

4/21/20

Date stamp Here

Revenue:252090000

Credential Number: MD.MD.61067297

## Physician and Surgeon License Application

Thank you for applying for a Physician and Surgeon credential in Washington State. This online application will guide you through the process to provide the information required.

To review the requirements for the Physician and Surgeon credential please visit the [Medical Commission website](#).

### Demographic Information

Required fields are marked with an \*.

First Name*	Middle Name	Last Name*	Date of Birth* MM/DD/YYYY	<input type="checkbox"/> Male
Mansi	Rajendra	Shah	02/10/1990	<input checked="" type="checkbox"/> Female
Country*		State or Province*		
United States		California		
Address Line 1*		Address Line 2		
751 S Bascom Ave				
City*		Zip Code* 55555-5555	County	
San Jose		95128-2604	SANTA CLARA	
Telephone (555) 555-5555	EXT 55555	Fax (555) 555-5555	Cell (555) 555-5555	
23			23	

### Correspondence

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Is your mailing address where we should send any information about your account the same as your primary address?  Yes  No

Provide the address we should use to send any information about your account:

Country*	State or Province*	
United States	23	
Address Line 1*	Address Line 2	
23 LicenseeAddress		
City*	Zip Code* 55555-5555	County
23	23	23 LicenseeAddress

The Department of Health will use electronic mail as its primary communication method. We will send personal and confidential information for your sole use to this email address.

Current email address mansirshah@gmail.com

If this is not a current email address, please update the email address you've supplied by returning to your SecureAccess Washington (SAW) account.

Are you known or have been known under any other names, or, will documents be received in another name?\*  Yes  No

## Social Security Number

You are required by state and federal law to provide a social security number with your application.

If you need information about obtaining a social security number, visit the Social Security Administration (SSA) website at <http://www.ssa.gov/>.

Applying for a social security number will require a birth certificate.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) can't be substituted.

You may request a Social Security Waiver from the Department of Health while applying for your social security number.

You must provide your social security number or complete the waiver request before the Department of Health will issue your healthcare provider credential. If you don't currently have a SSN please complete the waiver request below.

Social Security Number (SSN)\* XXX-XX-XXXX

22 Licensee SSN

## Personal Data Questions

All applicants must answer the personal data questions based on the profession that they are applying for. They are focused on your fitness to practice the essential skills of this profession. If you answer "Yes" to any question in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete. Another jurisdiction means any other country, state, federal territory, or military authority.

Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This would be at your own expense. We will notify you by email or mail if this is required.

1\* Do you have a medical condition which in any way currently impairs or limits your ability to practice your profession with reasonable skill and safety?  Yes  No

**If yes, please attach any supporting documentation and a detailed explanation**

**"Medical Condition"** includes physiological, medical, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, sleep disorder, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

- You may answer No if the behavior or condition is already known to the Washington Physician Health Program (WPHP). "Known to WPHP" means that you have informed WPHP of your behavior or condition and you are complying with all of WPHP's requirements for evaluation, treatment, and/or monitoring.
- If Yes, you must submit detailed information to the Commission that will allow the Commission to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Commission.

2\* Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain  Yes  No

**"Currently"** means within the past six months.

**"Chemical substances"** include alcohol, drugs, or medications, whether taken legally or illegally.

**Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

- 3\* Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?  Yes  No
- 4 Have you ever been found in any civil, administrative or criminal proceeding to have:
- a.\* Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?  Yes  No
  - b.\* Diverted controlled substances or legend drugs?  Yes  No
  - c.\* Violated any drug law?  Yes  No
  - d.\* Prescribed controlled substances for yourself?  Yes  No
- 5\* Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?  Yes  No
- 6\* Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?  Yes  No
- 7\* Have you ever surrendered a credential like those listed in number 6, in connection with or to avoid action by a state, federal, or foreign authority?  Yes  No
- 8\* Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?  Yes  No
- 9\* Have you had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?  Yes  No
- 10\* Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?  Yes  No
- 11\* To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?  Yes  No
- 12\* Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?  Yes  No
- 13\* Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?  Yes  No

### National Provider Identifier (NPI)

If you have an National Provider Identifier (NPI) Number, please provide it.

A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

NPI xxxxxxxxxxxx

1831552306

### Military Spouse or Registered Domestic Partner of Military Personnel

Are you the spouse or registered domestic partner of military personnel?  Yes  No



Education			
List all Medical School Education			
Country* United States	State or Province* Ohio	City* Cleveland	
School or Training Program Name* Case Western Reserve University SOM	School Type* College / University	Date(s) Attended* 07/2012-05/2016	
Type of Degree/Training* MD	Attendance Status* Graduated	Graduation Date MM/DD/YYYY 05/15/2016	
			<b>Add Additional</b>
Have your official transcripts, which must indicate your degree and date granted, sent directly from your college or university to the Department of Health.			
Postgraduate Training			
List all your postgraduate training.			
Postgraduate Training Program Name Duke University Medical Center			
Specialty Family Medicine			
Start Date MM/DD/YYYY 06/24/2016	End Date MM/DD/YYYY 07/14/2019	<input type="checkbox"/> Current	
			<b>Add Additional</b>
Postgraduate Training Program Name Santa Clara Valley Medical Center			
Specialty Family Practice Obstetrics Fellowship			
Start Date MM/DD/YYYY 08/01/2019	End Date MM/DD/YYYY Current	<input checked="" type="checkbox"/> Current	
			<b>Add Additional</b>
If you participated in a postgraduate training in the United States or Canada, after you submit your application, you'll be able to print the Postgraduate Training Program Director Verification and Evaluation of Training Form. Once printed, provide to the Program Director. Ask them to complete the form and return to the Department of Health.			
Experience			
In date order, most recent to later, list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more.			
Country	State or Province	City	
Business Name			
Type of Experience or Specialty			
Start Date MM/DD/YYYY	End Date MM/DD/YYYY	<input type="checkbox"/> Current	
			<b>Add Additional</b>
Federation Credentials Verification Service (FCVS)			



Do you participate in the Federation Credentials Verification Service (FCVS)?\*  Yes  No

### Medical Specialty

Medical Specialty\*  
Family Medicine

### Method of Licensure

Do you currently have a Teaching/Research limited license in the State of Washington?\*  Yes  No

Are you foreign trained?\*  Yes  No

### Examinations

Select One:\*

- I took and passed a state examination that was not a jurisprudence examination.
- I took and passed all steps of the United States Medical License Examination (USMLE) or the Federation of State Licensing Examination (FLEX).
- I took and passed Licentiate of the Medical Council of Canada (LMCC).
- I took and passed the National Board of Medical Examiners (NBME).

Request your USMLE or FLEX scores from the FSMB be sent directly to the Department of Health.

### Malpractice History

Have you been named in any medical malpractice law suits?\*  Yes  No

### Hospital Privileges

List hospitals and locations, within the last five years, where you were granted admitting privileges. For locum tenens, enter only those of a 30-day or longer duration.

Hospital Name

Start Date MM/DD/YYYY

End Date MM/DD/YYYY

Current

Country

State or Province

Address Line 1

Address Line 2

City

Zip Code 55555-5555

#### Add Additional

After you submit your application, you'll be able to print the Hospital Privileges Verification Form.

Once printed, provide to the hospital representative. Ask them to complete the form and return to the Department of Health.

You will need to request verification from each hospital that you have or have had privileges granted at within the last five years. This does not include postgraduate training hospitals.

