

4201165846

Davidson, Autumn Shoshauna

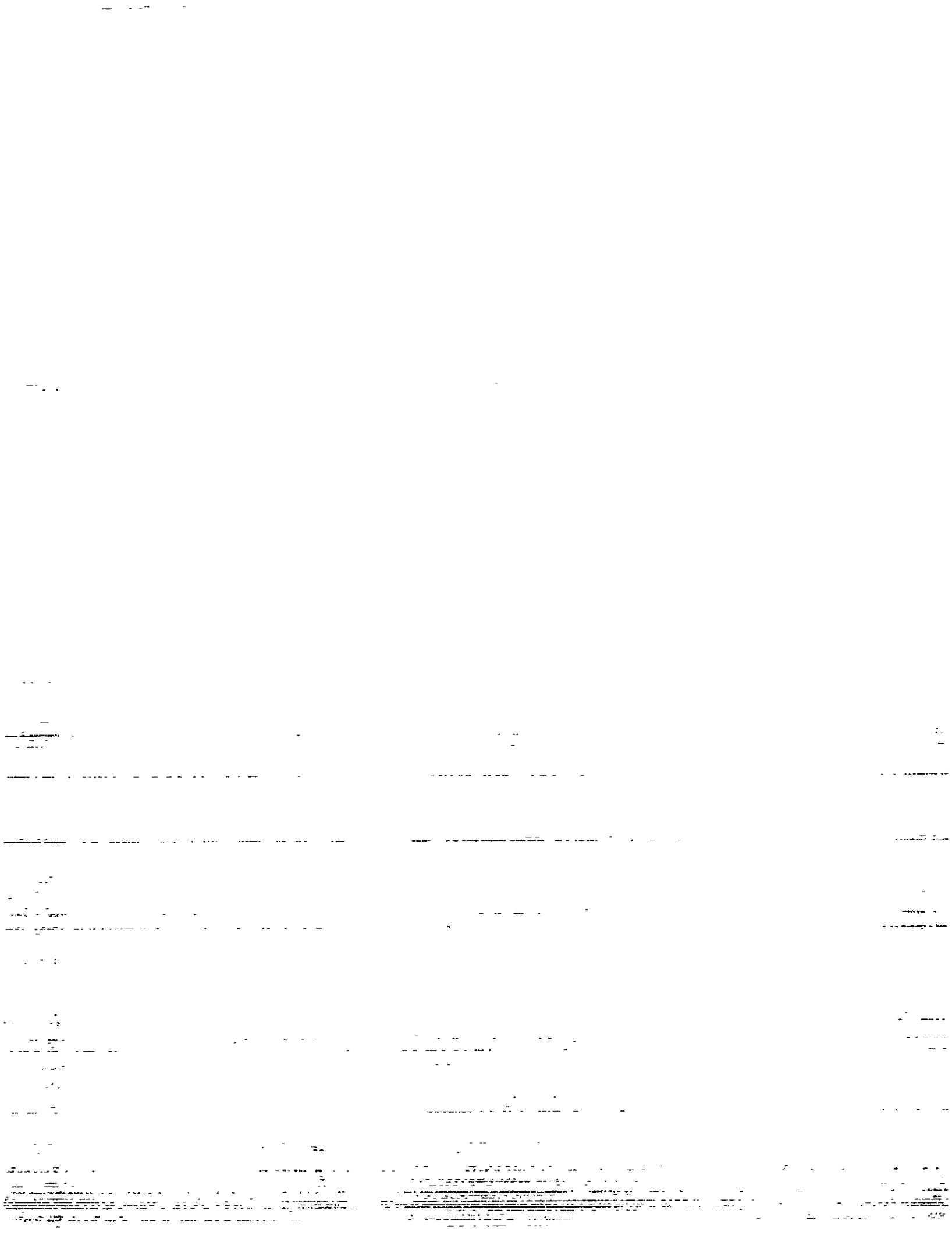
Medical Doctor

April 23, 2014

Fee ☒
App ☒
Med Ed ☒
PGT ☒
Exam Scores ☒
ECFMG ☒
HESP APT ☒
CBC ☒

WILSON

7/14



Board of Medicine

P.O. Box 30192

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

APPLICATION FOR MEDICAL DOCTOR LICENSURE
BY ENDORSEMENTAuthority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539)

