



**New Mexico Medical Board  
 Medical Doctor Intake Application  
 Application Number: IA-0000192965**



**Person Information**

**Licensure Information**

Have you even been sanctioned by a Licensing Board in United States? No  
 Have you been actively practicing for the 3 consecutive years immediately preceding the date of application?

**Demographic Information**

First Name: Jocelyn	Last Name: Wascher
Middle Name: Marie	Other Names Used:
Date of Birth: [REDACTED]	Place of Birth: District of Columbia
Personal Email: [REDACTED]	Gender: Female
Home Phone: [REDACTED]	Cell Phone: [REDACTED]
SSN/ITIN: [REDACTED]	

**Business Information**

Are you currently employed?	Yes
Business Name: University of Chicago	DBA Name:
Business Phone: 773-702-6118	Business Email: jocelyn.wascher@uchicagomedicine.org

**Address Information**

Specify your mailing address:	Personal
Mailing Street: [REDACTED]	Mailing City: [REDACTED]
Mailing State/Province: [REDACTED]	Mailing Zip Code: [REDACTED]
Mailing Country: US	

**Education Information**

Institution Name: University of Chicago Hospital	Education Level: Internship/Residency/Fellowship
Degree: Fellowship	Graduation Date: 07/31/2025
Start Date: 08/01/2023	Completion Date: 07/31/2025
Street:	
City: Chicago	State/Province: Illinois
Zip/Postal Code: 60637	Country: United States

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Institution Name: University of Chicago Hospital	Education Level: Internship/Residency/Fellowship
Degree: Residency	Graduation Date: 06/30/2023
Start Date: 07/01/2019	Completion Date: 06/30/2023
Street:	
City: Chicago	State/Province: Illinois
Zip/Postal Code: 60637	Country: United States

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Institution Name: Skidmore College  
Degree: BA  
Start Date: 09/05/2007  
Street:  
City: Saratoga Springs  
Zip/Postal Code: 12866

Education Level: Undergraduate Education  
Graduation Date: 05/21/2011  
Completion Date: 05/21/2011  
State/Province: New York  
Country: United States

Institution Name: University of Chicago Pritzker School of  
Medicine  
Degree: MD  
Start Date: 08/01/2015  
Street:  
City: Chicago  
Zip/Postal Code: 60637

Education Level: Professional/Medical Education  
Graduation Date: 06/15/2019  
Completion Date: 06/15/2019  
State/Province: Illinois  
Country: United States

### **Work History**

Employer Name: University of Chicago Hospital  
Employer Phone Number: 773-702-6760  
Employment Start Date: 07/01/2019  
Type Of Practice: Resident  
Type Of Discharge: Inactive  
Street: 5812 South Ellis Avenue  
City: Chicago  
ZIP/Postal Code: 60637

Title: Resident  
Employer Contact Person: Julia Simon  
Employment End Date: 06/30/2023  
Status Of Practice:  
Rank Achieved: Resident  
State/Province: Illinois  
Country: United States

Employer Name: University of Chicago Hospital  
Employer Phone Number: 773-702-6118  
Employment Start Date: 08/01/2023  
Type Of Practice: Resident  
Type Of Discharge: Inactive  
Street: 5841 S Maryland Avenue  
City: Chicago  
ZIP/Postal Code: 60637

Title: Fellow  
Employer Contact Person: Julie Chor  
Employment End Date: 07/31/2025  
Status Of Practice: Active  
Rank Achieved: Fellow  
State/Province: Illinois  
Country: United States

### **Hospital and Health Facility Affiliation History**

Facility Name: University of Chicago  
Appointment From Date: 07/01/2019  
Current Heathcare Affiliation: No  
Privileges Assigned: Resident/Fellow  
City: Chicago  
Zip/Postal Code: 60642

Facility Phone: 773-702-6760  
Appointment To Date: 07/31/2025  
Type Of Appointment: Resident/Fellow  
Street: 5841 S Maryland Avenue  
State/Province: Illinois  
Country: United States



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### Licensure information

License Number: 036.160289

Issuing State: Illinois

Pending: No

Issue Date: 04/18/2022

Expiration Date: 07/31/2026

### Registration Information

Registration Type: National Provider Identification Number

State: Illinois

Registration Number: [REDACTED]

Pending: Yes

Expiration Date(MM/YYYY):

Verification Status: Pending

### Specialty Board

No records to display.

### Professional References 1

Name: Julie Chor

Title: Associate Professor

Email: jchor@bsd.uchicago.edu

City: Chicago

Zip Code: 60637

Organization Name: University of Chicago

Phone No: 7737026118

Street Address:

State/Province: IL

Country: USA

### Professional References 2

Name: Katherine Rivlin

Title: Associate Professor

Email: krivlin@bsd.uchicago.edu

City: Chicago

Zip Code: 60637

Organization Name: University of Chicago

Phone No: 7737026118

Street Address:

State/Province: IL

Country: USA

### Professional References 3

Name: Hillary McLaren

Title: Assistant Professor

Email: hillary.mclaren@bsd.uchicago.edu

City: Chicago

Zip Code: 60637

Organization Name: University of Chicago

Phone No: 7737026118

Street Address:

State/Province: IL

Country: USA

### Certifications and Licensing Exams

United States Medical Licensing Examination (USMLE)

USMLE Step 1 Date Passed (MM/YYYY): 05/2017

USMLE Step 2 Date Passed (MM/YYYY): 11/2018



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USMLE Step 3 Date Passed (MM/YYYY): 11/2021

Do you want to request an exemption:

**Professional Liability Insurance**

Do you currently have liability insurance?: Yes

Insurance Provider: [REDACTED]

Policy Number: [REDACTED]

Insurance Issue Date: Fri Jun 21 00:00:00 GMT 2019

Insurance Expiration Date: Thu Jul 31 00:00:00 GMT 2025

Coverage: Limit 3,000,000

Providers Address: 5841 S Maryland Avenue MC1132, Chicago IL 60637

**Professional Practice Questions**

- 1 Regardless of the outcome, have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)? No
- 2 Is any license you now hold under investigation or being challenged? No
- 3 Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization? No
- 4 Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked? No
- 5 Have you, for any reason, ever been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program? No
- 6 Have you, for any reason, ever been placed on probation or remediation by a medical school or PGT program? No
- 7 Have you, for any reason, ever taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)? No
- 8 For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges? No
- 9 Have you ever agreed to limit or not to exercise your clinical privileges while under investigation? No
- 10 Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action? No
- 11 Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff? No
- 12 Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider? No
- 13 Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians? No
- 14 Have you ever been denied professional liability insurance coverage? No
- 15 Has your professional liability insurance carrier ever excluded any procedures from your coverage? No
- 16 Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? If yes, please complete the attached Malpractice History form (link to form) for each case. No
- 17 Have you ever been reported to the National Practitioner Data Bank (NPDB)? No
- 18 Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g. convicted, acquitted, dismissed, vacated, sealed, expunged, appealed? (Court Documents) No
- 19 In the past five years, have you been mandatorily enrolled in a Physician Health Program or have you been told that to maintain your license you must enroll in a PHP? [REDACTED]
- 20 Are you currently out of compliance with a judgment and order for child support in New Mexico? No



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**Payment**

<b>Fee Name</b>	<b>Fee Amount</b>
Application Fee	400.00
<b>Total fee amount:</b>	<b>400.00</b>

**Uploaded Documents**

<b>Exam Transcript</b>	Wascher, Jocelyn Marie-TR-USMLE-2025-07-16-1
<b>Passport Quality Photo</b>	Jocelyn Wascher
<b>American Medical Association (AMA) Profile</b>	No files to display.
<b>Federation of State Medical Boards (FSMB) Profile</b>	No files to display.
<b>HSC profile</b>	Wascher_Jocelyn_74885_Examination_20250530
	No files to display.
<b>Curriculum Vitae</b>	JocelynWascherCV

**Attestation/Oath**

**Applicant's Oath**

I hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.