Verification for military hospital privileges may be obtained by the current duty station or, if no longer in active service, the:

Military Personnel Records  
1 Archives Dr  
St Louis MO 63138.

## Applicant's Photograph

A current photograph, taken in the last year, is required to complete your application. Indicate the date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be a clear, close-up and a front view.

Height* Feet 5	Inches* 2	Weight* lbs 135	Hair Color* Brown	Eye Color* Brown
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## Other License, Certification, or Registration

Do you have healthcare provider credentials from any other state or jurisdiction?\*  Yes  No

List all additional states and jurisdictions where credentials are or were held:

Country* United States	State or Province* California
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Profession* Family Medicine	Credential Number* A161849
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Issue Date* MM/DD/YYYY 04/10/2019	Expiration Date MM/DD/YYYY 04/30/2021	Is this credential currently in an active status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Credential Type Temporary	How did you receive this credential? Endorsement
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### Add Additional

Please request verification of all licenses regardless of current status. You can do this by contacting the entity who issued the license and request a verification to be sent to:

Washington Medical Commission  
PO Box 47866  
Olympia WA 98504-7866.

VeriDoc, Inc. is a verification company that completes license verifications for 28 state boards. By going to [www.veridoc.org](http://www.veridoc.org), you can determine if your licenses can be verified through this service. Follow the directions on the site and pay the required fees. The license verification will then be electronically sent to the state board of your choice within 24 hours. All states accept verifications completed by VeriDoc, Inc.

## AIDS Education and Training Attestation

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#). If AIDS education was included in your professional education or training, an additional course is not required.

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked. If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's Initials MRS	Date 4/21/2020
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## Applicant's Attestation

I, Mansi Shah, declare under penalty of perjury under the laws of the State of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. ✓

This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges, or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality healthcare. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.\*

Applicant's Initials MRS	Date 4/21/2020
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# Medical Quality Assurance Commission Physician Application Worksheet

Name MANSI R. SHAH - 61067297 Date of Birth 2/10/1990

Date Received 4/21/20 Temp Issued  Number \_\_\_\_\_ Closed

6/22/20 Background  Fee  Data1-12  Attest  SSN  N/A Archive File

Chronology  
 Y  
Complete

MISSING

to \_\_\_\_\_  
to \_\_\_\_\_  
to \_\_\_\_\_

6/25/20  
AMA

6/29/20  
FSMB

N/A  
ECFMG

FBI REPORT

Personal Data "Yes"s

Documentation Received

\_\_\_\_\_  
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Malpractice Cases

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

Synopsis

Disposition

Synopsis	Disposition

### Medical School

Name CASE WESTERN Year of Degree  2016  6/25/20 Verified by AMA

Examination Type  National  FLEX  USMLE  State Exam  LMCC  08/05 Scores Received

### Post Graduate

AMA Verified	Training Programs
<input type="checkbox"/> 6/25/20	DUKE UNIVERSITY 06/16-07/19
<input type="checkbox"/>	SANTA CLARA VALLEY 08/19-CURRENT

### Post Graduate

AMA Verified	Training Programs

### State Licensure

STATE CA, NC  6/29/20 Verified by FSMB /AMA

Approved \_\_\_\_\_ Date \_\_\_\_\_

Signature

Date

Comments: Waived

# FCVS

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Medical Professional Information Profile

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*This report provides credentialing information for:*

Name: **Shah, Mansi Rajendra**

Social Security Number: **22 Licensee SSN**

Date of Birth: **February 10, 1990**

FID#: **300443934**

Recipient: **WA - Washington Medical  
Commission**

Delivery Date: **08/05/2020**

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### ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



FEDERATION OF  
STATE MEDICAL BOARDS



I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service 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 Federation Credentials Verification Service or any of its 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 Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



Mansi Shah

Applicant's Signature (must be signed in the presence of a notary)

Shah

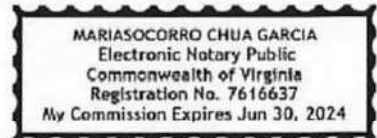
Applicant's Printed Last Name

Mansi R.

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

Date of Signature (must correspond to date of notarization)

07/27/2020



State of Virginia, County of Fairfax

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 27 day of July, 2020.

Notary Public Signature: [Signature]

My Notary Commission Expires: 06/30/2024

Notary Public for Fairfax County VA

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868-5000



**FCVS**

**FEDERATION CREDENTIALS  
VERIFICATION SERVICE**

## Identity



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### Biographic Information

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Medical professional Name(s): **Shah, Mansi Rajendra**

Date of Birth: February 10, 1990

Place of Birth: Los Gatos, California, UNITED STATES

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### Contact Information

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Home Address:

23 LicenseeAddress

UNITED STATES

Mobile Phone:

23

Email:

mansirshah@gmail.com

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### Credentials Analysis Information for Identity

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There is no Omission/Discrepancy/Miscellaneous information identified.







**FCVS**FEDERATION CREDENTIALS  
VERIFICATION SERVICE**Chronology of Activities**

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
07/01/2012	05/15/2016	Medical Education	Case Western Reserve University School of Medicine Cleveland Ohio UNITED STATES
06/24/2016	07/14/2019	Postgraduate Training	Duke University Hospital Program Durham North Carolina UNITED STATES
08/01/2019	07/31/2020	Postgraduate Training	Santa Clara Valley Medical Center San Jose California UNITED STATES

End of Chronology of Activities report for: Shah, Mansi Rajendra

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**Medical Education**

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**Medical School:** Case Western Reserve University School of MedicineLocation: Cleveland, OH  
UNITED STATES

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**Credentials Analysis Information for Medical Education**

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There is no Omission/Discrepancy/Miscellaneous information identified.



Institution Name: Case Western Reserve University School of Medicine

City: Cleveland

State/Province: Ohio

Country: UNITED STATES

**Premedical Education:**

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: Bachelor's Degree

**Enrollment and Participation:**

Our records indicate that **Shah, Mansi Rajendra**  
 attended our medical school for a total of **180** weeks of medical education on the following dates:  
 From MM/DD/YYYY: **07/11/2012** To MM/DD/YYYY: **05/15/2016**  
 This individual was awarded the degree of **Doctor of Medicine** on **05/15/2016**

DB  
KJ

**Unusual circumstances**

1. Do this individual's official records reflect (an) interruption(s) in his/her medical education? YES NO X N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Personal/Family	Applicable	N/A	/ /	/ /
Academic remediation	Applicable	N/A	/ /	/ /
Health	Applicable	N/A	/ /	/ /
Financial	Applicable	N/A	/ /	/ /
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	/ /	/ /
Other	Applicable	N/A	/ /	/ /

Other Explanation:

Medical School Code: 036010

FID:



2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:		To MM/DD/YYYY:	
Academic Probation	Applicable	N/A	/	/	/	/
Probation for unprofessional conduct/behavior	Applicable	N/A	/	/	/	/
Probation for other reason	Applicable	N/A	/	/	/	/

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):


5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO X N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

6. Attach Transcript 7. Attach Diploma 8. Do you have a Dean's Letter to Attach? 9. Would you like to upload an additional attachment? YES X NO YES NO X



Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

<b>ELECTRONIC SEAL VERIFIED</b>	Name: Kelsey Jorgensen	
	Title: Assistant Registrar	
	Signature: 	
	Date of Signature: 8/4/2020	Email: kjg23@case.edu

**Medical School**

Medical Professional Name: Shah, Mansi Rajendra

Case Western Reserve University School of Medicine

**Unusual Circumstances**

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Shah, Mansi Rajendra



Office of Student Affairs and  
the Academic Societies  
10900 Euclid Avenue  
Cleveland, OH 44106-4991  
Visitors and Deliveries  
School of Medicine Room E423  
Phone: 216.368.3164  
Fax: 216.368.0564

October 1, 2015

MEDICAL STUDENT PERFORMANCE EVALUATION  
FOR  
Ms. Mansi Shah

Ms. Mansi Shah is a graduating medical student at Case Western Reserve University School of Medicine in Cleveland, Ohio. The attached appendix (Appendix A) contains detailed information regarding our curriculum.

