	2011	Met	09/08/2011	No		09/01/2011	added by CRP SR 09/01/011 11:05
SVY	2011	Met	09/08/2011	No		09/08/2011	Added and met thru online renewal

Renewal Year: 2011

Log

Time	Step #	Step Title	Message	
9/8/2011 6:35:50 PM	1	Update Contact Info	Step completed, advancing to next step in renewal process...	
9/8/2011 6:35:59 PM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process...	<a href="#">Survey Answers</a>
9/8/2011 6:36:04 PM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process...	<a href="#">Survey Answers</a>
9/8/2011 6:43:15 PM	4	DWD Survey	Step completed, advancing to next step in renewal process...	
9/8/2011 6:43:34 PM	5	Verify Professional Specialties	Step completed, advancing to next step in renewal process...	
9/8/2011 6:43:40 PM	6	Expert Witness Participation	Step completed, advancing to next step in renewal process...	<a href="#">Survey Answers</a>
9/8/2011 6:44:29 PM	7	Continuing Education Requirement	Step completed, advancing to next step in renewal process...	<a href="#">Survey Answers</a>
9/8/2011 6:44:45 PM	8	List Opt-Out	Step completed, advancing to next step in renewal process...	<a href="#">Survey Answers</a>
9/8/2011 6:46:58 PM	9	Pay Renewal Fee	Step completed, advancing to next step in renewal process...	

Answers

I declare under penalty of law that I am: (check one)

a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

a citizen or national of the United States, or

Answers

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Answers

Please check here if you are willing to serve as an expert witness in disciplinary proceedings.

**Answers**



I have or will have completed \*30 hours of AMA or AOA Category I continuing education beginning January 1, 2010 and ending December 31, 2011, and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

\* Three months of approved post-graduate training is equivalent to 30 hours of Category I credits.

**Answers**

Per Wis. Stat. § 440.14, if you are an individual or a sole proprietor, you may declare that your street address and/or PO Box # not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box below to make this declaration.

Please do not disclose my street address and/or PO Box # on lists

# Wisconsin Department of Safety and Professional Services

## Health & Business Renewal Application

### Application Status Query

**Instructions:**

**Please allow one hour after receipt of your status update email for the updates to be reflected in the online checklist.**

Please verify the checklist information below, including your address. If your address has changed, please e-mail your application number, name, profession, along with your old and new address. The Credentialing department posts status information following receipt and review of application materials.

As of : 10/22/2009  
 Application# : 324127  
 Name : Lin, Jennifer E  
 Profession : Medicine and Surgery, MD  
 Address : PORTLAND, OR  
 Application Status : (Permanent license issued)

Requirements Not Met:		
Description	Status	Comments (Please note, not all requirements will include comments)
Requirements Met:		
Description	Status	Comments (Please note, not all requirements will include comments)
WI Statute & Rules Examination	Met	Passed
Social Security Number	Met	
Application Fee	Met	Pd 11/14/08 \$
Pages One and Two - Applicable blanks completed	Met	
Pre-Professional and Professional Education	Met	
All activities and practice	Met	

accounted for		
Pages Three, Four and Five - Applicable blanks completed	Met	
Affidavit of applicant, signed	Met	
USMLE Step 1, Step 2 scores	Met	
USMLE Step 3 score (after exam)	Met	PASSED
USMLE application received	Met	
USMLE application mailed to FSMB	Met	
Authorization and Waiver, signed (Form #571)	Met	
Copy of Medical diploma	Met	
Certification of Legal Status Completed	Met	
Medical Education Verification Form (Form #2164)	Met	Graduated 5/08
Certificate of Post-Graduate Training (Form #2165) Need after passing Step 3.	Met	
National Practitioner Data Bank	Met	Report date 9/3/09



Report/Self- query
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[Send Questions or Comments to dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)

# Wisconsin Department of Safety and Professional Services

## Health & Business Renewal Application

### Application Status Query

#### Instructions:

Please allow one hour after receipt of your status update email for the updates to be reflected in the online checklist.

Please verify the checklist information below, including your address. If your address has changed, please e-mail your application number, name, profession, along with your old and new address. The Credentialing department posts status information following receipt and review of application materials.

As of : 03/31/2009  
 Application# : 333800  
 Name : Lin, Jennifer E  
 Profession : Temporary Education Training Permit  
 Address : PORTLAND, OR  
 Application Status : (Temporary permit issued)

Requirements Not Met:		
Description	Status	Comments (Please note, not all requirements will include comments)
Requirements Met:		
Description	Status	Comments (Please note, not all requirements will include comments)
PAGE 1 Applicable blanks completed	Met	
Application Fee	Met	PAID 3/2/09 \$
All activities and practice accounted for from the date of graduation to the present. Provide hospital name, location (city&state) and beginning and ending dates (month&year)	Met	

PAGES 2 & 3 All questions answered and relevant copies attached	Met	
PAGE 4 Affidavit of applicant, signed and notarized	Met	
PAGE 5 Affidavit of hospital authority	Met	
DOCUMENTS REQUIRED Addendum to Application (Form #2380)	Met	
Professional Diploma (photocopy)	Met	Graduated 5/08
Certification of Legal Status Completed	Met	

Send Questions or Comments to [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)