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

☒ License by Endorsement Fee: \$150.00 71-4301-09
(Must currently be licensed in another state)

☒ Controlled Substance Fee: \$85.00 43-01 71-5315-3757

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Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Legal First Name Autumn	Legal Middle Name Shoshauna	Legal Last Name Davidson
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Phone Number (401) 644-7812
Street Address 1630 W Summerdale Ave. #3		
City Chicago	State IL	ZIP Code 60640
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Michigan Health Professional Permanent I.D. Number and Expiration Date

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Tran Info: 430109 19554568-1 4/23/14
Chk#: 6480 Amt: \$150.00
ID: [REDACTED]

Tran Info: 430137 19554568-2 4/23/14
Chk#: 6480 Amt: \$65.00
ID: [REDACTED]

License Number

10538416

Date of Licensure

6/3/14

Tran Info: 430157 19554568-3 4/23/14

Chk#: 6480 Amt: \$20.00

ID: [REDACTED]

Department of Medicine
The University of Chicago
Chicago, Illinois 60637

APPLICATION FOR MEDICAL DOCTOR LIC. IN IL
STATE OF ILLINOIS

NAME: [REDACTED]

DATE: [REDACTED]

TYPE OF PRACTICE:
FAMILY PHYSICIAN OR OTHER SPECIALTY:

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Phone: [REDACTED]

Signature: [REDACTED]

Witness: [REDACTED]

Date: [REDACTED]

Chief of Department: [REDACTED] and of the College of Physicians and Surgeons of the State of Illinois

for the purpose of practicing medicine with the State of Illinois

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Name Autumn Davidson

9. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privilege involuntarily modified?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. Do you hold or have you ever held a permanent medical license in any state, U.S. Territory or Canadian Province? If yes, list the state(s) U.S. Territory or Province in which you hold or have held a medicine license, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each licensing agency verify licensure directly to this board office. (Attach additional sheets, if necessary)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
State, U.S. Territory or Province	License Number	Date of Issue	How obtained (Endorsement or examination)
Massachusetts	237548	June, 2008	Examination
Illinois	036.130015	June, 2012	Examination

Provide a complete chronological record of your educational preparation.
Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance From To		Degree
Dartmouth Medical School 1 Rope Ferry Rd, Hanover, NH 03755	2003	2005	N/A
Alpert Medical School, Brown University 222 Richmond St, Providence, RI 02903	2005	2008	MD

Provide a description of your professional medical experience.
Attach additional sheets if necessary.


Name and Address of Employer	Dates of Practice From To		Duties
UMass Memorial Medical Center 119 Belmont St. Worcester, MA 01605	7/2008	6/2012	OB-GYN Resident Physician
University of Chicago Medical Center 5841 S Maryland Ave. Chicago, IL 60637	7/2012	Present	Fellow in Family Planning
Metrosouth Medical Center 12935 S. Gregory St., Blue Island, IL 60406	11/2012	Present	Part-time OB-Gyn Hospitalist covering labor and delivery and gynecology

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant 	Date 4-18-14
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gives a good idea of the general character of the work. The work is done in a very systematic and thorough manner, and the results are of great value to the community. The work is done in a very systematic and thorough manner, and the results are of great value to the community.

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$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

המחיר של המוצר הנמכר הוא 10 שקלים, והמחיר של המוצר הנרכש הוא 5 שקלים. המחיר של המוצר הנמכר הוא 10 שקלים, והמחיר של המוצר הנרכש הוא 5 שקלים.