**ACADEMIC HISTORY**

- |  |                |
|--|----------------|
| • Date of Expected Graduation from Medical School: | Spring 2016    |
| • Date of Initial Matriculation in Medical School: | Fall 2012      |
| • Extensions, Leave of Absence:                    | Not applicable |
| • Dual Degree/Combined Degree Students:            | Not applicable |
| • Repeated Courses, Adverse Actions:               | Not applicable |

**ACADEMIC PROGRESS**

**PRE-MATRICULATION EXPERIENCE**

Ms. Shah graduated from UC Berkeley in 2011 with a degree in Bioengineering and additional coursework in Mathematics and Ethnic Studies. She was an active member on campus through student leadership, research, and volunteering. She explored her interests in community health as a mentor to a middle school student and as an intern with the Uganda Village Project, and she led a student group that raised funds for microloans through the sale of grilled cheese sandwiches. She completed projects studying cell motility in the bacterial model *Myxococcus xanthus* through examination of the outer vesicle membrane proteome. She pursued music, dance, and visual art as a member of a competitive dance team and other avenues such as pottery classes.

After graduating, Ms. Shah worked part time tutoring high school students and volunteered with the National Network for Immigrant and Refugee Rights and the Association of South Asians Taking Action. She completed summer courses at Pratt Institute, studying painting and fashion design, before embarking on her medical career.

**FOUNDATION OF MEDICINE AND HEALTH/FOUNDATIONS OF CLINICAL MEDICINE PROGRAM**

Ms. Shah's performance in the basic science curriculum in the first two years is evaluated on a pass/fail basis. There is no calculation of class rank. The performance in the Foundations of Medicine and Health and the Foundations of Clinical Medicine Program met expectations in all respects.

**CLINICAL CLERKSHIPS**

**BASIC CORE I (Cleveland Clinic)**

Internal Medicine: **Satisfactory.** "Mansi showed a solid performance on the Internal Medicine portion of Basic Core 1. She was able to interview patients well to get information for the history and physical examination. Mansi showed energy and curiosity towards learning and improving her work and she showed that she made consistent improvement throughout the course of the rotation. She had very high level listening skills and she was able to present patients in a clear manner. Communication skills were a strength for Mansi—She was also able to identify areas for improvement in knowledge and performance.

Below are some summary comments about Mansi's performance on the rotation. 'Mansi turned in an exceptional performance on this rotation- She had an excellent work ethic, coming in early and staying until the work was done. Mansi took the initiative to be very actively involved in the care of her patients, performing many skills on par with a Sub-I- from care coordination with case managers, to managing/ leading family meetings, to updating nursing, and arranging procedure she immersed herself in patient care. Her clinical areas of strength were in patient care delivery- specifically communication. Of all the students with whom I have ever worked in 10+ years, Mansi is perhaps the only one who "got it" when it came to establishing health literacy and preparing/delivering transitional care documents. In this respect she was truly superior.' 'Mansi should be also commended for her true dedication to being ever present for the patients. We had one patient experience, where after a heart-wrenching week of clinical care, a decision was made to make a patient comfort care. Appropriately, our patient was emotionally distraught. Mansi sat at the bedside, held the hand of this patient, offered word of comfort, and provided emotional support, not leaving the bedside (at her own request) until our patient drifted off to sleep. Such compassion, I suspect shines light into what drives student-doctor Mansi to continue pursuing a career in medicine.' 'Over the rotation, Mansi showed appropriate growth in patient presentation, data acquisition, and physical diagnosis. By the end of this rotation she presented a perfect "fresh" admit - which was both comprehensive & succinct, missed no essential elements, and offered a perfectly targeted summary statement, problem, list and care plan. In the RIME assessment model Mansi moved on this rotation from R/I to I/M, which is what is expected of a third year student on a general medical rotation.' 'Mansi's knowledge base was on-par with the mean for a 3rd year student. More importantly, Mansi was regularly identifying knowledge limitations and supplementing her clinical experience w/ EBM appropriate to fill the gap. Arguably for a medical student this skill matters more.' 'Mansi was a pleasure to have on service. She has a positive energy which is palpable, and her love of patient care is infectious. Her career is on a fantastic trajectory and I wish her the best of luck. Should she choose a career in IM we would be lucky to have her.' 'Very intelligent and extremely enjoyable to work with. A great asset to the team, very dependable and always eager to learn more. Her patients loved her. I believe she has all the qualities to develop not only into a competent physician but an excellent physician who can relate to her patients' problems. She will do very well in any field she decides to pursue.' 'Mansi was able to delineate plan for patient with new diagnosis of diabetes and discuss with patient management plan. Answered most of questions to patients' satisfaction. Shows enthusiasm to learn and apply knowledge in various clinical settings.'"

**Family Medicine: Commendable.** "Mansi performed well in her Family Medicine rotation. Feedback from preceptors was positive. Overall, she did a great job. She was noted to have a solid medical knowledge base and very good clinical skills. What set her apart from her peers was the initiative she took to try and improve her performance. She requested feedback, repeated her personal learning plan to better reflect her learning during the rotation and performed very well on her Shelf examination. Mansi has an interest in Primary care and I encourage her to further pursue her interest in this field."

**Geriatric Medicine: Achieves or Exceeds Competencies. Completed Emergency Medicine and Geriatrics Core rotations are graded as Achieves or Exceeds Competencies (AE).** "She did an excellent job during her geriatric medicine rotation. She is a motivated and eager student. She is compassionate in her interactions with the older patients and their caregivers. She showed improvement during the month on her interactions with the interdisciplinary team. Did great job interacting with the staff, the patient and their families. She documented the findings in a thorough and efficient way. She was an asset to our clinic."

BASIC CORE II (MetroHealth Medical Center)

**Obstetrics & Gynecology: Honors.** "Mansi was proactive in wanting to be involved. Asked questions regarding basic OB topics. She was eager to be involved with deliveries and responsive to feedback. Mansi did an outstanding job during her OB/GYN rotation. She was a valuable/contributing member of the team. She works well with faculty and staff. She functioned at the level of an Intern. She is eager to participate and help in whatever capacity needed. Very eager to learn and an incredibly pleasant and friendly demeanor. Interested in maximizing patient well-being which is terrific. It was evident that she had read about each patient and the case beforehand. Has a sense for surgical cases above peers. Appropriate in assisting complex surgery above her peers. Demonstrates understanding of surgery."