Applicant's Name: Jocelyn Wascher

Date: 04/22/2025

**Application Attestation**



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I attest that will limit my practice to areas in which I am competent to practice. I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC. I have reviewed the completed form and the information it contains is complete and accurate. I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes. I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times.

This disclaimer outlines the terms and conditions pertaining to the potential revision of payments following the submission of an application, contingent upon the date of submission. By submitting your application, you expressly acknowledge and agree to the following terms:

1. **Payment Structure:** The payment associated with the application is subject to potential revision based on the date of submission after the fact. The exact payment amount applicable at the time of submission shall be outlined in the relevant payment documentation.
2. **Date-Dependent Adjustment:** The payment revision, if applicable, will be determined solely based on the date of submission of the application. Different payment tiers or rates may be established based on specific submission periods.
3. **Notification of Revision:** In the event that a payment revision occurs, the applicant will be duly notified of the revised payment amount before any further processing of the application takes place. Notification will be provided through the contact information provided by the applicant during the submission process.
4. **Acceptance of Revised Payment:** Upon receiving notice of a payment revision, the applicant shall have the option to either accept the revised payment and proceed with the application process, or decline the revision and withdraw the application without any obligation.
5. **Documentation and Records:** All records of payment revisions, notifications, and responses from the applicant will be maintained securely and can be made available upon request.
6. **No Further Claims:** By choosing to proceed with the application after being notified of a payment revision, the applicant waives any right to dispute the revised payment amount, provided that such notification has been given in compliance with this disclaimer.
7. **Entire Agreement:** This disclaimer constitutes the entire agreement between the applicant and the relevant entity regarding payment revisions based on the submission date, superseding any prior understandings or agreements, whether oral or written.

By submitting the application, you affirm that you have read, understood, and agreed to the terms and conditions outlined in this disclaimer. It is recommended that you carefully review this disclaimer and seek legal counsel if you have any concerns before proceeding with the application.

This disclaimer is subject to change without prior notice and is effective as of the date of your application submission.

Applicant's Name: Jocelyn Wascher

Date: 04/22/2025

**Jocelyn M. Wascher**

**CONTACT INFORMATION**

Email: [REDACTED]  
Work Email: [REDACTED]  
Cell Phone: [REDACTED]

**WORK ADDRESS**

University of Chicago  
Department of Obstetrics and Gynecology  
5481 S Maryland Avenue Chicago, IL 60637

**EDUCATION**

2023-Present	University of Chicago Obstetrics and Gynecology Complex Family Planning Fellowship
2024-Present	MacLean Center for Clinical Medical Ethics Fellowship
2023-Present	Master Of Science in Public Health Sciences for Clinical Professionals, University of Chicago
2019-2023	University of Chicago Obstetrics and Gynecology Residency Program
2015-2019	The University of Chicago Pritzker School of Medicine, Doctor of Medicine
2013-2014	Bryn Mawr College Certificate in Post-Baccalaureate Premedical Studies
2007-2011	Skidmore College Bachelor of Arts in English Literature, summa cum laude, Phi Beta Kappa

**HONORS AND AWARDS**

2021	Ryan Program Resident Award for Excellence in Family Planning, Chicago, IL
2019	Gold Humanism Honor Society Member, Pritzker School of Medicine, Chicago, IL
2016	Honorable Mention for Excellence, Summer Research Symposium, Pritzker School of Medicine, Chicago, IL
2015-2019	Dean's Promise Scholarship, Pritzker School of Medicine, Chicago, IL

**PROFESSIONAL SOCIETY MEMBERSHIPS**

2021 - Present	Society of Family Planning, Junior Member
2019 - Present	American College of Obstetricians and Gynecologists, Junior Member
2024 - Present	American Society for Bioethics and Humanities

**PUBLICATIONS**

Rivlin K, Bornstein M, Wascher J, Norris A, Norris AH, Howard D. State Abortion Policy and Moral Distress among Abortion Providers Post Dobbs. JAMA Network Open: In press.

Premkumar A, Manthena V, Wascher J, Wanyonyi EK, Johnson C, Vuppalahadham L, Chor J, Plunkett BA, Ryan I, Mbah O, Lee J, Barker E, Laursen L, McCloskey LR, York SL. Duration of Induction of Labor for Second-Trimester Medication Abortion and Adverse Outcomes. Obstetrics & Gynecology. July 2024.

Wascher J, Hazra A, Fisher AR. Sexual Health for Transgender and Gender Diverse Individuals: Routine Examination, Sexually-Transmitted Infection Screening, and Prevention. Obstetrics and Gynecology Clinics of North America. June 2024; 51(2):405-424.

Boulware A, Wascher J, Wong Z, Hasselbacher L, Chen J, Freedman L, Stulberg D. Missed Opportunities in Postpartum Contraception: Bridging the Gaps for Patients Who Deliver at Catholic Hospitals in Illinois. Reproductive, Female and Child Health. February 2024; 75(3): e75.

Wascher J, Rivlin K, Chor J. Moral Distress in the Wake of Abortion Restrictions in the USA. International Federation of Gynecology and Obstetrics (FIGO). December 2023. <https://www.igo.org/news/moral-distress-wake-abortion-restrictions-usa>.

Wascher JM, Stulberg DB, Freedman LR. Restrictions on Reproductive Care at Catholic Hospitals: A Qualitative Study of Patient Experiences and Perspectives. AJOB Empirical Bioethics, October 2020; 11(4): 257-267.

Wingo EE, Wascher JM, Stulberg DB, Freedman LR. Anticipatory Counseling About Miscarriage Management in Catholic Hospitals: A Qualitative Exploration of Women's Preferences. *Perspectives on Sexual and Reproductive Health*. September 2020; 52(3):171-179.

Wascher J, Hebert L, Freedman L, Stulberg D. Do Women Know Whether Their Hospital is Catholic?: Results from a National Survey. *Contraception*, December 2018; 98(6): 498-503.

Cohen SB, Flato R, Wascher J, Watson R, Salminen M, O'Brien D, Tjoumakaris F, Ciccotti M. Incidence and Characterization of Hypoesthesia in the Distribution of the Infrapatellar Branch of the Saphenous Nerve after Anterior Cruciate Ligament Reconstruction: A Prospective Study of Patient-Reported Numbness. *Journal of Knee Surgery*, July 2018; 31(6): 585-590.

Kane PW, Wascher J, Dodson CC, Hammoud S, Cohen SB, Ciccotti MG. Anterior Cruciate Ligament Reconstruction with Bone-Patellar Tendon-Bone Autograft versus Allograft in Skeletally Mature Patients Aged 25 years or Younger. *Knee Surgery, Sports Traumatology, Arthroscopy*, November 2016; 24 (11): 3627-3633.

Aleem AW, Syed UA, Wascher J, Zoga AC, Close K, Abboud JA, Cohen SB. Functional Outcomes After Bilateral Arthroscopic Rotator Cuff Repair. *Journal of Shoulder and Elbow Surgery*, October 2016; 25 (10): 1668-73.

Cohen SB, Pandarinath R, O'Hagan T, Marchetto PA, Hyatt A, Wascher J, Deluca PF. Results of ACL reconstruction with tibial Retroscrew fixation: Comparison of clinical outcomes and tibial tunnel widening. *The Physician and Sports Medicine*, May 2015; 43 (2): 138-142.