5, 'e', 'it'

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1745

1. If α is a root of \mathfrak{g} , then α is a root of \mathfrak{g} .

1. *Chlorophyll a* (Chl *a*)
 2. *Chlorophyll b* (Chl *b*)
 3. *Chlorophyll c* (Chl *c*)
 4. *Chlorophyll d* (Chl *d*)
 5. *Chlorophyll e* (Chl *e*)
 6. *Chlorophyll f* (Chl *f*)
 7. *Chlorophyll g* (Chl *g*)
 8. *Chlorophyll h* (Chl *h*)
 9. *Chlorophyll i* (Chl *i*)
 10. *Chlorophyll j* (Chl *j*)
 11. *Chlorophyll k* (Chl *k*)
 12. *Chlorophyll l* (Chl *l*)
 13. *Chlorophyll m* (Chl *m*)
 14. *Chlorophyll n* (Chl *n*)
 15. *Chlorophyll o* (Chl *o*)
 16. *Chlorophyll p* (Chl *p*)
 17. *Chlorophyll q* (Chl *q*)
 18. *Chlorophyll r* (Chl *r*)
 19. *Chlorophyll s* (Chl *s*)
 20. *Chlorophyll t* (Chl *t*)
 21. *Chlorophyll u* (Chl *u*)
 22. *Chlorophyll v* (Chl *v*)
 23. *Chlorophyll w* (Chl *w*)
 24. *Chlorophyll x* (Chl *x*)
 25. *Chlorophyll y* (Chl *y*)
 26. *Chlorophyll z* (Chl *z*)
 27. *Chlorophyll aa* (Chl *aa*)
 28. *Chlorophyll ab* (Chl *ab*)
 29. *Chlorophyll ac* (Chl *ac*)
 30. *Chlorophyll ad* (Chl *ad*)
 31. *Chlorophyll ae* (Chl *ae*)
 32. *Chlorophyll af* (Chl *af*)
 33. *Chlorophyll ag* (Chl *ag*)
 34. *Chlorophyll ah* (Chl *ah*)
 35. *Chlorophyll ai* (Chl *ai*)
 36. *Chlorophyll aj* (Chl *aj*)
 37. *Chlorophyll ak* (Chl *ak*)
 38. *Chlorophyll al* (Chl *al*)
 39. *Chlorophyll am* (Chl *am*)
 40. *Chlorophyll an* (Chl *an*)
 41. *Chlorophyll ao* (Chl *ao*)
 42. *Chlorophyll ap* (Chl *ap*)
 43. *Chlorophyll aq* (Chl *aq*)
 44. *Chlorophyll ar* (Chl *ar*)
 45. *Chlorophyll as* (Chl *as*)
 46. *Chlorophyll at* (Chl *at*)
 47. *Chlorophyll au* (Chl *au*)
 48. *Chlorophyll av* (Chl *av*)
 49. *Chlorophyll aw* (Chl *aw*)
 50. *Chlorophyll ax* (Chl *ax*)
 51. *Chlorophyll ay* (Chl *ay*)
 52. *Chlorophyll az* (Chl *az*)
 53. *Chlorophyll aza* (Chl *aza*)
 54. *Chlorophyll abz* (Chl *abz*)
 55. *Chlorophyll aca* (Chl *aca*)
 56. *Chlorophyll acb* (Chl *acb*)
 57. *Chlorophyll acc* (Chl *acc*)
 58. *Chlorophyll acd* (Chl *acd*)
 59. *Chlorophyll ace* (Chl *ace*)
 60. *Chlorophyll acf* (Chl *acf*)
 61. *Chlorophyll acg* (Chl *acg*)
 62. *Chlorophyll ach* (Chl *ach*)
 63. *Chlorophyll aci* (Chl *aci*)
 64. *Chlorophyll acj* (Chl *acj*)
 65. *Chlorophyll ack* (Chl *ack*)
 66. *Chlorophyll acl* (Chl *acl*)
 67. *Chlorophyll acm* (Chl *acm*)
 68. *Chlorophyll acn* (Chl *acn*)