Demonstrates good understanding in postoperative care of complex patients Her notes were very well written and her clinical skills improved every day. Mansi is a very dependable, enthusiastic medical student. She was also very professional with patients and staff. Always eager to learn, Comfortable with pelvic exams. Able to articulate steps to patient and give appropriate cues. Mansi did a great job in OB GYN clinic. She was always well prepared, upbeat, and a pleasure to work with. She routinely went above expectations of 3rd year medical students (she would read about the charts of patients scheduled for clinic the day before, so she would know what questions to ask and be prepared for clinic). Mansi has improved tremendously over the course of her Obstetrics rotation. It is evident that she has been reading and performs above expectations in formulating this knowledge into assessments and plans. She truly excels at synthesizing information from the patient and presenting (both written and oral) data regarding HPI and past history. Her presentations are structured, well-organized, thorough but efficient, and show understanding of disease-specific or system-specific alleviating/exacerbating factors. She meets expectations for procedures such as pap smears and on L&D Friendly, pleasant, dependable, and hard-working. A pleasure to work with in clinic. Very good student who was thorough in her presentations in clinic, appropriate care and interacted well with team. In the OR, Mansi made a great effort to be involved. She was very proactive."

**Pediatrics: Honors.** "Excerpts from preceptor comments follow.

**Patient Care:** 'Mansi was very enthusiastic and aggressive as far as learning is concerned. She was able to obtain accurate history for patients and She demonstrated very good foundation of basic sciences and was able to use it during clinical assessment. She was able to incorporate suggested changes and showed significant improvement. Mansi was great to work with and am glad to say that she will be an asset to any residency program she wants to!' 'Mansi is an excellent medical student and did a tremendous job while on inpatient pediatrics. Her strengths include her ability to interact with patients, her enthusiasm for learning and her ability to synthesize information and present it in the appropriate clinical context.' 'Mansi jumped right into a very busy clinical session with good enthusiasm. Strong professionalism and warmth.' 'Very precise, logical, thorough, analytical, reliable, purposeful, and focused. Includes all pertinent positives and negatives. 'Her list of differential diagnosis was complete.' 'Mansi has excellent clinical skills and a good understanding of the problems and has the ability to prioritize them. She has very good communication skills and is able to convey complex information to the parents without using medical jargon. She will make a caring physician, sensitive to the child needs and welfare.' 'Excellent history taking, examination and presentation.' 'Regularly integrates medical facts and clinical data, weighs alternatives, costs, risks and benefits.'

**Medical Knowledge:** 'Mansi was aware of recent literature and she performed well above her level of education during this period of observation.' 'She demonstrated very good foundation of basic sciences and was able to use it during clinical assessment.' 'Has well-applied knowledge of disease, pathophysiology, diagnosis, and therapy.' 'She has good fund of knowledge and interested to learn more.' 'Mansi has very strong medical knowledge base and very keen in patient care.' 'Precise, logical, thorough, reliable, purposeful, and focused.'

**Communication:** 'She had very good oral as well as written case presentations' 'Concise presentation with precise differential diagnosis considerations were noted in her presentations.' 'Clear & concise presentations; keeps patient and team updated; makes a point of explaining things to patient & family, makes extra effort of anticipating problems at home and corrects them.' 'Did a very extensive presentation on vertical HIV transmission. Focused on clinical aspects which made the presentation relevant. Overall an excellent presentation--has impressive insight into what is important clinically for training level.'

**Professionalism:** 'Mansi was a pleasure to work with, she was quite focused and hard working. She clearly exceeded my expectations during this rotation. 'Professional and courteous and warm. Respectful of the patient.' 'Offers to help with any task; good team player with all members (RNs, support staff).' 'She conducted herself well.' 'She was a great team player and was able to form rapport with doctors, nurses and patients.' 'Mansi is great team person! Excellent work.' 'Enthusiastic, responsive, reliable. Committed, cooperative and respectful. Establishes trust Displays a strong work ethic and is present at work and meetings in a reliable and timely manner.'"

**BASIC CORE III (MetroHealth Medical Center)**

**Neuroscience: Commendable.** "Mansi's neurology preceptor states she, 'excelled' during her

Neurosciences clerkship. Her neurosurgery attending felt, 'she is one of the brightest [students] this year.' She took perceptive histories and performed good neurologic examinations. Her presentations were articulate and 'very organized'. She is kind and collegial; 'always prepared'; 'well read'; as well as exhibiting, 'empathy, curiosity and a drive to perfection.'"

**Psychiatry: Commendable.** "It was a pleasure working with Mansi. She is bright, bold, enthusiastic, intelligent, thoughtful and professional. Her case presentations during rounds were well done, thorough and organized. She brought interesting questions and insightful assessments to rounds. She was well liked by everyone. She will excel in any specialty she chooses. Mansi is a great addition to the team with her hard work and dedication."

#### BASIC CORE IV (University Hospitals Case Medical Center)

**Surgery: Commendable.** "Mansi actively participated in all aspects of her surgical clerkship and gave a solid performance. She is personable, intellectually curious, and smart. Her write-ups demonstrated the ability to synthesize an understanding of the pathophysiology and come up with logical treatment plans. Mansi was always well prepared for the OR as well as for clinic. I have no doubt that Mansi will develop into an excellent physician."

**Emergency Medicine: Achieves or Exceeds Competencies.** *Completed Emergency Medicine and Geriatrics Core rotations are graded as Achieves or Exceeds Competencies (AE).* "Good fund of knowledge, solid clinical skills. Logical history and thorough physical exams. Mansi improved from pre- to post-test. She completed the DIEM cases, correctly diagnosed and treated mesenteric ischemia. She correctly used evidence based medicine, such as Ottawa ankle rules."

#### ELECTIVES

**Internal Medicine Acting Internship: Honors.** "Comments: 'Mansi had a good grasp of basic medical concepts.' 'Mansi was able to generate a broad and thoughtful differential for her patient's health problems.' 'Oral presentations on rounds were organized and relayed information in a logical manner. Notes were reflective of the plan of action.' 'I worked with Mansi her first week and she was more reliant on her senior resident but I was able to start to see her develop more independence as the week progressed.' 'Kind, caring to patients and staff.' 'Mansi worked hard during our week together and she showed progress in her skills during the week. She became more confident and more engaged as the primary provider with her patients. It is clear that she has empathy and kindness and her strength is her data gathering skills. She is starting to put together the whole clinical picture helping her to provide better and better health care to her patients as her training progresses.'"

**Innovative Primary Care for the Urban Underserved: (MetroHealth Medical Center) Commendable.** "Mansi was a pleasure to work with. She was very smart, professional, hardworking, and dedicated to the underserved. Mansi is also a strong teacher who was very interested in patient education (and also helped work with teaching another medical student on the rotation)."

#### RESEARCH

Ms. Shah's research experiences while at Case have focused on interdisciplinary projects in medical education and community health. She participated in the Scholars Collaborating in Teaching and Learning program during the summer after her first year. This unique program paired her with a faculty mentor, Lori Hollins, M.D., to develop and investigate an aspect of the school's curriculum. She created and continues to facilitate a women's health elective for pre-clinical students, which integrates clinical knowledge, public health, history, and literature by topics including abortion, gender identity, and reproductive cancers.

During her sixteen-week research block, Ms. Shah worked with Hilary Seligman, M.D., M.A.S., at UCSF's Center for Vulnerable Populations on the program implementation stage of a fruit and vegetable voucher program for low-income people with diabetes, high blood pressure, and heart failure. She combined her graphic design skills with her medical knowledge to craft printed materials for program participants, partnering community-based organizations, and corner stores accepting the vouchers. She coordinated website design and nutrition education materials, and worked with partnering organizations to enroll

participants. Ms. Shah also worked with Trust Women; Silver Ribbon Campaign. She analyzed coverage for elective abortion under the insurance plans contracted by Covered California, and advocated for the removal of harmful messages about abortion from public banners in San Francisco.

