

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

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

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

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

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

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

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

1. PROFESSION NAME <b>Temporary Physician</b>	2. PROFESSION CODE <b>1 2 5</b>	3. LICENSURE METHOD <b>Non-Examination</b>	4. FEE <b>\$100</b>
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> This is the first time I have made application for this profession in Illinois.  | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

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

1. NAME LAST FIRST MIDDLE <b>DEAN KATHRYN ELIZABETH</b>	2. TITLE (e.g., M.D., D.D.S., etc.) <b>M.D.</b>
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5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY <b>5841 S. Maryland Ave., M/C 1052 Chicago, IL</b>	ZIP CODE COUNTY <b>6 0 6 3 7 - 1 4 7 0 Cook</b>
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

10. AGE <b>26</b>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: ( **7 7 3** ) **7 0 2 - 6 7 6 0**  
(Area Code)

Fax: ( **7 7 3** ) **7 0 2 - 0 8 6 1**  
(Area Code)

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
(Area Code)

NAME (Last, First, MI):

DEAN KATHLEEN, E.

SS#:

Profession:

TEMPORARY  
PHYSICIAN**PART III: Education Information**

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

1 2 3 4 5 6 7 8 9 10 11 12

Graduated  
High School?☒ Yes ☐ No

Received

OR G.E.D.?

☐ Yes ☐ No2. NAME OF LAST PRELIMINARY SCHOOL  
ATTENDED3. LAST PRELIMINARY SCHOOL LOCATION  
(City and State)

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

1 2 3 4 5 6 7 8

Graduated?

☒ Yes ☐ No6. COLLEGE OR UNIVERSITY NAME  
(Undergraduate and Graduate)LOCATION  
(City and State or Country)DATES OF ATTENDANCE  
FROM TOTYPE OF  
DEGREE EARNED

DENISON UNIVERSITY

GRANVILLE, OH

Month/Year  
08/2003Month/Year  
05/2007

B.S.

FEINBERG SCHOOL OF MED  
NORTHWESTERN  
UNIVERSITY

CHICAGO, IL

08/2008

05/2012

M.D.  
PENDING

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

INSTITUTION NAME

LOCATION  
(City and State or Country)DATES OF ATTENDANCE  
FROM TODid You Complete  
Training?

Month/Year

Month/Year

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

NAME (Last, First, MI):

DEAN, KATHRYN, E.

SS#:

Profession:

TEMPORARY  
PHYSICIAN**PART IV: Record of Licensure Information**

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

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

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

**PART V: Record of Examination**

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

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
USMLE STEP 1	IL	06/10	
USMLE STEP 2 CS	IL	11/11	
USMLE STEP 2 CK	IL	11/11	

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

**PART VI: Personal History Information (This part must be completed by all applicants)****YES NO**

1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.
2. Have you been convicted of a felony?
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.

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

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

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


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

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

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

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

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

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

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

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

**PART IX: Certifying Statement**

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



Signature of Applicant

3/26/2012

Date

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

NAME (Last, First, MI):

DEAN, KATHRYN, E.

SS#:

Profession:

TEMPORARY  
PHYSICIAN

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

**CERTIFICATE OF ACCEPTANCE  
FOR  
SPECIALTY/RESIDENCY PROGRAM**

SUPPORTING DOCUMENT

**CA-MED**

**NOTE:** An applicant shall not commence specialty/residency training before he or the hospital/institution receives written notice of the approval of his application from the Department of Financial and Professional Regulation.

**APPLICANT:** Complete the applicant section of this form, then forward it to the hospital/institution that has accepted you for specialty/residency training, for completion of the remainder of the form.

1. NAME LAST FIRST MIDDLE

Dean, Kathryn E.