 69. *Chlorophyll aco* (Chl *aco*)
 70. *Chlorophyll acp* (Chl *acp*)
 71. *Chlorophyll acq* (Chl *acq*)
 72. *Chlorophyll acr* (Chl *acr*)
 73. *Chlorophyll acs* (Chl *acs*)
 74. *Chlorophyll act* (Chl *act*)
 75. *Chlorophyll acu* (Chl *acu*)
 76. *Chlorophyll acv* (Chl *acv*)
 77. *Chlorophyll acw* (Chl *acw*)
 78. *Chlorophyll acx* (Chl *acx*)
 79. *Chlorophyll acy* (Chl *acy*)
 80. *Chlorophyll acz* (Chl *acz*)
 81. *Chlorophyll azaa* (Chl *aza*
 82. *Chlorophyll abz* (Chl *abz*)
 83. *Chlorophyll aca* (Chl *aca*)
 84. *Chlorophyll acb* (Chl *acb*)
 85. *Chlorophyll acc* (Chl *acc*)
 86. *Chlorophyll acd* (Chl *acd*)
 87. *Chlorophyll ace* (Chl *ace*)
 88. *Chlorophyll acf* (Chl *acf*)
 89. *Chlorophyll acg* (Chl *acg*)
 90. *Chlorophyll ach* (Chl *ach*)
 91. *Chlorophyll aci* (Chl *aci*)
 92. *Chlorophyll acj* (Chl *acj*)
 93. *Chlorophyll ack* (Chl *ack*)
 94. *Chlorophyll acl* (Chl *acl*)
 95. *Chlorophyll acm* (Chl *acm*)
 96. *Chlorophyll acn* (Chl *acn*)
 97. *Chlorophyll aco* (Chl *aco*)
 98. *Chlorophyll acp* (Chl *acp*)
 99. *Chlorophyll acq* (Chl *acq*)
 100. *Chlorophyll acr* (Chl *acr*)
 101. *Chlorophyll acs* (Chl *acs*)
 102. *Chlorophyll act* (Chl *act*)
 103. *Chlorophyll acu* (Chl *acu*)
 104. *Chlorophyll acv* (Chl *acv*)
 105. *Chlorophyll acw* (Chl *acw*)
 106. *Chlorophyll acx* (Chl *acx*)
 107. *Chlorophyll acy* (Chl *acy*)
 108. *Chlorophyll acz* (Chl *acz*)
 109. *Chlorophyll azaa* (Chl *aza*
 110. *Chlorophyll abz* (Chl *abz*)
 111. *Chlorophyll aca* (Chl *aca*)
 112. *Chlorophyll acb* (Chl *acb*)
 113. *Chlorophyll acc* (Chl *acc*)
 114. *Chlorophyll acd* (Chl *acd*)
 115. *Chlorophyll ace* (Chl *ace*)
 116. *Chlorophyll acf* (Chl *acf*)
 117. *Chlorophyll acg* (Chl *acg*)
 118. *Chlorophyll ach* (Chl *ach*)
 119. *Chlorophyll aci* (Chl *aci*)
 120. *Chlorophyll acj* (Chl *acj*)
 121. *Chlorophyll ack* (Chl *ack*)
 122. *Chlorophyll acl* (Chl *acl*)
 123. *Chlorophyll acm* (Chl *acm*)
 124. *Chlorophyll acn* (Chl *acn*)
 125. *Chlorophyll aco* (Chl *aco*)
 126. *Chlorophyll acp* (Chl *acp*)
 127. *Chlorophyll acq* (Chl *acq*)
 128. *Chlorophyll acr* (Chl *acr*)
 129. *Chlorophyll acs* (Chl *acs*)
 130. *Chlorophyll act* (Chl *act*)
 131. *Chlorophyll acu* (Chl *acu*)
 132. *Chlorophyll acv* (Chl *acv*)
 133. *Chlorophyll acw* (Chl *acw*)
 134. *Chlorophyll*