#### **POSTER/ORAL PRESENTATIONS**

Ulrich C, Buchbinder M, Wascher J, Howard D. Panel Presentation: Investigating Moral Distress in the Reproductive Healthcare Workforce post *Dobbs* (September 2024). American Society for Bioethics and Humanities (ASBH) Annual Meeting; St. Louis, MO.

Wascher J. Reproductive Justice Interest Group Panel Presentation: Reproductive Justice after *Dobbs*: Stories from a Surge State (September 2024). American Society for Bioethics and Humanities (ASBH) Annual Meeting; St. Louis, MO.

Wascher J, Howard D, Taylor T, Bornstein M, Norris A, Rivlin K (May 2024). "Disheartened and Powerless": How Abortion Providers Discuss Moral Distress under *Dobbs*. Association of Obstetrics and Gynecology (ACOG) Annual Meeting; San Francisco, CA.

Klugman J, Hennessey C, McLaren H, Bhardwaj N, Wascher J, Chor J (May 2024). Ethics Education in Complex Family Planning Fellowship Programs. National Abortion Federation Annual Meeting; Washington, D.C.

Wascher J and Dude A (March 2024). Unintended Pregnancy, Preterm Delivery and Low Birth Weight. Society for Reproductive Investigation (SRI) Annual Meeting; Vancouver, Canada.

Premkumar A, Manthena V, Wascher J, Barker E, Laursen L, McCloskey L, Michalski J (February 2024). Is Duration of Labor during Induction Termination Associated with Adverse Maternal Outcomes? Society of Maternal Fetal Medicine (SMFM) Annual Meeting; Baltimore, MD.

Wascher J, Cline B, Prasad M, McQueen D (2023, October). Insurance Coverage and Perceptions of Fertility Treatment in OB/GYN Residency. American Society of Reproductive Medicine (ASRM) Annual Meeting; New Orleans, LA.

Wascher J, Power R, Bonus M, Zamah A, Boots C, McQueen D (2021, October). The Egg Factor: Does Maternal Age Impact the Risk of Embryonic Aneuploidy of Paternal Chromosomes. American Society of Reproductive Medicine (ASRM) Annual Meeting; Baltimore, MD.

Power R, Wascher J, Hughes L, Boots C, McQueen D (2021, October). Relationship Between Length of Gonadotropin Stimulation for In Vitro Fertilization and Embryonic Aneuploidy of Maternal Origin. American Society of Reproductive Medicine (ASRM) Annual Meeting; Baltimore, MD.

Wascher, Jocelyn (2016, November). Patient Awareness of Religious Restrictions at Catholic Hospitals. 2016 North American Primary Care Research Group (NAPCRG) Annual Meeting; Colorado Springs, CO.

Stulberg D, Wascher J, Geng C, Freedman L.(2017, October). Do Women Know When Their Hospital is Catholic and How This Affects Their Care? Findings from the patient awareness of religious restrictions at Catholic hospitals (PARRCH) national survey. North American Forum on Family Planning; Atlanta, GA.

### **PEER REVIEW FOR PUBLICATIONS**

2024- Present Ad-hoc reviewer for Obstetrics and Gynecology  
2024-Present Ad-hoc reviewer for Women's Health Initiative

### **INSTITUTIONAL SERVICES**

2022 - 2023 Academic Chief  
- Chief in charge of resident learning and didactics.  
- Led effort to create advocacy curriculum for residents

2021-2022 Co-Chair of Residency Recruitment  
- Led resident involvement in the recruitment and interview season for 2021-2022

2020-2021 ACOG Junior Representative  
- Represented our residency program in ACOG district  
- Attended Congressional Leadership Conference 2022

2015-2019 Co-Chair/Member, Medical Students 4 Choice  
- Organized student events such as lectures, fundraisers for the Chicago Abortion Fund, skills training seminars for doula and perinatal loss support.

2015-2016 Co-Chair, Ob/Gyn Interest Group

### **TEACHING EXPERIENCE/INVITED SPEAKING OPPORTUNITIES**

2023-Present Clinical Medical Ethics Assistant Instructor, University of Chicago School of Medicine  
2023-Present Values Clarification Instructor for OB/GYN Interns, University of Chicago School of Medicine  
2023-Present Loyola TEACH (Teaching Everything About Contraception) Educator for OB/GYN Residents  
2023-Present University of Chicago Medical Student Educator (Abortion and Contraception)  
Spring 2024 Post placental IUD workshop for AMITA Residents  
2019 Peer Educator, Reproductive Health Elective, University of Chicago School of Medicine  
2018 Peer Educator, Human Anatomy, University of Chicago Pritzker School of Medicine

### **WORK EXPERIENCE**

2014-2015 Research Fellow at Rothman Orthopedics, Philadelphia, PA  
- Recruited participants and administered questionnaires for clinical research trials  
- Organized departmental projects and meetings for residents and attendings

2012-2013 Medical Assistant, Reiter, Hill, Johnson and Nevin OBGYN Associates

**COMMUNITY SERVICE**

- 2018-2019 Co-Leader, Sexual Health and Relationships Education (SHARE)  
- Designed and taught curriculum for eighth graders at a Chicago charter school
- 2016-2019 Future Voices Council Member, Chicago, IL  
- Organized political awareness events to promote reproductive justice in Illinois
- 2015-2019 Volunteer, Community Health Clinic, Chicago, IL  
- Clinic and lab volunteer, fourth year mentor to first year volunteers





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

**Recipient:** NEW MEXICO MEDICAL BOARD

**Date:** 07/16/2025

**Examinee:** Wascher, Jocelyn Marie

**Examinee ID:** [REDACTED]

**Alt Name(s):** Wascher, Jocelyn

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

## USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/01/2017	Pass	247	(192)	

## USMLE STEP 2

### *Clinical Knowledge (CK)*

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/26/2018	Pass	251	(209)	

### *Clinical Skills (CS)*

Test Date	Pass/Fail	Comments
11/13/2018	Pass	

## USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/08/2021	Pass	225	(198)	

### End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

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

**Examinee:** Wascher, Jocelyn Marie

**Examinee ID:** [REDACTED]  
**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 1 AND STEP 2 CLINICAL SKILLS (CS)

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

## ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

**Indeterminate** - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Incomplete** - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

**Irregular Behavior** - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Score Not Available** - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

## ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

## PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

*This document was printed from a secure website and accurately reflects score information maintained by the FSMB.*



Credentials Verification Services
Provider Profile



New Mexico Medical Board
Examination

DocCode: 74885 Jocelyn Marie Wascher MD

SSN [redacted] DOB: [redacted] Application Received Date: 04/22/2025 Start Date: 05/05/2025
Release Signature Date: 04/22/2025 Shipped Date: 05/30/2025
Attestation Signature Date: 04/22/2025 Next Appt:

Home Address:

[redacted]

Mailing Address:

Phone: [redacted]
Languages spoken by practitioner: [redacted]

NPI: [redacted]
UPIN:
Medicaid:
Medicare:
State Tax ID:
Fed Tax ID:

\* EDUCATION

Transcript - Graduate From: 8/2015 To: 6/2019
Degree: Doctor of Medicine Type: Graduate Graduation: 2019
Specialty: Verification Received: 05/07/2025
The University of Chicago Pritzker School of Medicine From: 8/2015 To: 6/2019
Degree: Doctor of Medicine Type: Graduate Graduation: 2019
Specialty: Verification Received: 05/07/2025
University of Chicago Hospital From: 7/2019 To: 6/2023
Degree: Residency Type: Residency Graduation: 2023
Specialty: Obstetrics/Gynecology Verification Received: 05/29/2025
University of Chicago Hospital From: 8/2023 To: 7/2025
Degree: Fellowship Type: Fellowship Graduation: 2025
Specialty: Family Studies Verification Received: 05/30/2025

\* LICENSES

State: IL License#: 036.160289 Issue Date: 04/18/2022 Expiration: 07/31/2026
Status: Current and in good standing Lic Type: Medicine Verification Received: 05/06/2025
State: IL License#: 125074365 Issue Date: 05/29/2019 Expiration: 06/23/2022
Status: Cancelled Lic Type: Medicine Verification Received: 05/06/2025

\* REFERENCES

Julie Chor MD Chicago, IL Verification Received: 05/09/2025
Hillary McLaren MD Chicago, IL Verification Received: 05/20/2025
Katherine Rivlin MD Chicago, IL Verification Received: 05/19/2025

\* PROFESSIONAL PRACTICE QUESTIONS See Application: No



**HSC**

efficient<sup>™</sup>

**Credentials Verification Services  
Provider Profile**

<b>New Mexico Medical Board</b>
<b>Examination</b>



DocCode: 74885

Jocelyn Marie Wascher MD

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**HSC Use Only**

**Reviewed by:** Martin Caller

**Date:** 05/30/2025

**Comments:**



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Physician Application



Applying for Telemedicine Licensure?