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

6. MAIDEN OR GIVEN SURNAME

Temporary Physician

1 2 5

Profession Name

Profession Code

**ADMINISTRATOR:** Complete the remainder of this form and return it to the applicant.

A. HOSPITAL/INSTITUTION NAME

University of Chicago Medical Center

B. BEGINNING DATE

06 / 24 / 2012  
Month Day Year

C. ENDING DATE

06 / 30 / 2013  
Month Day Year

D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE

5841 S. Maryland Ave., MC 1052, Chicago, IL 60637

E. SPECIALTY/RESIDENCY NAME

TRANSITIONAL YEAR

F. BUSINESS TELEPHONE NUMBER

Area Code ( 773 ) 702 — 6760

G. YEAR OF POSTGRADUATE TRAINING

1

I do hereby declare that the above named applicant will be accepted for specialty/residency training as indicated above if, subsequent to the evaluation of medical education and/or clinical skills by the Department of Financial and Professional Regulation, the applicant is found to be eligible for licensure.

SEAL

Signature of Program Director

SHASHI BELLAM, MD

Print Name of Program Director

PROGRAM DIRECTOR

Title

APRIL 4, 2012

Date

Student No: [REDACTED]  
Date Issued: 27-MAR-2012

# DENISON UNIVERSITY

## OFFICE OF THE REGISTRAR

Page: 1

Record of: Kathryn Elizabeth Dean  
Current Name: Kathryn Elizabeth Dean

Issued To:

Sherri Sachs  
University of Chicago Medical  
Office of Graduate Medical Edu  
5841 S Maryland Ave, MC-1052  
Chicago, IL 60637-1470

Course Level: Undergraduate

Current Program

Program : Biology Bachelor of Science  
Major : Biology  
Minor : Chemistry

Degrees Awarded Bachelor of Science 13-MAY-2007

Major : Biology  
Minor : Chemistry  
Honors: Summa Cum Laude  
Rank: 14/550  
Honors Program Graduate

SUBJ NO.	COURSE TITLE	CRED GRD	PTS
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TRANSFER CREDIT ACCEPTED BY DENISON:

Jun 05-Aug 05 School for Field Studies

BIOL 399	Tropical Reforestation	4.00	TS
Ehrs:	4.00	Att:	0.00 QPts: 0.00 GPA: 0.00

DENISON CREDIT:

Fall Semester 2003  
PreMedicine - Undeclared Major

CHEM 121	General Chemistry I		
DANC 242	Ballet II		
ECON 102	Intro Microeconomics		
FREN 111	Beg French I (Waiver)		
FYS 102	Theatre Artist & Work		
MATH 123	Calculus I		
CUR Ern:	18.00	Att:	18.00 QPts: 65.
CUM	18.00	18.00	65.

Dean's List

\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

SUBJ NO.	COURSE TITLE	CRED GRD	PTS
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## Spring Semester 2004

Biology

CHEM 122	General Chemistry II		
DANC 440	Repertory: Ballet		
FREN 112	Beginning French II		
FREN 211	Intermediate French (Waiver)		
FYS 101	Words and Ideas		
HNRS 194	Bioethics		
CUR Ern:	17.00	Att:	16.00 QPts: 62
CUM	35.00	34.00	128

Dean's List

## Fall Semester 2004

Biology

BIOL 150	Intro to Science of Biol		
CHEM 223	Organic Chemistry I		
CHEM 225	Organic Chemistry Lab		
COMM 239	Ethnicity & Racism Media		
DANC 440	Repertory: Ballet		
HNRS 167	Studies in Autobiography		
CUR Ern:	17.00	Att:	17.00 QPts: 64
CUM	52.00	51.00	192

Dean's List

## Spring Semester 2005

Biology

BIOL 201	Cell & Molecular Biology		
BIOL 202	Ecology and Evolution		
BLST 255	Ethnic Literature		
CHEM 224	Organic Chemistry II		
CUR Ern:	16.00	Att:	16.00 QPts: 62
CUM	68.00	67.00	255

Dean's List

\*\*\*\*\* CONTINUED ON PAGE 2 \*\*\*\*\*

Yadigar Collins, Registrar

DENISON UNIVERSITY  
Granville, OH 43023

**Accreditation:**

Denison is accredited by the North Central Association of Colleges and Secondary Schools, which was formed in 1913, and had Denison on its original list. Other agencies recognizing and approving Denison are The Ohio College Association, The Ohio State Department of Education, American Association of University Professors, American Association of University Women, Great Lakes Colleges Association, American Chemical Society, and the American Association of Colleges for Teacher Education.