100 90 80 70 60 50 40 30 20 10 0

1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735

Provide a description of your research.

י"ח תמוז ה'תשנ"ח

$$J_1 = \begin{pmatrix} 1 & 0 \\ 0 & 1 \end{pmatrix}, \quad J_2 = \begin{pmatrix} 1 & 0 \\ 0 & 0 \end{pmatrix}, \quad J_3 = \begin{pmatrix} 0 & 1 \\ 0 & 0 \end{pmatrix}, \quad J_4 = \begin{pmatrix} 0 & 0 \\ 0 & 0 \end{pmatrix}.$$

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15.104 15.12 15.13 15.14

2011 10 10 10:10:10

Case No.	Age	Sex	Site of Origin	Stage	Survival
1	65	M	Colon	IV	10 months
2	72	F	Colon	IV	12 months
3	68	M	Colon	IV	18 months
4	70	F	Colon	IV	24 months
5	63	M	Colon	IV	30 months
6	71	F	Colon	IV	36 months
7	66	M	Colon	IV	42 months
8	73	F	Colon	IV	48 months
9	69	M	Colon	IV	54 months
10	74	F	Colon	IV	60 months
11	67	M	Colon	IV	66 months
12	75	F	Colon	IV	72 months
13	64	M	Colon	IV	78 months
14	76	F	Colon	IV	84 months
15	62	M	Colon	IV	90 months
16	77	F	Colon	IV	96 months
17	61	M	Colon	IV	102 months
18	78	F	Colon	IV	108 months
19	60	M	Colon	IV	114 months
20	79	F	Colon	IV	120 months

1911 - 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 25

1911 12 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1. *Staphylococcus aureus*

1991 11 15 15 20

AC:4T95J

1. The first part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to Charles McNary. The letter is a copy of a letter that was sent to the President of the Senate on January 1, 1901, and is a copy of a letter that was sent to the President of the Senate on January 1, 1901.