Applying for first ever Full Physician License in any state?

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

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

Date of Application: 4/24/2025      Application Fee: \$400.00  
PayPal Confirmation: No PayPal confirmation      TOTAL: \$400.00

Name: Jocelyn Marie Wascher  
Title: MD      Other:      Maiden or Other Names Used

What are your NM practice plans?      Not Provided

Gender: Female      Citizenship: United States      Place of Birth: District of Columbia  
Social Security Number: [REDACTED]      Date of Birth: [REDACTED]  
State Tax ID#:       Pending      Fed. Tax ID#:       Pending  
Medicare#:       Pending      Medicaid #:       Pending  
Unique Physician Identification Number (UPIN):       Pending  
National Provider Identifier Number (NPI): [REDACTED]       Pending

**Home Address**

Street Address: [REDACTED]  
City, State/Province and Zipcode: [REDACTED]  
Country: United States  
Telephone Number:      Pager Number:  
Email: jocelyn.[REDACTED]      Fax:  
Cell Phone Number: [REDACTED]      Spouse's Name (Optional):

**Credentials Correspondence Address**

Department:  
Street Address: [REDACTED]  
City, State/Province and Zipcode: [REDACTED]  
Country: United States      Email: [REDACTED]  
Telephone Number:      Facsimile Number:

**Military Service**

Branch:      Type of Discharge:  
Dates: From:      To:       Current      Rank:

**Immigration**

Status:      Certification Number:

**ECFMG (Educational Commission for Foreign Medical Graduates)**

Number (if applicable):      Date Issued:      (Please attach a copy of your ECFMG certificate)

**Languages**

Foreign Languages (spoken fluently by practitioner):

**Certifications**

ACLS CERTIFICATION      ATLS CERTIFICATION      PALS CERTIFICATION



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Physician Application



Certified? [ ] Yes [x] No
Expires:

Certified? [ ] Yes [x] No
Expires:

Certified? [ ] Yes [x] No
Expires:

HOSPITAL AND HEALTHCARE AFFILIATIONS

- [ ] Are you a PCP? [ ] Do you deliver babies? [ ] Are you an MD, DO, or DPM?

If you answered yes to any question above, you must:

- (a) Have admitting privileges at a hospital (list below) OR
(b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.
[ ] Do you have courtesy or consulting privileges at this facility.
[ ] If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

Facility Name: The University of Chicago Medical Center (Chicago, IL) [ ] Is this your primary admitting facility
Department:
Street Address: 5841 S Maryland Ave
City: Chicago State/Province: IL Zip Code: 60637
Country: United States
Phone Number: 773-702-3559 Facsimile:
Appointment Dates From: 07/2019 To: 07/2025 [ ] Present
Type of Appointment: Active

WORK HISTORY

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Organization: University of Chicago Hospital From: 08/2023 To: 07/2025 [ ] Present
Department:
Street Address: Unknown
City: Chicago State/Province: IL Zip Code: 60637
Country: United States Phone Number:
Contact: Fax Number:
Type of Practice: Active

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

Organization: University of Chicago Hospital From: 07/2019 To: 06/2023 [ ] Present
Department:
Street Address: Unknown



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Physician Application



City: Chicago State/Province: IL Zip Code: 60637  
Country: United States Phone Number:  
Contact: Fax Number:  
Type of Practice: Active

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

Work history gap explanations follow:  
From: 7/1/2023 To: 8/1/2023 Explanation: Month between residency and fellowship, used to study for written board exam and traveling.

**PRACTICE LOCATIONS**

Group Name: Effective Date:  
Department:  
Street Address:  
City: State/Province: Zip Code:  
Country:  
Phone Number: Facsimile Number:  
Email Address: Answering Service Number:  
Foreign Languages (spoken fluently at practice):  
Office Manager or Contact Person: Phone:

**Billing Address**

Contact Person: Tax ID #:  
Department:  
Street Address:  
City: State/Province: Zip Code:  
Country:  
Phone Number: Facsimile Number:  
Practice Associates (if applicable): Call Coverage (if applicable):  
/

What are the office hours for your Practice or Group Practice? (Provide days/hours):  
What provisions have been made for after hours?:

**CONTINUING EDUCATION**

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.





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Physician Application



Table with 3 columns: Part/Step 1 Date Passed, Part/Step 2 Date Passed, Part/Step 3 Date Passed. Rows include LMCC, NBME (MD Only), NBOE (DO Only), COMPLEX (DO Only), and USMLE with specific dates.

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration: [ ] N/A

State Controlled Substance Registration (CSR): [ ] N/A

EDUCATION

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Fellowship
Institution: University of Chicago Hospital
Department:
Street Address: Unknown
City: Chicago
Country: United States
Degree Earned: FEL - Fellowship
If teaching appointment: Department/Position
Dates Attended: From: 8/2023 To: 7/2025
State/Province: IL Zip Code: 60637
Graduation Date: 2025 or Specialty: None Selected

Degree Level: Residency
Institution: University of Chicago Hospital
Department:
Street Address: Unknown
City: Chicago
Country: United States
Degree Earned: RES - Residency
If teaching appointment: Department/Position
Dates Attended: From: 7/2019 To: 6/2023
State/Province: IL Zip Code: 60637
Graduation Date: 2023 or Specialty: None Selected



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Physician Application



Degree Level: Graduate

Institution: The University of Chicago Pritzker School of Medicine

Dates Attended:

Department: Office of the Registrar

From: 8/2015

Street Address: 924 E 57th Street Room 104

To: 6/2019

City: Chicago

State/Province: IL

Zip Code: 60637

Country: United States

Graduation Date: 2019

Degree Earned: MD - Doctor of Medicine

or Specialty: None Selected

If teaching appointment: Department/Position

Degree Level: Undergraduate

Institution: Skidmore College

Dates Attended:

Department:

From: 9/2007

Street Address: Unknown

To: 5/2011

City: Saratoga Springs

State/Province: NY

Zip Code: 12866

Country: United States

Graduation Date: 2011

Degree Earned: MD - Doctor of Medicine

or Specialty: None Selected

If teaching appointment: Department/Position

**SPECIALTY BOARD CERTIFICATIONS**

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

**MEDICAL MALPRACTICE INSURANCE**

**Do you have current medical malpractice insurance?**     Yes     No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.



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Physician Application



**PROFESSIONAL PRACTICE QUESTIONS**

*Read carefully before answering questions.*

- A. You must answer all questions. You must provide explanatory information –
  - for any “yes” answer to questions numbered 1-16 and
  - for any “no” answer to questions numbered 17-21.