**GRADUATION REQUIREMENTS — 1976 to Present**

127 semester hours of credit; concentration in one discipline or approved individually designed major; comprehensive examination or culminating learning experience over the work in the major; several courses from various areas of liberal arts; minimum cumulative GPA of 2.000 overall and in the major field.

**Grading Code — Beginning first semester 1976-1977 (not retroactive):**

Grade	Points per Credit hour	Quality of Work
A+	4.0	Excellent
A	4.0	
A-	3.7	
B+	3.3	
B	3.0	Good
B-	2.7	
C+	2.3	
C	2.0	Fair
C-	1.7	
D+	1.3	
D	1.0	Poor
D-	0.7	
F	0.0	Fall
S	0.0	Satisfactory without quality points (equal to "C" or higher)
U	0.0	Unsatisfactory
I	0.0	Incomplete (temporary)
NG	0.0	No grade reported
WP	0.0	Withdrawn passing—no credit
WF	0.0	Withdrawn failing - no credit; no effect on cumulative GPA
P	0.0	Pass without quality points
HP	0.0	High pass without quality points
PR		Course in progress (year course) (used for January Term only)
AU		Audit - no credit hrs.
CR		Academic Credit satisfactory but without quality points
X		Precedes a grade that was affected by academic misconduct

Good standing requires cumulative grade point average of 2.00 or better.

\*Advanced Placement Examination—credit if a numeral other than "0" appears in the credit hour column; waiver of the requirement if an "0" appears; no quality points.

\*\*Denison University Proficiency Examination—credit if a numeral other than "0" appears in the credit hour column; waiver of the requirement if an "0" appears; no quality points.

waiver of the requirement if an "0" appears; no quality points.



Student No: [REDACTED]  
Date Issued: 27-MAR-2012

# DENISON UNIVERSITY

## OFFICE OF THE REGISTRAR

Page: 2

Record of: Kathryn Elizabeth Dean Level: Undergraduate							
SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	SUBJ NO.	COURSE TITLE	CRED GRD PTS
Fall Semester 2005					Fall Semester 2006		
Biology					Biology		
BIOL 315	General Microbiology				BIOL 340	Animal Behavior	
DANC 342	Ballet III				BIOL 461	Honors Research	
MATH 124	Calculus II				CHEM 302	Biochemistry	
PHYS 121	General Physics I				DANC 430	Repertory: Mod/Contemp	
PHYS 121	General Physics I Lab				DANC 440	Repertory: Ballet	
POSC 202	Am Political Behav/Inst				HNRS 293	Titanic: Race/Class/Gend	
CUR Ern:	18.00	Att:	18.00	QPts:	Title for BIOL 461 01		
CUM	86.00		85.00	32	"Localizing Dominant Enhancers of		
Dean's List					trio Mutant Phenotype and Structur		
Spring Semester 2006					Assays of Neurotactin"		
Biology					CUR Ern:	17.50	Att: 16.00 QPts:
BIOL 300	Biology Assessment Exam				CUM	115.50	113.00 4
BIOL 320	Plant Systematics				Dean's List		
HNRS 286	Politics of East Europe				Spring Semester 2007		
PHYS 122	General Physics II				Biology		
PHYS 122	General Physics lab				BIOL 301	Biology Assessment II	
CUR Ern:	12.00	Att:	12.00	QPts:	BIOL 325	Genetics	
CUM	98.00		97.00	37	BIOL 462	Honors Research	
Dean's List					HNRS 166	Plagues & Peoples	
DU Internship Prog/Summer					Title for BIOL 462 01		
Biology					"Localizing Dominant Enhancers of		
INTD 030	DU Intern Prog/Catalog				trio Mutant Phenotype and Structur		
Title for INTD 030 02					Assays of Neurotactin"		
Maine Dartmouth Family Practice					CUR Ern:	12.00	Att: 12.00 QPts:
CUR Ern:	0.00	Att:	0.00	QPts:	CUM	127.50	125.00 4
CUM	98.00		97.00	37	Dean's List		
***** CONTINUED ON NEXT COLUMN *****					***** TRANSCRIPT TOTALS		
					Earned Hrs GPA Hrs		
					TOTAL INSTITUTION	127.50	125.00
					TOTAL TRANSFER	4.00	0.00
					OVERALL	131.50	125.00
					***** END OF TRANSCRIPT		