#### **UNIQUE CHARACTERISTICS & ACCOMPLISHMENTS**

Ms. Shah is a vivacious, bright, and dynamic young woman who actively participates in the School of Medicine community. She has directly contributed to the curriculum through the development of a women's health elective and the ongoing development of a social justice in medicine elective. She has advocated for curriculum reform as a representative of multiple student groups, including the Student Committee on Medical Education and Medical Students for Choice. She regularly interviewed prospective medical students during her first and second year. She consistently participates in student and faculty-run programs teaching preclinical students, such as orientation, summer anatomy and histology tutoring, and clinical skills teaching. Ms. Shah has engaged with the broader Cleveland such as community through volunteer work that included tutoring high school students in the John Hay Robbins Bridge Program and teaching sexual education to adolescents at the juvenile detention center with the Student-Run Free Clinic. Ms. Shah has developed her professional identity as a physician in conjunction with her personal identity as an artist and writer, completing medical illustration projects and publishing poetry in the medical humanities section of *Journal of General Internal Medicine*. In her spare time, she studies yoga and nutrition and has informally taught yoga to other medical students. She has a strong passion for education and leadership and energetically seeks out ways to integrate her many interests into her career as a clinician.

Ms. Shah's faculty supervisor for the Clinical Skills teaching elective commented, "Mansi has been participating in the 4th year Clinical skills teaching elective, leading sessions on history-taking and basic communication skills. She received exceptional evaluations for the 1st year medical students that she worked with in the small learning groups. Comments from her students included: 'So very thorough and made it a fun experience!', 'She was so comforting while being so knowledgeable and informative.' 'Great role modeling of the skills.' I have also worked with Mansi on other components of the curriculum. She has been an outspoken student about issues relating to health disparities and dis-enfranchised minorities. She has proposed several curricular innovations and been instrumental in making contributions that are invaluable."

#### **SUMMARY**

Ms. Shah has combined a very strong performance through four years of medical school with research and teaching, curriculum development and pursuit of social justice.

It is a pleasure to recommend Ms. Shah as an excellent candidate for residency training.

Sincerely,



Lynda G. Montgomery, M.D., M.Ed.  
Dean, Blackwell – McKinley Society  
Assistant Dean of Student Affairs  
Associate Professor of Family Medicine and Community Health

LGM:mg/sh

The School of Medicine will elect students from the Class of 2016 to the Alpha Omega Alpha Honor Medical Society in mid-November of 2015.

Appendix A  
Case Western Reserve University School of Medicine  
Curriculum Information Page, Class of 2016

Average length of enrollment (initial matriculation to graduation) of the M.D. track: 4.2 years

The Case Western Reserve University School of Medicine curriculum for the Class of 2016 consists of the Foundations of Medicine and Health (FMH) and the Clinical Curriculum (CC).

The Foundations of Medicine and Health is the major component of the first two years and provides fundamental biomedical principles and knowledge of disease and illness mechanisms essential for all physicians. The curriculum is structured in an integrated interdisciplinary organ-system-based format, establishing the foundation necessary for students to fully engage in the clinical curriculum.

**Foundations of Medicine and Health** blocks (listed below) are completed in 18 months after matriculation:

**Block 1: Becoming a Doctor**  
Social-Behavioral Determinants of Health  
Civic Professionalism  
Epidemiology/Biostatistics

**Block 4: Homeostasis**  
Cell Physiology  
Pharmacology  
Cardiovascular Physiology  
Renal Physiology  
Pulmonary Physiology

**Block 2: The Human Blueprint**  
Endocrinology  
Reproductive Biology  
Development  
Genetics  
Molecular Biology  
Cancer Biology

**Block 5: Host Defense and Host Response**  
Immunology  
Hematology/Oncology  
Rheumatology  
Microbiology/Infectious Diseases  
Dermatology

**Block 3: Food to Fuel**  
Biochemistry  
Energy/Metabolism  
Nutrition  
Gastrointestinal System

**Block 6: Cognition Sensation and Movement**  
Neurosciences  
Psychiatry  
Musculoskeletal System

**Block 7: Structure**--Longitudinal throughout Blocks 1 — 6: Anatomy, Histopathology, and Radiology

**Block 8: Foundations of Clinical Medicine Program (FCM)**--Longitudinal throughout Blocks 1 — 6:

- Tuesday Seminars - Years 1 and 2: weekly 2-hour seminars combining small and large group teaching methods, continuing the theme of "doctoring" begun in Block 1.
- Communication in Medicine Workshops - Years 1 and 2: total of 7 workshops.
- Rotating Apprenticeships in Medical Practices (RAMP) - Year 1: students rotate through a variety of patient care experiences, observing health care across many different settings.
- Community Patient Care Preceptorship (CPCP) - Year 1 after completion of RAMP: students work in a clinic setting with a physician preceptor for a semester.
- Physical Diagnosis Program:
  - PD1 - Year 1: introduction to the basic adult exam; 1 session per week for 11 weeks.
  - PD2 - Years 1 and 2: in-depth regional exams.
  - PD3 - Year 2: Complete H&P and write-up of 5 patients.

The **Clinical Curriculum** starts after the completion of FMH and is divided into 4 areas:

1. **Basic Core Rotations**: Beginning in March or July following their second year, students start core clinical rotations: Basic Core I (Internal Medicine, Family Medicine, and Geriatrics), Basic Core II (Obstetrics/Gynecology, Pediatrics), Basic Core III (Neuroscience, Psychiatry), and Basic Core IV



(Surgery and Emergency Medicine) in two 12-week blocks and two 8-week blocks, respectively. Clinical experiences are integrated across disciplines whenever possible.

2. **Research Block:** Every student completes a 16-week research block, conducting Basic Science, Clinical, or Epidemiologic/Health Services Research. This work forms the foundation of their M.D. thesis, which is a graduation requirement.

3. **Acting Internships:** Students are required to do a minimum of 2 Acting Internships. One of the AIs must be in Internal Medicine, Surgery, Pediatrics, or Family Medicine.

4. **Electives:** Students are required to complete 22 weeks of clinical electives and up to 14 additional weeks of electives (clinical or non-clinical) during their final year.

**Description of the Evaluation System used at the medical school:**

1. In the first two years, a pass/fail grading system is used, and no class rank is assigned.
2. Passage of USMLE Step 1, Step 2 CK, and Step 2 CS is a graduation requirement.
3. Students must complete a mandatory reflective portfolio after years one and two of medical school. The student is responsible for crafting essays that detail evidence for meeting the nine core competencies of our school: Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Life-long Learning and Personal Development, Research and Scholarship, Civic Professionalism and Leadership, Practice-based Learning and Improvement, and Systems-based Practice. The portfolio is evaluated as either Meets or Does Not Meet Expectations.
4. Performance in the Basic Core Clinical Rotations, Electives, and Acting Internships is graded as Honors, Commendable, Satisfactory, or Unsatisfactory. Completed Emergency Medicine and Geriatrics Core rotations are graded as Achieves or Exceeds Competencies (AE).
5. The medical school does not mandate a particular distribution of clinical grades.
6. Successful completion of an Objective/Observed Structured Evaluation or Clinical Skills Exam (CSE) is required after Years 1 and 2 and during Year 4.
7. The M.D. thesis is a graduation requirement and must be submitted by February 28th of the graduation year. The thesis is evaluated as either Meets or Does Not Meet Expectations.
8. The MSPE is prepared by Deans Robert Haynie, M.D., Ph.D., Associate Dean for Student Affairs; Lynda Montgomery, M.D., M.Ed., Assistant Dean for Student Affairs; Steven Ricanati, M.D., Assistant Dean for Student Affairs; and Charles Kent Smith, M.D., Senior Associate Dean for Student Affairs. The Deans work with each student in a learning-community format over the student's entire time at the school.
9. Summative clinical comments in the MSPE are edited for length and grammar, but not content.
10. Students are permitted to review the MSPE in the Student Affairs office prior to its transmission.