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

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

**Licensing & Professional Membership**

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

**Education**

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

**Privileges/Appointments**

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

**Insurance/Health Care Plans**

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

**Liability**

- |    |  |                              |  |
|----|--|------------------------------|--|
| 9  | Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians?                                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10 | Have you ever been denied professional liability insurance coverage?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11 | Has your professional liability insurance carrier ever excluded any procedures from your coverage?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12 | Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**If yes, please complete the attached Malpractice History Form for each case.**

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

**Ethics/Impairment**

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



The New Mexico Physician and Practitioner  
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Physician Application



15 In the past five years, have you been mandatorily enrolled in a Physician Health Program or have you been told that to maintain your license you must enroll in a PHP? [REDACTED]

All licensees may access NMHPWP services. Unless you are mandatorily enrolled in a Physician Health Program, you are encouraged to access NMHPWP on a voluntary basis, which will not be reported to the Board as long as the licensee is not a danger to the public or themselves. For your wellbeing and for the wellbeing of your patients, the Board encourages you to seek care.

16 Are you currently out of compliance with a judgment and order for child support in New Mexico?  Yes  No

**Attestations**

17 I attest I will limit my practice to areas in which I am competent to practice.  Yes  No

18 I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC.  Yes  No

19 I attest I have reviewed the completed form and the information it contains is complete and accurate.  Yes  No

20 I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes.  Yes  No

21 I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times.  Yes  No

***If you answered "YES" to questions 1-16, and/or "NO" to questions 17-21, please provide a detailed written explanation for each of those answers with this application.***



**PROFESSIONAL PRACTICE QUESTIONS**

*Read carefully before answering questions.*

- A. You must answer all questions. You must provide explanatory information –
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  - for any “no” answer to questions numbered 17-21.

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

**Licensing & Professional Membership**

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

**Education**

- |     |   |                              |  |
|-----|---|------------------------------|--|
| 4   | Have you, for any reason, ever  |                              |  |
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**Privileges/Appointments**

- |     |   |                              |  |
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**Insurance/Health Care Plans**

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

**Liability**

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

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

**Ethics/Impairment**

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



15 In the past five years, have you been mandatorily enrolled in a Physician Health Program or have you been told that to maintain your license you must enroll in a PHP?

Yes  No

All licensees may access NMHPWP services. Unless you are mandatorily enrolled in a Physician Health Program, you are encouraged to access NMHPWP on a voluntary basis, which will not be reported to the Board as long as the licensee is not a danger to the public or themselves. For your wellbeing and for the wellbeing of your patients, the Board encourages you to seek care.

16 Are you currently out of compliance with a judgment and order for child support in New Mexico?  Yes  No

**Attestations**

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19 I attest I have reviewed the completed form and the information it contains is complete and accurate.  Yes  No

20 I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes.  Yes  No

21 I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times.  Yes  No

*If you answered "YES" to questions 1-16, and/or "NO" to questions 17-21, please provide a detailed written explanation for each of those answers with this application.*

**Jocelyn M. Wascher**

**CONTACT INFORMATION**

Email: [REDACTED]  
Work Email: [REDACTED]  
Cell Phone: [REDACTED]

**WORK ADDRESS**

University of Chicago  
Department of Obstetrics and Gynecology  
5481 S Maryland Avenue Chicago, IL 60637

**EDUCATION**

2023-Present University of Chicago Obstetrics and Gynecology Complex Family Planning Fellowship  
2024-Present MacLean Center for Clinical Medical Ethics Fellowship  
2023-Present Master Of Science in Public Health Sciences for Clinical Professionals, University of Chicago  
2019-2023 University of Chicago Obstetrics and Gynecology Residency Program  
2015-2019 The University of Chicago Pritzker School of Medicine, Doctor of Medicine  
2013-2014 Bryn Mawr College Certificate in Post-Baccalaureate Premedical Studies  
2007-2011 Skidmore College Bachelor of Arts in English Literature, summa cum laude, Phi Beta Kappa

**HONORS AND AWARDS**

2021 Ryan Program Resident Award for Excellence in Family Planning, Chicago, IL  
2019 Gold Humanism Honor Society Member, Pritzker School of Medicine, Chicago, IL  
2016 Honorable Mention for Excellence, Summer Research Symposium, Pritzker School of Medicine, Chicago, IL  
2015-2019 Dean's Promise Scholarship, Pritzker School of Medicine, Chicago, IL

**PROFESSIONAL SOCIETY MEMBERSHIPS**

2021 - Present Society of Family Planning, Junior Member  
2019 - Present American College of Obstetricians and Gynecologists, Junior Member  
2024 - Present American Society for Bioethics and Humanities

**PUBLICATIONS**

Rivlin K, Bornstein M, Wascher J, Norris A, Norris AH, Howard D. State Abortion Policy and Moral Distress among Abortion Providers Post Dobbs. JAMA Network Open: In press.

Premkumar A, Manthena V, Wascher J, Wanyonyi EK, Johnson C, Vuppalahdham L, Chor J, Plunkett BA, Ryan I, Mbah O, Lee J, Barker E, Laursen L, McCloskey LR, York SL. Duration of Induction of Labor for Second-Trimester Medication Abortion and Adverse Outcomes. Obstetrics & Gynecology. July 2024.

Wascher J, Hazra A, Fisher AR. Sexual Health for Transgender and Gender Diverse Individuals: Routine Examination, Sexually-Transmitted Infection Screening, and Prevention. Obstetrics and Gynecology Clinics of North America. June 2024; 51(2):405-424.

Boulware A, Wascher J, Wong Z, Hasselbacher L, Chen J, Freedman L, Stulberg D. Missed Opportunities in Postpartum Contraception: Bridging the Gaps for Patients Who Deliver at Catholic Hospitals in Illinois. Reproductive, Female and Child Health. February 2024; 75(3): e75.

Wascher J, Rivlin K, Chor J. Moral Distress in the Wake of Abortion Restrictions in the USA. International Federation of Gynecology and Obstetrics (FIGO). December 2023. <https://www.igo.org/news/moral-distress-wake-abortion-restrictions-usa>.

Wascher JM, Stulberg DB, Freedman LR. Restrictions on Reproductive Care at Catholic Hospitals: A Qualitative Study of Patient Experiences and Perspectives. AJOB Empirical Bioethics, October 2020; 11(4): 257-267.

Wingo EE, Wascher JM, Stulberg DB, Freedman LR. Anticipatory Counseling About Miscarriage Management in Catholic Hospitals: A Qualitative Exploration of Women's Preferences. *Perspectives on Sexual and Reproductive Health*. September 2020; 52(3):171-179.

Wascher J, Hebert L, Freedman L, Stulberg D. Do Women Know Whether Their Hospital is Catholic?: Results from a National Survey. *Contraception*, December 2018; 98(6): 498-503.

Cohen SB, Flato R, Wascher J, Watson R, Salminen M, O'Brien D, Tjounmakaris F, Ciccotti M. Incidence and Characterization of Hypoesthesia in the Distribution of the Infrapatellar Branch of the Saphenous Nerve after Anterior Cruciate Ligament Reconstruction: A Prospective Study of Patient-Reported Numbness. *Journal of Knee Surgery*, July 2018; 31(6): 585-590.

Kane PW, Wascher J, Dodson CC, Hammoud S, Cohen SB, Ciccotti MG. Anterior Cruciate Ligament Reconstruction with Bone-Patellar Tendon-Bone Autograft versus Allograft in Skeletally Mature Patients Aged 25 years or Younger. *Knee Surgery, Sports Traumatology, Arthroscopy*, November 2016; 24 (11): 3627-3633.