[REDACTED]  
Yadigar Collins, Registrar

DENISON UNIVERSITY  
Granville, OH 43023



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C-	1.7	
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D	1.0	Poor
D-	0.7	
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S	0.0	Satisfactory without quality points (equal to "C" or higher)
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## CERTIFICATION OF GRADUATION

(Current Year Graduates of LCME and COCA-Accredited Programs Only)

SUPPORTING DOCUMENT

# ED - MED

**APPLICANT:** Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME LAST FIRST MIDDLE  
DEAN KATHRYN ELIZABETH

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

6. MAIDEN OR GIVEN SURNAME

TEMPORARY PHYSICIAN 1 2 5  
Profession Name Profession Code

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

3/26/2012

Date

Signature

**SCHOOL OFFICIAL:** Complete the bottom portion of this page and return **ALONG** with a current official medical school transcript. **DO NOT** certify this form more than 30 days prior to the graduation date.

A. MEDICAL SCHOOL INFORMATION Northwestern Univ.

Name: Feinberg School of Medicine

Address: 303 E Chicago Ave., 1-003

City, State, Zip: Chicago, IL 60611

Phone: 312-503-4070

Fax: 312-503-0715

B. DATES OF ATTENDANCE

Start: 08/29/2012

Month Day Year

End: 05/24/2012

Month Day Year

Degree: X MD

RECEIVED  
MAY 04 2012  
MEDICAL UNIT

C.

Applicant will complete all requirements for the medical degree as of 05/24/2012 and will graduate on 05/24/2012  
Month Day Year Month Day Year

When this form is certified prior to the actual graduation of the applicant, the school official is responsible for notifying the Department of Financial and Professional Regulation of any failure on the part of the applicant to complete the requirements for graduation.

I certify that the information recorded herein is true and correct according to the official records of this institution.

Signature of School Official

SCHOOL

Miroslava Rachuy

Print Name of School Official

SEAL

Academic Records Assistant

Title

April 24, 2012

Date

# Northwestern University, Feinberg School of Medicine

## Transcript

Tuesday, April 24, 2012

**Student:** Dean, Kathryn Elizabeth

**Degree:**

**USMLE1:** 6/15/2010 P

**USMLE2 CK:** 11/28/2011 P

**USMLE2 CS:** 11/23/2011 P

**M1 2008-09 Academic Year**  
 Problem Based Learning I  
 Medical Decision Making I  
 Medical Decision Making II  
 Structure-Function  
 Patient, Physician & Society I

Grade

**M2 2009-10 Academic Year**  
 Problem Based Learning II  
 Scientific Basis of Medicine  
 Medical Decision Making III  
 Patient, Physician & Society II

Grade

**M3 2010-2011 Academic Year**

	# Weeks	Grade
Intro to Clinical Clerkships	1.0	
Medicine	12.0	
Interdisciplinary Medicine	2.4	
Surgery	12.0	
Obstetrics & Gynecology	6.0	
Pediatrics	6.0	
Primary Care	4.0	
Neurology	4.0	
Psychiatry	4.0	

Grade

**M4 2011-2012 Academic Year**

	# Weeks	Grade
Diagnostic Radiology	4.0	
Body Imaging	4.0	
Emergency Medicine	4.0	
Breast Imaging	4.0	
Medicine Subinternship	4.0	
Physical Med & Rehabilitation	2.0	
Infectious Diseases	4.0	

Grade

RECEIVED  
 MAY 04 2012  
 IDPR - MEDICAL UNIT

H - Honors (M3/M4 only)  
 HP - High Pass (Required M3/M4 only)  
 P - Pass  
 P^ - Pass after Remediation

P^ - Pass Repeated Course  
 F - Fail  
 W - Withdraw

I - Incomplete  
 R - Registered  
 C - Credit

This transcript is official only with signature and raised seal.