100 200 300 400 500 600 700 800 900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700 2800 2900 3000 3100 3200 3300 3400 3500 3600 3700 3800 3900 4000 4100 4200 4300 4400 4500 4600 4700 4800 4900 5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6100 6200 6300 6400 6500 6600 6700 6800 6900 7000 7100 7200 7300 7400 7500 7600 7700 7800 7900 8000 8100 8200 8300 8400 8500 8600 8700 8800 8900 9000 9100 9200 9300 9400 9500 9600 9700 9800 9900 10000 10100 10200 10300 10400 10500 10600 10700 10800 10900 11000 11100 11200 11300 11400 11500 11600 11700 11800 11900 12000 12100 12200 12300 12400 12500 12600 12700 12800 12900 13000 13100 13200 13300 13400 13500 13600 13700 13800 13900 14000 14100 14200 14300 14400 14500 14600 14700 14800 14900 15000 15100 15200 15300 15400 15500 15600 15700 15800 15900 16000 16100 16200 16300 16400 16500 16600 16700 16800 16900 17000 17100 17200 17300 17400 17500 17600 17700 17800 17900 18000 18100 18200 18300 18400 18500 18600 18700 18800 18900 19000 19100 19200 19300 19400 19500 19600 19700 19800 19900 20000 20100 20200 20300 20400 20500 20600 20700 20800 20900 21000 21100 21200 21300 21400 21500 21600 21700 21800 21900 22000 22100 22200 22300 22400 22500 22600 22700 22800 22900 23000 23100 23200 23300 23400 23500 23600 23700 23800 23900 24000 24100 24200 24300 24400 24500 24600 24700 24800 24900 25000 25100 25200 25300 25400 25500 25600 25700 25800 25900 26000 26100 26200 26300 26400 26500 26600 26700 26800 26900 27000 27100 27200 27300 27400 27500 27600 27700 27800 27900 28000 28100 28200 28300 28400 28500 28600 28700 28800 28900 29000 29100 29200 29300 29400 29500 29600 29700 29800 29900 30000 30100 30200 30300 30400 30500 30600 30700 30800 30900 31000 31100 31200 31300 31400 31500 31600 31700 31800 31900 32000 32100 32200 32300 32400 32500 32600 32700 32800 32900 33000 33100 33200 33300 33400 33500 33600 33700 33800 33900 34000 34100 34200 34300 34400 34500 34600 34700 34800 34900 35000 35100 35200 35300 35400 35500 35600 35700 35800 35900 36000 36100 36200 36300 36400 36500 36600 36700 36800 36900 37000 37100 37200 37300 37400 37500 37600 37700 37800 37900 38000 38100 38200 38300 38400 38500 38600 38700 38800 38900 39000 39100 39200 39300 39400 39500 39600 39700 39800 39900 40000 40100 40200 40300 40400 40500 40600 40700 40800 40900 41000 41100 41200 41300 41400 41500 41600 41700 41800 41900 42000 42100 42200 42300 42400 42500 42600 42700 42800 42900 43000 43100 43200 43300 43400 43500 43600 43700 43800 43900 44000 44100 44200 44300 44400 44500 44600 44700 44800 44900 45000 45100 45200 45300 45400 45500 45600 45700 45800 45900 46000 46100 46200 46300 46400 46500 46600 46700 46800 46900 47000 47100 47200 47300 47400 47500 47600 47700 47800 47900 48000 48100 48200 48300 48400 48500 48600 48700 48800 48900 49000 49100 49200 49300 49400 49500 49600 49700 49800 49900 50000 50100 50200 50300 50400 50500 50600 50700 50800 50900 51000 51100 51200 51300 51400 51500 51600 51700 51800 51900 52000 52100 52200 52300 52400 52500 52600 52700 52800 52900 53000 53100 53200 53300 53400 53500 53600 53700 53800 53900 54000 54100 54200 54300 54400 54500 54600 54700 54800 54900 55000 55100 55200 55300 55400 55500 55600 55700 55800 55900 56000 56100 56200 56300 56400 56500 56600 56700 56800 56900 57000 57100 57200 57300 57400 57500 57600 57700 57800 57900 58000 58100 58200 58300 58400 58500 58600 58700 58800 58900 59000 59100 59200 59300 59400 59500 59600 59700 59800 59900 60000 60100 60200 60300 60400 60500 60600 60700 60800 60900 61000 61100 61200 61300 61400 61500 61600 61700 61800 61900 62000 62100 62200 62300 62400 62500 62600 62700 62800 62900 63000 63100 63200 63300 63400 63500 63600 63700 63800 63900 64000 64100 64200 64300 64400 64500 64600 64700 64800 64900 65000 65100 65200 65300 65400 65500 65600 65700 65800 65900 66000 66100 66200 66300 66400 66500 66600 66700 66800 66900 67000 67100 67200 67300 67400 67500 67600 67700 67800 67900 68000 68100 68200 68300 68400 68500 68600 68700 68800 68900 69000 69100 69200 69300 69400 69500 69600 69700 69800 69900 70000 70

1. The first group of people who are interested in the results of the study are the researchers themselves. They want to know if the study was successful in achieving its objectives and if the data collected is reliable and valid. They also want to know if the study has contributed to the existing knowledge in the field and if it has any practical implications.



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Pat Quinn
Governor

Manuel Flores
Acting Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

Dept of Licensing/Regulatory Affairs
Michigan Board of Medicine
P O Box 30192
Lansing MI 48909

Licensee: AUTUMN SHASHAUNA DAVIDSON MD

License Number: 036.130015

Profession: LICENSED PHYSICIAN AND SURGEON

Date of Issuance: 04/09/2012

Expiration Date: 07/31/2014

License Status: ACTIVE

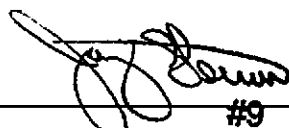
License Method: ACCEPT EXAM

Disciplinary History: Has not been disciplined

RECEIVED
MAY 30 2014
LARA

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.




#9

Jay Stewart
Director

Division of Professional Regulation

May 27, 2014
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.



DEVAL L. PATRICK
GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

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

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

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MAY 12 2014
LARA

Verification of Limited License

May 8, 2014

To Whom It May Concern:

This is to certify that Dr. Autumn S. Davidson has been granted a limited license number 237548 to serve as a Resident in Obstetrics and Gynecology and authority to practice medicine only at UMass Memorial Medical Center. Service at the hospital began on July 01, 2008 and expired on July 1, 2012.