Aleem AW, Syed UA, Wascher J, Zoga AC, Close K, Abboud JA, Cohen SB. Functional Outcomes After Bilateral Arthroscopic Rotator Cuff Repair. *Journal of Shoulder and Elbow Surgery*, October 2016; 25 (10): 1668-73.

Cohen SB, Pandarinath R, O'Hagan T, Marchetto PA, Hyatt A, Wascher J, Deluca PF. Results of ACL reconstruction with tibial Retroscrew fixation: Comparison of clinical outcomes and tibial tunnel widening. *The Physician and Sports Medicine*, May 2015; 43 (2): 138-142.

#### **POSTER/ORAL PRESENTATIONS**

Ulrich C, Buchbinder M, Wascher J, Howard D. Panel Presentation: Investigating Moral Distress in the Reproductive Healthcare Workforce post *Dobbs* (September 2024). American Society for Bioethics and Humanities (ASBH) Annual Meeting; St. Louis, MO.

Wascher J. Reproductive Justice Interest Group Panel Presentation: Reproductive Justice after *Dobbs*: Stories from a Surge State (September 2024). American Society for Bioethics and Humanities (ASBH) Annual Meeting; St. Louis, MO.

Wascher J, Howard D, Taylor T, Bornstein M, Norris A, Rivlin K (May 2024). "Disheartened and Powerless": How Abortion Providers Discuss Moral Distress under *Dobbs*. Association of Obstetrics and Gynecology (ACOG) Annual Meeting; San Francisco, CA.

Klugman J, Hennessey C, McLaren H, Bhardwaj N, Wascher J, Chor J (May 2024). Ethics Education in Complex Family Planning Fellowship Programs. National Abortion Federation Annual Meeting; Washington, D.C.

Wascher J and Dude A (March 2024). Unintended Pregnancy, Preterm Delivery and Low Birth Weight. Society for Reproductive Investigation (SRI) Annual Meeting; Vancouver, Canada.

Premkumar A, Manthena V, Wascher J, Barker E, Laursen L, McCloskey L, Michalski J (February 2024). Is Duration of Labor during Induction Termination Associated with Adverse Maternal Outcomes? Society of Maternal Fetal Medicine (SMFM) Annual Meeting; Baltimore, MD.

Wascher J, Cline B, Prasad M, McQueen D (2023, October). Insurance Coverage and Perceptions of Fertility Treatment in OB/GYN Residency. American Society of Reproductive Medicine (ASRM) Annual Meeting; New Orleans, LA.

Wascher J, Power R, Bonus M, Zamah A, Boots C, McQueen D (2021, October). The Egg Factor: Does Maternal Age Impact the Risk of Embryonic Aneuploidy of Paternal Chromosomes. American Society of Reproductive Medicine (ASRM) Annual Meeting; Baltimore, MD.

Power R, Wascher J, Hughes L, Boots C, McQueen D (2021, October). Relationship Between Length of Gonadotropin Stimulation for In Vitro Fertilization and Embryonic Aneuploidy of Maternal Origin. American Society of Reproductive Medicine (ASRM) Annual Meeting; Baltimore, MD.

Wascher, Jocelyn (2016, November). Patient Awareness of Religious Restrictions at Catholic Hospitals. 2016 North American Primary Care Research Group (NAPCRG) Annual Meeting; Colorado Springs, CO.

Stulberg D, Wascher J, Geng C, Freedman L.(2017, October). Do Women Know When Their Hospital is Catholic and How This Affects Their Care? Findings from the patient awareness of religious restrictions at Catholic hospitals (PARRCH) national survey. North American Forum on Family Planning; Atlanta, GA.

**PEER REVIEW FOR PUBLICATIONS**

2024-Present Ad-hoc reviewer for Obstetrics and Gynecology  
2024-Present Ad-hoc reviewer for Women's Health Initiative

**INSTITUTIONAL SERVICES**

2022 - 2023 Academic Chief  
- Chief in charge of resident learning and didactics.  
- Led effort to create advocacy curriculum for residents

2021-2022 Co-Chair of Residency Recruitment  
- Led resident involvement in the recruitment and interview season for 2021-2022

2020-2021 ACOG Junior Representative  
- Represented our residency program in ACOG district  
- Attended Congressional Leadership Conference 2022

2015-2019 Co-Chair/Member, Medical Students 4 Choice  
- Organized student events such as lectures, fundraisers for the Chicago Abortion Fund, skills training seminars for doula and perinatal loss support.

2015-2016 Co-Chair, Ob/Gyn Interest Group

**TEACHING EXPERIENCE/INVITED SPEAKING OPPORTUNITIES**

2023-Present Clinical Medical Ethics Assistant Instructor, University of Chicago School of Medicine  
2023-Present Values Clarification Instructor for OB/GYN Interns, University of Chicago School of Medicine  
2023-Present Loyola TEACH (Teaching Everything About Contraception) Educator for OB/GYN Residents  
2023-Present University of Chicago Medical Student Educator (Abortion and Contraception)  
Spring 2024 Post placental IUD workshop for AMITA Residents  
2019 Peer Educator, Reproductive Health Elective, University of Chicago School of Medicine  
2018 Peer Educator, Human Anatomy, University of Chicago Pritzker School of Medicine

**WORK EXPERIENCE**

2014-2015 Research Fellow at Rothman Orthopedics, Philadelphia, PA  
- Recruited participants and administered questionnaires for clinical research trials  
- Organized departmental projects and meetings for residents and attendings

2012-2013 Medical Assitant, Reiter, Hill, Johnson and Nevin OBGYN Associates

**COMMUNITY SERVICE**

- 2018-2019 Co-Leader, Sexual Health and Relationships Education (SHARE)  
- Designed and taught curriculum for eighth graders at a Chicago charter school
- 2016-2019 Future Voices Council Member, Chicago, IL  
- Organized political awareness events to promote reproductive justice in Illinois
- 2015-2019 Volunteer, Community Health Clinic, Chicago, IL  
- Clinic and lab volunteer, fourth year mentor to first year volunteers

HSC

4/24/2025

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

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

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

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

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

**Signature stamps and date stamps are not acceptable.**

**THIS RELEASE MUST BE SIGNED BY THE PRACTITIONER AND IS NOT VALID IF SIGNED ON THEIR BEHALF.**

By clicking here, I attest that I am the applicant named below:

Signed by:

*Jocelyn Marie Wascher*

9C1F14DA18F441A...

Applicant Signature

Jocelyn Marie wascher

4/22/2025

Printed Name

Date

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

Hospital Services Corporation  
Credentials Verification Services  
Toll Free: (866) 908-0070 x2006  
Facsimile: (505) 346-0287

**Email: [Credentialing@nmhsc.com](mailto:Credentialing@nmhsc.com)**

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

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

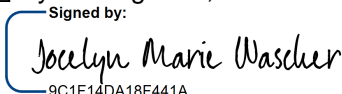
This authorization is limited to the acquisition and disclosure of information required by state or federal law, and information which is acquired or disclosed pursuant to activities protected by the state's Review Organizational Immunity Act and the Health Care Quality Improvement Act of 1986.