Student ID: 3262526  
 SSN: 22 Licensee  
 Student Name: Mansi Rajendra Shah

## Official Transcript

Page 1 of 2  
 08/03/2020

## Degrees/Credentials Earned

Degree/Credential: Doctor of Medicine  
 Date Awarded: 05/15/2016

## Academic Program History

Program: Doctor of Medicine  
 Completed Program  
 Medicine Professional

## Beginning of Medicine Record

Fall 2012						
Course	Description	Attempt	Earned	Grade	Points	
MEDS 1000	Becoming a Doctor	5.00	5.00	AE	0.000	
Crse Topic:	Epidemiology & Biostatistics					
Crse Topic:	Bioethics					
Crse Topic:	Health Systems Science					
Crse Topic:	Systems of Care					
Crse Topic:	Patient Safety					
Crse Topic:	Health Quality					
Crse Topic:	Medical Informatics					
Crse Topic:	Structure:Anat, Histopath, Rad					
Crse Topic:	Foundations of Clinical Med					
Crse Topic:	Professional Learning Plans					
MEDS 1001	The Human Blueprint	11.00	11.00	AE	0.000	
Crse Topic:	Endocrinology					
Crse Topic:	Reproductive Biology					
Crse Topic:	Development					
Crse Topic:	Genetics					
Crse Topic:	Molecular Biology					
Crse Topic:	Cancer Biology					
Crse Topic:	Structure:Anat, Histopath, Rad					
Crse Topic:	Foundations of Clinical Med					
Crse Topic:	Professional Learning Plans					
Term GPA:	0.000	Term Totals	16.00	16.00	0.00	0.000
Cum GPA:	0.000	Cum Totals	16.00	16.00		0.000

Spr 2013						
Course	Description	Attempt	Earned	Grade	Points	
MEDS 1002	Food to Fuel	11.00	11.00	AE	0.000	
Crse Topic:	Gastroenterology					
Crse Topic:	Nutrition					
Crse Topic:	Metabolism					
Crse Topic:	Biochemistry					
Crse Topic:	Structure:Anat, Histopath, Rad					
Crse Topic:	Foundations of Clinical Med					
Crse Topic:	Professional Learning Plans					
MEDS 1003	Homeostasis	14.00	14.00	AE	0.000	
Crse Topic:	Cardiovascular Sciences					
Crse Topic:	Respiratory Sciences					
Crse Topic:	Renal Sciences					
Crse Topic:	Cell Regulation					
Crse Topic:	Pharmacology					
Crse Topic:	Cell Physiology					
Crse Topic:	Structure:Anat, Histopath, Rad					
Crse Topic:	Foundations of Clinical Med					

## Recipient:

Course	Description	Attempt	Earned	Grade	Points
Crse Topic:	Professional Learning Plans				
MEDS 1005	Portfolio I	1.00	1.00	AE	0.000
Term GPA:	0.000	Term Totals	26.00	26.00	0.000
Cum GPA:	0.000	Cum Totals	42.00	42.00	0.000

Fall 2013						
Course	Description	Attempt	Earned	Grade	Points	
MEDS 2001	Host Defense & Host Response	13.00	13.00	AE	0.000	
Crse Topic:	Immunology					
Crse Topic:	Microbiology/ID					
Crse Topic:	Rheumatologic Sciences					
Crse Topic:	Dermatologic Sciences					
Crse Topic:	Structure:Anat, Histopath, Rad					
Crse Topic:	Foundations in Clinical Med					
Crse Topic:	Professional Learning Plans					
Crse Topic:	Hematologic/Onc Sciences					
Term GPA:	0.000	Term Totals	13.00	13.00	0.00	0.000
Cum GPA:	0.000	Cum Totals	55.00	55.00		0.000

Spr 2014						
Course	Description	Attempt	Earned	Grade	Points	
CORE 3300B	Basic Core III at MHMC	0.00	0.00	AE	0.000	
CORE 3301B	Neuroscience	3.00	3.00	COM	0.000	
CORE 3302B	Psychiatry	3.00	3.00	COM	0.000	
MEDS 2002	Cognition, Sensation & Movement	14.00	14.00	AE	0.000	
Crse Topic:	Neuroscience					
Crse Topic:	The Mind					
Crse Topic:	Musculoskeletal					
Crse Topic:	Cellular Neurophysiology					
Crse Topic:	Structure:Anat, Histopath, Rad					
Crse Topic:	Foundations in Clinical Med					
Crse Topic:	Professional Learning Plans					
MEDS 2005	Portfolio II	1.00	1.00	AE	0.000	
Term GPA:	0.000	Term Totals	21.00	21.00	0.00	0.000
Cum GPA:	0.000	Cum Totals	76.00	76.00		0.000

Fall 2014						
Course	Description	Attempt	Earned	Grade	Points	
CORE 3100C	Basic Core I At CCF	0.00	0.00	AE	0.000	
CORE 3101C	Family Medicine	4.00	4.00	COM	0.000	
CORE 3102C	Internal Medicine	7.00	7.00	S	0.000	
CORE 3104C	Aging	1.00	1.00	AE	0.000	
CORE 3200B	Basic Core II At MHMC	0.00	0.00	AE	0.000	
CORE 3202B	Obstetrics & Gynecology	4.00	4.00	H	0.000	
CORE 3203B	Pediatrics	5.00	5.00	H	0.000	
UNEL 8267	EKG Interpretation	1.50	1.50	AE	0.000	
Term GPA:	0.000	Term Totals	22.50	22.50	0.00	0.000
Cum GPA:	0.000	Cum Totals	98.50	98.50		0.000

## Spr 2015

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Federation Credentials Verification Service (FCVS)



**ELECTRONIC  
 SEAL  
 VERIFIED**

Student ID: 3262526  
 SSN: 22 Licensee  
 Student Name: Mansi Rajendra Shah

## Official Transcript

Page 2 of 2  
 08/03/2020

Course	Description	Attempt	Earned	Grade	Points
IMED 4000A	Internal Medicine A.I.	3.00	3.00	H	0.000
CORE 3400A	Basic Core IV at UH/VA	0.00	0.00	AE	0.000
CORE 3401A	Surgery	8.00	8.00	COM	0.000
CORE 3402A	Emergent Care	1.00	1.00	AE	0.000
		<b>Attempt</b>	<b>Earned</b>	<b>Avg</b>	<b>Points</b>
Term GPA:	0.000	Term Totals	12.00	12.00	0.00
Cum GPA:	0.000	Cum Totals	110.50	110.50	0.000