Our files contain no derogatory information on this physician.

Staff Member, Board of Registration in Medicine
Karen Marotta

Seal

Please be advised that the above information is based entirely on examination of our open and closed complaint files, as well as post-1986 disciplinary actions. It is not based on a review of the application for licensure, renewal of licensure or any reports that the Board is required to receive by statute (from courts, insurers, hospitals, etc...).

[e/share/verifications/Limited-No]



Board of Medicine

P.O. Box 30192

Lansing, MI 48909

(517) 335-0918

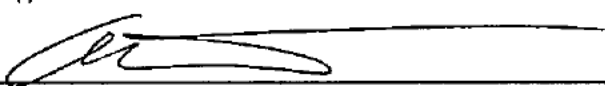
www.michigan.gov/healthlicense

CERTIFICATION OF POSTGRADUATE TRAININGAuthority: Public Act 368 of 1976, as amended
If this form is not completed, a license will not be issued**RECEIVED**
MAY 09 2014
LARA**INSTRUCTIONS TO APPLICANT:**

Complete Section I. Type or print your legal name exactly as it appears on your application. For completion of Section II, send this form to the Director of Medical Education where you completed your postgraduate training. This certification must be submitted directly to the Michigan Board of Medicine by the Director of Medical Education

SECTION I - APPLICANT INFORMATION

First Name Autumn	Middle Name Shoshauna	Last Name Davidson
Social Security Number [REDACTED]	Date of Birth [REDACTED]	
Street Address 1630 W Summerdale Ave. #3		
City Chicago	State IL	ZIP Code 60640
Daytime Telephone Number 401.644.7812	All Previous Names and/or Birth Name Used (if applicable)	

Signature of Applicant 	Date 4-18-14
---	-----------------

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DIRECTOR OF MEDICAL EDUCATION FOR COMPLETION OF SECTION II.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

TESTIFICATION OF POSTGRADUATE TRAINING

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

REC'DOMI 1501954 110503P

[illegible]

4

EDUCATION FOR COMPLETION OF SECTION II
APPLICANT UPON COMPLETION OF SECTION II, SEND THE DATA TO THE DIRECTOR OF



Name Autumn Davidson

TO BE COMPLETED BY THE DIRECTOR OF MEDICAL EDUCATION

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on Page 1 of this form.

SECTION II - CERTIFICATION OF POSTGRADUATE TRAINING

Name of Hospital <u>Umass Memorial Health Care</u> <u>University of Massachusetts</u>	
Street Address of Hospital <u>119 Belmont St, J2</u>	
City, State and ZIP Code <u>Worcester, MA 01605</u>	
I certify that <u>Autumn Davidson, MD</u> a graduate of the <small>(Applicant's Name)</small> <u>Warren Alpert Medical School of Brown University</u> medical school, has successfully completed postgraduate	
clinical training offered by the hospital named above from <u>07/01/2008</u> to <u>06/30/2012</u> <small>(Month/Day/Year) (Month/Day/Year)</small>	
in the clinical area of _____	
Is this an active training program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, or by the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div style="text-align: center;">  Signature of Director of Medical Education <u>Petra H. Belady MD</u> Print or Type Name of Director of Medical Education </div>	<div style="text-align: center;"> <u>4/30/14</u> Date of Signature  </div>
NOTE: Certification of Postgraduate Training will not be accepted if signed and submitted before actual completion.	

TO BE OBTAINED BY THE DIRECTOR OF THE

INSTRUCTIONS FOR COMPLETING SECTION II

1. The information in this section should be completed by the person who is responsible for the collection and analysis of the evidence.

SECTION II - CHECKLIST OF POSTGRADUATE TRAINING

1. Name of the person

2. Date of completion

3. Signature of the person

4. The information in this section should be completed by the person who is responsible for the collection and analysis of the evidence.

5. The information in this section should be completed by the person who is responsible for the collection and analysis of the evidence.