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

**Signature stamps and date stamps are not acceptable.**

**THIS RELEASE MUST BE SIGNED BY THE PRACTITIONER AND IS NOT VALID IF SIGNED ON THEIR BEHALF.**

By clicking here, I attest that I am the applicant named below:

Signed by:  


Applicant Signature

Jocelyn Marie wascher

Printed Name

4/22/2025

Date

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

Hospital Services Corporation  
Credentials Verification Services  
Toll Free: (866) 908-0070 x2006  
Facsimile: (505) 346-0287

**Email: [Credentialing@nmhsc.com](mailto:Credentialing@nmhsc.com)**

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

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# AMA Physician Initial Profile

PREPARED FOR  
New Mexico Medical Board, Santa Fe, NM

**Name and Mailing Address**

JOCELYN MARIE WASCHER  
UNIV OF CHICAGO  
M/C 2050  
5841 S MARYLAND AVE STE MC6051  
CHICAGO, IL 60637-1654

**Primary Office Address**

SAME AS MAILING ADDRESS

**Phone** UNKNOWN

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5/2/2025  
CVS

**Birth date** [REDACTED]

**Physician's major professional activity**

HOSPITAL BASED RESIDENTS - ALL YEARS

**Self-designated practice specialty**

COMPLEX FAMILY PLANNING (OBSTETRICS & GYNECOLOGY) (primary)  
UNSPECIFIED (secondary)

*Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership status** NON MEMBER

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All information from this point forward is provided by the primary source.

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**Current and/or historical National Provider Identifier (NPI) information**

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
[REDACTED]	03/29/2019	NOT RPTD	NOT RPTD	NOT RPTD	04/18/2025



### Current and/or historical medical school

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

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

**HSC** **School:** UNIV OF CHICAGO DIVISION OF BIOLOGICAL SCIENCES PRITZKER SCHOOL OF MEDICINE  
**5/2/2025**  
**CVS** **Degree Awarded:** YES **Degree Type:** MD  
**Enrollment Date:** 08/2015 **Degree Date:** 06/2019

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

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

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

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

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

**Sponsoring Institution:** UNIVERSITY OF CHICAGO MEDICAL CENTER  
**Sponsoring State:** ILLINOIS  
**Program name:** UNIVERSITY OF CHICAGO PROGRAM  
**Specialty:** COMPLEX FAMILY PLANNING (OBSTETRICS & GYNECOLOGY)  
**Training Type:** SUB-SPECIALTY  
**Dates:** 08/01/2023 - 07/31/2025  
**Status:** TRAINING IN PROGRESS

**Sponsoring Institution:** UNIVERSITY OF CHICAGO MEDICAL CENTER  
**Sponsoring State:** ILLINOIS



**Program name:** UNIVERSITY OF CHICAGO PROGRAM  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Training Type:** SPECIALTY  
**Dates:** 06/24/2019 - 06/30/2023  
**Status:** COMPLETED

**Specialty board certification**

NO DATA REPORTED AT THIS TIME

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5/2/2025  
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**Current and/or historical medical licensure**

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
036.160289	MD	IL	04/18/2022	07/31/2026		ACT	UNL	04/08/2025	JOCELYN WASCHER
125.074365	MD	IL	06/24/2019	06/23/2022		INA	RES	04/08/2025	Jocelyn Wascher

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

**Action notifications reported to the AMA**

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

**U.S. Drug Enforcement Administration (DEA)**

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
██████	C-0	██████	Active	05/31/2026	Paid	04/17/2025	University Of Chicago Rm J-141 5841 S Maryland Ave Ste MC6051 Chicago, IL 60637-1654

\* Only the last three characters of DEA numbers are displayed



† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

**ECFMG certification**

NOT APPLICABLE

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**Profile information**

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

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

**PRACTITIONER PROFILE**

Prepared for: New Mexico Medical Board As of Date:5/2/2025

**PRACTITIONER INFORMATION**

Name: Wascher, Jocelyn Marie  
 Alternate Name(s): Wascher, Jocelyn  
 DOB: [REDACTED]  
 Medical School: University of Chicago Pritzker School of Medicine  
 Chicago, Illinois, UNITED STATES  
 Year of Grad: 2019  
 Degree Type: MD  
 NPI: [REDACTED]

**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
[REDACTED]	Individual			05/20/2020

**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ILLINOIS	125074365	05/29/2019	06/23/2022	04/28/2025
FSMB License Status: Canceled				
ILLINOIS	036160289	04/18/2022	07/31/2026	04/28/2025
FSMB License Status: Active				

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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:5/2/2025  
Practitioner Name: Wascher, Jocelyn Marie

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**ABMS® CERTIFICATION HISTORY**

No ABMS Certifications found.

**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

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Disclaimer: The licensure and disciplinary information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation of State Medical Boards provides this primary source information as a Credentials Verification Organization (CVO) in accordance with standards set by NCQA and the Joint Commission. Any questions regarding the above data should be directed to the reporting board or reporting agency.



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

**PROFESSIONAL RECOMMENDATION**

The New Mexico Board of Medical Examiners requires the completion of this Professional Recommendation by a physician or a Chief of Staff or a Department chief with whom the practitioner has worked and who has personal knowledge of the practitioner's character and competence to practice medicine. This form is required as part of the practitioner's application for licensure. All elements in the section below must be completed. The lower half of the form may be used for narrative comment. Please provide all information in your files, favorable or otherwise, so that it may be considered by the New Mexico Board of Medical Examiners.

Applicant: Jocelyn Marie Wascher MD  
 Date of Birth: [REDACTED]

Reference: Julie Chor MD  
 Unknown  
 Chicago, IL 60637

**ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PRACTITIONER**  
 The information on this form is NOT a public document but may be released to the applicant upon request.

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1. Date and type of services: This individual served with me as Complex Family Planning Fellow  
 From: (month/year) 8/2023 To: (month/year) 7/2025 at (location) University of Chicago

2. Please evaluate: (Please indicate with a check mark)	Poor	Fair	Good	Superior
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Recommendation: (Please indicate with a check mark)

Recommend highly and without reservation	<input checked="" type="checkbox"/>
Recommend as qualified and competent	<input type="checkbox"/>
Recommend with some reservation (explain)	<input type="checkbox"/>
Concerns (explain)	<input type="checkbox"/>

Explanation: No reservation based on my long-standing knowledge & experience with her.

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). we would appreciate your comments.

Explanation: Strong fund of knowledge, clinical skills, research skills, academic proff. No notable weaknesses.

5. The above report is based on: (Please indicate with a check mark)

Close personal observation	<input checked="" type="checkbox"/>
General impression	<input type="checkbox"/>
A composite of evaluations	<input type="checkbox"/>
Other	<input type="checkbox"/>

Name (Please Print): Julie Chor

Date: 5/9/25

Signature: [Signature]

License#: 036120191 Title: Program Director

Please return this information to the attention of:

Phone: 773-834-0165

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







Illinois Department of Financial and  
Professional Regulation

## Lookup Detail View

### Contact

#### Contact Information

Name	City/State/Zip	DBA / AKA
Jocelyn Marie Wascher MD	Chicago, IL 60637	

### License

#### License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036160289	LICENSED PHYSICIAN AND SURGEON	ACTIVE	04/18/2022	05/29/2023	07/31/2026	N

### Other Licenses

#### Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
125074365	TEMPORARY MEDICAL PERMIT	CANCELLED	05/29/2019	06/24/2019	06/23/2022	N
33*****27	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V )	ACTIVE	09/18/2023	09/18/2023	07/31/2026	N

Generated on: 5/6/2025 5:03:02 PM



Illinois Department of Financial and  
Professional Regulation

## Lookup Detail View

### Contact

#### Contact Information

Name	City/State/Zip	DBA / AKA
Jocelyn Marie Wascher MD	Chicago, IL 60637	

### License

#### License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036160289	LICENSED PHYSICIAN AND SURGEON	ACTIVE	04/18/2022	05/29/2023	07/31/2026	N

### Other Licenses

#### Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
125074365	TEMPORARY MEDICAL PERMIT	CANCELLED	05/29/2019	06/24/2019	06/23/2022	N
33*****27	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V )	ACTIVE	09/18/2023	09/18/2023	07/31/2026	N