Miroslava Rachay  
 Academic Records Assistant 3  
 Registration and Records

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT / EXPERIENCE-- PROFESSIONAL CAPACITY

SUPPORTING DOCUMENT

# VE-PC

1. NAME      LAST      FIRST      MIDDLE  
  
DEAN    KATHRYN    ELIZABETH

2. PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:

Profession Code

- |  |     |
|--|-----|
| <input type="checkbox"/> Permanent Physician License                     | 036 |
| <input checked="" type="checkbox"/> Temporary Physician Training License | 125 |
| <input type="checkbox"/> Chiropractic Physician License                  | 038 |

6. MAIDEN OR GIVEN SURNAME

**Record work history chronologically for the five (5) years preceding the date of application beginning with present employment.**

A. NAME OF BUSINESS / INSTITUTION

NORTHWESTERN UNIVERSITY

JOB TITLE

MEDICAL STUDENT

ADDRESS      STREET, CITY, STATE, ZIP CODE

420 E. SUPERIOR <sup>12<sup>TH</sup></sup> FLOOR CHICAGO, IL 60611

DESCRIPTION OF DUTIES PERFORMED

Participated in a four year training program involving both classroom & clinical experiences.

DATE OF EMPLOYMENT/ATTENDANCE

From 08/15/2008  
Month Day Year

HOURS WORKED PER WEEK

60

To 05/24/2012  
Month Day Year

TYPE OF EMPLOYMENT

☒ Full-time    ☐ Part-time

TOTAL TIME WORKED (Year/Month)

4/47

B. NAME OF BUSINESS / INSTITUTION

SAP

JOB TITLE

BRANDING AND  
ADVERTISING INTERN

ADDRESS      STREET, CITY, STATE, ZIP CODE

95 MORTON ST. SUITE 200 NEW YORK, NY 10014

DESCRIPTION OF DUTIES PERFORMED

Developed print and online advertising for SAP.  
Coordinated branding email account responding to global queries on the SAP brand.

DATE OF EMPLOYMENT/ATTENDANCE

From 07/20/2007  
Month Day Year

HOURS WORKED PER WEEK

40-50

To 07/20/2008  
Month Day Year

TYPE OF EMPLOYMENT

☒ Full-time    ☐ Part-time

TOTAL TIME WORKED (Year/Month)

1/12

**STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION**

May 8, 2012

KATHRYN E DEAN MD  
UNIV OF CHICAGO MEDICAL CENTER  
DEPT OF GME RM J141  
5841 S MARYLAND AVE MC 1052  
CHICAGO, IL 60637-1470

The Illinois Temporary Medical License or Permit for the resident listed above has been approved and will be forwarded to your facility as soon as office routine permits. Information regarding all licensees is available instantly on our Web site at [www.idfpr.com](http://www.idfpr.com). Simply click on the Express Access License Look-up icon to verify a license.

**LICENSE DETAILS**

LICENSE NUMBER:	125.060898
PROGRAM START DATE:	06/24/2012
EXPIRATION DATE:	06/23/2013
PROGRAM:	Transitional Year
TRAINING FACILITY:	UNIV OF CHICAGO

**Utilization of this license is limited to the training program listed above.**

Temporary licenses and permits may not be used for any clinical medical practice which occurs outside of the residency program (i.e. moonlighting).

Temporary licenses and permits are **not** automatically transferred from one program/institution to another. Should the resident transfer to a different residency program within your facility or to a program in another institution, the license or permit must be updated. The resident may not begin a new program until the current temporary license or permit has been returned to the Division and a license or permit has been issued for the new program.

The Medical Practice Act sets forth the appropriate use of temporary licenses and permits. Any violation of the Act may result in disciplinary action by this Department.