6. The information in this section should be completed by the person who is responsible for the collection and analysis of the evidence.

7. The information in this section should be completed by the person who is responsible for the collection and analysis of the evidence.

8. The information in this section should be completed by the person who is responsible for the collection and analysis of the evidence.

9.

10.

11. The information in this section should be completed by the person who is responsible for the collection and analysis of the evidence.

Michigan Department of Licensing and Regulatory Affairs

Board of Medicine

P.O. Box 30192

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS
LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR**

THE DOMINION OF CANADA

Authority: Public Act 369 of 1970, as amended
If this form is not completed, a license will not be issued

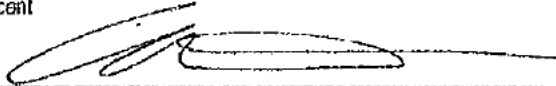
RECEIVED
MAY 1 2014
LARA

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your legal name exactly as it appears on your application. For Section II, send this form to be completed by the Dean of the medical school you attended. This certification must be submitted directly to the Michigan Board of Medicine by the medical school.

SECTION I - APPLICANT INFORMATION

First Name Autumn	Middle Name Shoshauna	Last Name Davidson
Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Telephone Number 401.644.7812
Street Address 1630 W Summerdale Ave. #3		
City Chicago	State IL	ZIP Code 60640
All Previous Names and/or Birth Name Used (if applicable)		
Date of Admission 7/2005	Date of Graduation 5/2008	

Signature of Applicant 	Date 5-1-14
---	----------------

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DEAN OF YOUR MEDICAL SCHOOL FOR COMPLETION OF SECTION II.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name Autumn Davidson

TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE MEDICAL SCHOOL

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on Page 1 of this form.

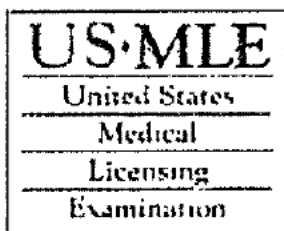
SECTION II - CERTIFICATION OF MEDICAL EDUCATION

Name of Medical School Alpert Medical School - Brown University		The Warren Alpert Medical School of Brown University Registration & Student Records 222 Richmond St., Box G-M1 Providence, RI 02912	
Street Address of Medical School 222 Richmond St.			
City, State and ZIP Code Providence, RI 02903			
I certify that <u>Autumn Davidson</u> attended the			
		(Applicant's Name)	
medical school named above from <u>7/5/05</u>		to <u>5/25/08 *</u>	
		(Month/Day/Year)	
and <u>was</u> will be granted the degree of <u>M.D. degree</u>		on	
<u>5/25/08</u>			
(Month/Day/Year)			
<u>Kathleen Chien</u>		<u>5-2-14</u>	
Signature of Dean or Registrar		Date of Signature	
Kathleen Chien Director, Medical School Administration & REGISTRAR		(SEAL)	
Print or Type Name of Dean or Registrar		If school has no seal, please indicate	

* Dr. Davidson was admitted as a member of the Brown/Dartmouth program, wherein the first two years of medical education are taken at Dartmouth Medical School, and the last two years are taken at The Warren Alpert Medical School of Brown University.

1. The first part of the report
2. The second part of the report
3. The third part of the report
4. The fourth part of the report
5. The fifth part of the report

1. The first part of the report
2. The second part of the report
3. The third part of the report
4. The fourth part of the report
5. The fifth part of the report



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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Date: 05/05/2014

Recipient:

Michigan Board of Medicine
ATTN: Carole Hakala Engle
611 W Ottawa
1st Floor
Lansing, MI 48933

Examinee: Davidson, Autumn
All Name(s): Davidson, Autumn Shashauna
Davidson, Autumn Shoshauna

Examinee ID#: 5-164-153-8
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. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
06/18/2005	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
03/25/2008	Pass	[REDACTED]	[REDACTED]	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
04/25/2008	Pass			

USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
MASSACHUSETTS	10/13/2009	Pass	[REDACTED]	[REDACTED]	

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