Generated on: 5/6/2025 5:03:02 PM



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

**MEDICAL EDUCATION VERIFICATION**

The University of Chicago Pritzker School of Medicine  
 Office of the Registrar  
 924 E 57th Street Room 104  
 Chicago, IL 60637

Re: Jocelyn Marie Wascher MD  
 Other names:  
 Doctor of Medicine  
 SSN: [REDACTED] Grad Year: 2019

**DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL INSTRUCTIONS:**

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

**APPLICANT'S EDUCATIONAL DEGREE AND DATE AWARDED HISTORY**

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If name of institution was different from the above named institution when applicant attended, please enter name:

**Enrollment and Participation:** Our records indicate that Jocelyn Marie Wascher MD attended our medical school on the following dates (indicate the month, day and year in the section below):

Attendance Dates:		From	To	From	To
		8/11/15	6/10/16	7/12/18	6/15/19
		9/19/16	6/19/17	/ /	/ /
		6/26/17	6/17/18	/ /	/ /

The applicant attended 164 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and:

Check one:  Was awarded a degree in MEDICINE (MD) on 6/15/19  
 Was NOT awarded degree. Please explain reason(s): \_\_\_\_\_

**Unusual Circumstances:** The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. **All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.**

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Michael McGinty  
 Signature  
Michael McGinty  
 Print name  
Registrar  
 Title  
5/7/2025  
 Date

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

**This form will not be accepted unless it is stamped with the institutional seal. Thank you for helping us process this application for licensure.**

Please complete this form and forward it to:

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

HSC  
 5/7/2025  
 CVS 74885

**Pritzker School of Medicine**



*Michael McGarity*

**Degrees Awarded**

Degree: Doctor of Medicine  
 Confer Date: 06/15/2019  
 M.D. in Medicine

**Academic Program History**

Program: Pritzker School of Medicine  
 Start Quarter: Summer 2015  
 Current Status: Active in Program  
 M.D. in Medicine

**External Education**

Skidmore College  
 Saratoga Springs, New York  
 Bachelor of Arts 2011

**Beginning of Pritzker School of Medicine Record**

Summer 2015				
Course	Description	Attempted	Earned	Grade
MEDC 30010	Scholarship and Discovery: 1A	25	25	P
MEDC 60403	Health Care Disparities in America: Exploring HC in our Community	25	25	P
ORGB 30001	The Human Body	125	125	P
Autumn 2015				
Course	Description	Attempted	Earned	Grade
MEDC 30000	Clin Skills 1a: Communications	50	50	P
MEDC 30203	Cells, Molecules and Genes	200	200	P
MEDC 30710	The American Healthcare System	50	50	P
Winter 2016				
Course	Description	Attempted	Earned	Grade
MEDC 30020	Scholarship and Discovery 1B: Introduction to Medical Evidence	25	25	P
MEDC 30400	Clin Skills 1b: Communication	25	25	P
MEDC 30403	Tissues: Cell and Organ Physiology	200	200	P
MEDC 30800	Doctor/Patient Relationship	50	50	P

Spring 2016

Course	Description	Attempted	Earned	Grade
EMED 30400	Intro: Emergency Medicine	50	50	P
MEDC 30003	Summer Research Prep	50	50	P
MEDC 30600	Clin Skills 1c: Communication	50	50	P
MICR 35900	Microbiology: Medical Biology	100	100	P
OBYG 30010	Reproductive Hlth: Clin/Pub Hlth Aspects of Contracept/Abortion	50	50	P
PATH 30100	Cell Pathology/Immunology	100	100	P

Autumn 2016

Course	Description	Attempted	Earned	Grade
MEDC 30004	Clin Skills 2a: Physical Diagnosis	50	50	P
MEDC 30777	Pharmacology	50	50	P
NEUR 30500	Medical Neurobiology	150	150	P
PATH 30210	Clinical Pathophysiology and Therapeutics I	200	200	P
PSCR 30500	Human Behavior:Health & Ill	50	50	P

Winter 2017

Course	Description	Attempted	Earned	Grade
MEDC 30005	Clin Skills 2b: Phy Dx	125	125	P
PATH 30220	Clinical Pathophysiology and Therapeutics II	300	300	P

Spring 2017

Course	Description	Attempted	Earned	Grade
MEDC 30220	Scholarship and Discovery 2	100	100	P

Summer 2017

Course	Description	Attempted	Earned	Grade
FMED 30300	Junior Clerkship: Family Medicine	125	125	H*
NURL 30300	Junior Clerkship: Neurology	125	125	HP*
PSCR 30300	Junior Clerkship: Psychiatry	125	125	H*

Autumn 2017

Course	Description	Attempted	Earned	Grade
OBYG 30300	Junior Clerkship: OB/GYN	150	150	H*
PEDS 30300	Junior Clerkship: Pediatrics	150	150	HP*

Winter 2018

Course	Description	Attempted	Earned	Grade
MEDC 30300	Junior Clerkship: Internal Medicine	300	300	HP*

Spring 2018

Course	Description	Attempted	Earned	Grade
MEDC 40000	CS3: Clinical Performance Experience	25	25	P
SURG 30300	Junior Clerkship: Surgery	300	300	HP*

Summer 2018

Course	Description	Attempted	Earned	Grade
MEDC 58800	Subinternship Prep Course	25	25	P
OBYG 38005	Sub-Internship in Maternal-Fetal Medicine-NorthShore	150	150	P
OBYG 42000	Family Planning and Contraceptive Research	150	150	P

HSC  
 5/7/2025  
 CVS

**Pritzker School of Medicine**

Autumn 2018			Attempted	Earned	Grade
Course	Description				
MEDC 30002	PE: Clinical Skills 1A: Communication		75	75	P
MEDC 69500	Vignettes In Physiology		150	150	P
Winter 2019			Attempted	Earned	Grade
Course	Description				
EMED 31200	Emergency Medicine-UCMC		150	150	P
MEDC 30405	PE Clinical Skills 1B: Communication		125	125	P
Spring 2019			Attempted	Earned	Grade
Course	Description				
MEDC 40120	Scholarship & Discovery: Scholarly Project		300	300	P
MEDC 75000	Senior Scientific		100	100	P



*Michael McGinty*

Effective Summer Quarter 2016, Pritzker School of Medicine core clerkships, annotated with an asterisk, are eligible for the following grades: H, HP, P, I, F.

- H\* = Honors
- HP\* = High Pass
- P\* = Pass
- I\* = Incomplete
- F\* = Fail

All other courses for the MD degree are eligible for P/F only.

**End of Pritzker School of Medicine**





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

**POSTGRADUATE TRAINING VERIFICATION**

University of Chicago Hospital  
 Medical Staff Office/GME  
 924 E 57th St #104  
 Chicago, PA 60637  
 8746632660

Re: Jocelyn Marie Wascher MD  
 Other names:  
 Fellowship  
 SSN: [REDACTED] Grad Year: 2025

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

This is to certify that: Jocelyn Marie Wascher MD undertook and satisfactorily completed a full term approved program of  
     (number) months at University of Chicago Hospital 924 E 57th St #104 Chicago, PA 60637  
 in the field of Gynecologic Oncology from 8/1/2023 (mo/day/yr) to 7/1/2025 (Date/Anticipated Date)

1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada? Yes  No
2. Was applicant ever placed on probation, restricted, or limited? Yes  No  if yes, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? Yes  No  If yes, please attach written explanation.
4. Were applicant's final evaluations in every category rated satisfactory? Yes  No  If no, please attach written explanation.

Gabriel Frieson  
 Print name of person completing this form

*Gabriel Frieson*  
 Signature

5/30/2025  
 Date



\_\_\_\_\_  
 Signature of Notary Date

My commission expires: \_\_\_\_\_

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

Please complete this form and forward it to:

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