## Fall 2015

Course	Description	Attempt	Earned	Grade	Points
EMMD 4001D	Surgical I.C.U. A.I.	3.00	3.00	COM	0.000
RESC 5000M	Research & Scholarship	12.00	12.00	AE	0.000
MEDS 4001M	Clinical Skills Preceptorship	1.50	1.50	AE	0.000
MEDS 4004M	Readings in Medicine	3.00	3.00	AE	0.000
HEMA 4001A	Hematology-Oncology	1.50	1.50	COM	0.000
FAMD 4001B	Primary Care for Underserved	3.00	3.00	COM	0.000
UNEL 8177	Family Medicine	3.00	3.00	COM	0.000
Crse Topic:	Reprod. Health-Albert Einstein				
		<b>Attempt</b>	<b>Earned</b>	<b>Avg</b>	<b>Points</b>
Term GPA:	0.000	Term Totals	27.00	27.00	0.000
Cum GPA:	0.000	Cum Totals	137.50	137.50	0.000

## Spr 2016

Course	Description	Attempt	Earned	Grade	Points
MEDS 4004M	Readings in Medicine	1.50	1.50	AE	0.000
PEDS 4000A	Pediatric A.I.	3.00	3.00	S	0.000
IMMU 4002A	HIV Ambulatory Clinics	1.50	1.50	S	0.000
UNEL 8630	Women's Health	1.50	1.50	S	0.000
PEDS 4005A	Pediatric Infectious Diseases	1.50	1.50	COM	0.000
		<b>Attempt</b>	<b>Earned</b>	<b>Avg</b>	<b>Points</b>
Term GPA:	0.000	Term Totals	9.00	9.00	0.000
Cum GPA:	0.000	Cum Totals	146.50	146.50	0.000

Career Totals		Attempt	Earned	Avg	Points
Cum GPA:	0.000	Cum Totals	146.50	146.50	0.00

Total Credits Earned: 146.50

End of Medicine Record

Recipient:

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Federation Credentials Verification Service (FCVS)



**ELECTRONIC  
 SEAL  
 VERIFIED**

Student ID: 3262526  
SSN: 22 Licensee  
Student Name: Mansi Rajendra Shah

Official Transcript

Beginning of Nondegree Record

		Fall 2012			
Course	Description	Attmpt	Earned	Grade	Points
MPHP 472	Leadership Urban Health	3.00	0.00	W	0.000
Term GPA:	0.000	Term Totals	3.00	0.00	0.000
Cum GPA:	0.000	Cum Totals	3.00	0.00	0.000
Career Totals		Attmpt	Earned	Avg	Points
Cum GPA:	0.000	Cum Totals	3.00	0.00	0.000
Total Credits Earned:		0.00			

End of Nondegree Record  
End of Transcript

Recipient:

This official transcript is printed on light blue security paper, does not require a raised seal, and is issued in a sealed envelope, unless the address field at the bottom indicates: Issued Directly to Student. The Registrar's signature must appear below. See reverse side for transcript key and authenticity confirmation information.

Federation Credentials Verification Service (FCVS)



**ELECTRONIC  
SEAL  
VERIFIED**

# TRANSCRIPT KEY

## ACCREDITATION

Case Western Reserve University is accredited at the institutional level by the Higher Learning Commission of the North Central Association of Colleges and Schools. In addition, many of its individual programs are accredited by nationally recognized professional associations. Additional information is available at <http://bulletin.case.edu>.

## RELEASE OF INFORMATION

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is released on the condition that the recipient will not permit any other party to have access to such information without the written consent of the student.

## CALENDAR

The normal academic calendar is expressed in semester hours and consists of two semesters (Fall and Spring). There is also a summer term which may be either optional or required, depending on the student's academic program.

## FIRST TIME FIRST YEAR UNDERGRADUATE STUDENTS

Effective Fall 1987, first time first year full-time undergraduate students are eligible during their first two semesters of enrollment to have courses with grades of F, NP or W suppressed from the transcript. Effective Fall 2006, only courses with a grade of W are eligible for transcript suppression.

## ACADEMIC HONORS, ACADEMIC PROBATION, DISMISSAL/SEPARATION AND OTHER DESIGNATIONS

Each school within the University has specific academic policies for determining term honors, academic probation or academic dismissal/separation. Contact the University Registrar's office for further information.

## TRANSCRIPT AUTHENTICITY

Official transcripts bear the printed University seal, the signature of the University Registrar, and are printed on blue security paper.

## GRADING SYSTEM

Available grading options vary by school and/or program. For example, not all schools/programs offer the A+ grade. For more information about current and past grading for Case Western Reserve University schools, colleges and predecessors, please visit <http://www.case.edu/registrar/grades/keys/>.

As of Fall 2016, the following grading options are available subject to department/school policy:

Grade	Meaning	Quality Points
A+	Excellent	4.333
A	Excellent	4.000
A-	Good	3.666
B+	Good	3.333
B	Fair	3.000
B-	Passing	2.666
C+	Passing	2.333
C	Failure	2.000
C-	Successful audit	1.666
D+	Achieves or exceeds competencies	1.333
D	Advanced placement	1.000
D-	Advanced subsidiary	0.666
F	Commendable	0.000
AD	Earns credit, credit/no credit course	n/a
AE	Honors	n/a
AP	Incomplete	n/a
AS	International baccalaureate	n/a
COM	In progress or extends > one term	n/a
CR	Meets or exceeds expectations	n/a
H	No credit, credit/no credit course	n/a
I	Unsuccessful audit	-1/2
IB	Unsuccessful audit	n/a
IP	Meets or exceeds expectations	n/a
M	No credit, credit/no credit course	n/a
NC	Unsuccessful audit	n/a
NG	Non-graded course	n/a
NOG	No pass	n/a
NP	Pass	n/a
P	Proficiency	n/a
PR	In progress or extends > one term	n/a
R	Satisfactory	n/a
S	Special audit or alumni/senior audit	n/a
SA	Transfer	n/a
TR	Unsatisfactory	n/a
U	Withdrawal from the class	n/a
W	Withdrawal from all classes	n/a
WD	Withdrawn under Acad Regs 5 & 6	n/a
WF	Withdrawn under Acad Regs 5 & 6	n/a

## SECURITY FEATURES:

- Multi-dimensional foil seal fused to check stock. Cannot be photocopied.
- Stains or discoloration on this document may indicate alteration attempt.
- Visible fibers embedded in the paper.
- Fibers in paper visible under ultraviolet light.
- Small type in box surrounding this section appears as dotted line when copied.
- Hold document to a light source to view. Cannot be copied.
- When photocopied, the word "VOID" appears prominently across the face of the document.

## COURSE NUMBERING

- 100 - 199 Elementary Courses
- 200 - 299 Intermediate Courses
- 300 - 399 Advanced Undergraduate Courses
- 400 & up Graduate Courses

The above numbering system does not apply to the School of Dental Medicine, School of Law, or Doctor of Medicine Program.

## SCHOOL OF MEDICINE

### GRADING SYSTEM

University Program: Core clerkships and clinical electives are graded H, COM, S, AE or U. Preclinical electives are graded P, NP, M or U through June 2009. Beginning July 2009 preclinical courses are graded AE or U.

College Program (Cleveland Clinic Lerner College of Medicine): All courses are graded M or U through June 2009. Beginning July 2009 all courses are graded AE or U. Competencies are used to assess performance and are described further at [http://www.case.edu/registrar/CCLCM\\_competencies.pdf](http://www.case.edu/registrar/CCLCM_competencies.pdf)

Physician Assistant Program: Non-clinical courses are letter graded. Clinical courses are graded H, COM, S or U.

Note: Cumulative Grade Point Average (GPA) is not applicable to the Doctor of Medicine Program.

### COURSE NUMBERING (Doctor of Medicine Program only)

Series	Description
1000	1 <sup>st</sup> year level courses
2000	2 <sup>nd</sup> year level courses
3000	3 <sup>rd</sup> year level courses
4000	4 <sup>th</sup> year level courses
8000	Unlisted electives/Away elective
9000	Years 1 and 2 (preclinical, optional) electives
alpha suffix	Courses offered at area hospitals

## QUESTIONS

Questions regarding transcripts may be directed to the University Registrar's Office, (216) 368-4310, [registrar@case.edu](mailto:registrar@case.edu). For more information, see <http://www.case.edu/registrar>.

The square on an original transcript is printed in thermochromic ink. When rubbed or breathed on will fade, then gradually return to normal.



**Hologram**

- Multi-dimensional foil seal fused to check stock. Cannot be photocopied.

**Chemical Sensitive Paper**

- Stains or discoloration on this document may indicate alteration attempt.

**Visible Fibers**

- Visible fibers embedded in the paper.

**Invisible Fibers**

- Fibers in paper visible under ultraviolet light.



166A-E0E3-M4H5



This is a true certified copy of the original diploma issued to  
on Mansi Rajendra Shah  
Kelsey Jorgensen Date 7/28/2020  
Kelsey Jorgensen, Assistant Registrar  
CWRU School of Medicine  
10900 Euclid Avenue  
Cleveland, OH 44106-7507

# CASE WESTERN RESERVE UNIVERSITY

On the recommendation of the Faculty of the

School of Medicine

The Trustees of the University have admitted

**Mansi Rajendra Shah**

to the Degree of

Doctor of Medicine

**ELECTRONIC  
SEAL  
VERIFIED**

Given at Cleveland Ohio May fifteenth Two Thousand Sixteen

*Barbara K. Snyder*  
President

*Paula B. Davis*  
Dean

# CeDiploma: How it works

## Independent Validation

To ensure the Degree information is still valid, we highly recommend you visit the School's official website to perform an additional validation.

Please visit <https://webapps.case.edu/registrar/cediploma/validate> to validate the CeDiploma.

## Diploma Validation

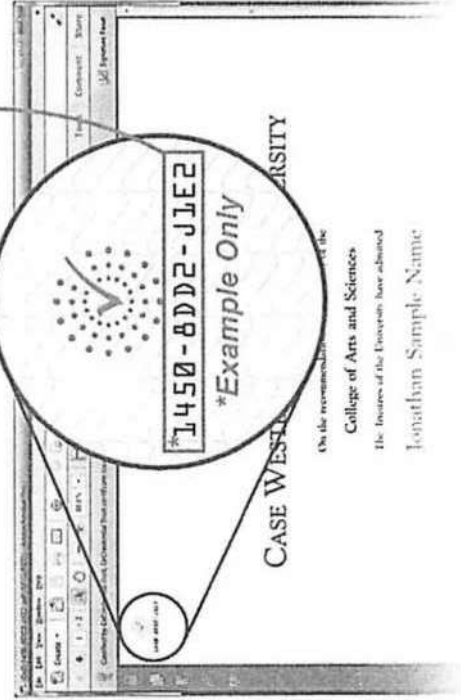
Please enter CeDID  
(not case sensitive): \*1450-8DD2-J1E2

Enter the first two letters of the name  
as it appears on the diploma: JQ

Submit

powered by **CeCredentia**  
**TRUST**

The CeDiploma symbol and CeDID are located on the upper left corner of the diploma.



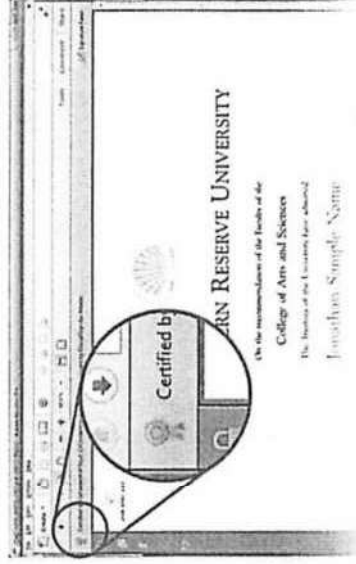
## Digital Signature Explanation



Each CeDiploma will be certified by CeCredentia Trust and should read as such.

A blue ribbon signifies that the document has not been tampered with.

Valid and certified:  
Authenticity and  
Integrity are verified  
TRUST



The author cannot be verified  
DO NOT TRUST  
CHECK INTERNET CONNECTIVITY



Error!  
The document has been modified since it was signed  
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Note to Mac and Linux users: To view a CeDiploma, you must use Adobe Reader or Adobe Acrobat 7.0 or higher.

The digital signature may not display on Tablets or Mobile Phones and cannot be properly viewed with other PDF viewers.



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**Postgraduate Training**

---

**Accreditation ID:** 1203621222  
**Institution:** Duke University Hospital Program  
**Location:** Durham, NC  
UNITED STATES

**Accreditation ID:** None  
**Institution:** Santa Clara Valley Medical Center  
**Location:** San Jose, CA  
UNITED STATES

---

**Credentials Analysis Information for Postgraduate Training**

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**Issue:**

The Verification of Post Graduate Training Form from Santa Clara Valley Medical Center dated 08/01/2019 to 7/31/2020 reported in the Chronology of Activities is not included in the Profile.

**Solution:**

FCVS does not obtain verification of non-accredited training programs.

**Issue:**

FCVS has identified a Post Graduate Training Discrepancy at Duke University Hospital Program, Department of Family Medicine.

**Unusual Circumstances****Solution:**

FCVS does not follow up with the Medical Professional or Institution with inconsistent information on Unusual Circumstance questions.



FEDERATION CREDENTIALS  
VERIFICATION SERVICE



Verification of Postgraduate Medical Education

Accreditation Code: 1203621222

Institution Name: Duke University Hospital Program

Affiliated University: Duke University Hospital

City: Durham

State: North Carolina

Country: United States

Verification For: Mansi Rajendra Shah

Date of Birth: 02/10/1990

Program Participation:

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 06/24/2016	To: 07/14/2017	Program Type: Internship/Residency

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 07/15/2017	To: 07/14/2018	Program Type: Residency

PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 07/15/2018	To: 07/14/2019	Program Type: Residency

PGY: N/A	Accredited By: None of these	Status: Complete
Specialty: Family Medicine		
From:	To:	Program Type: Internship/Residency

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

FID:

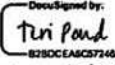
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

**Unusual Circumstances**

- |   |     |  |               |
|---|-----|--|---------------|
| 1. Did this individual ever take a leave of absence from his/her training?  | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 2. Was this individual ever placed on probation?  | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 3. Was this individual ever disciplined or placed under investigation?  | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 4. Were any negative reports for behavioral reasons ever filed by instructors?  | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? | Yes | No <input checked="" type="checkbox"/> | Not Available |

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

<b>ELECTRONIC SEAL VERIFIED</b>	Name: Teri Pond	
	Title: Program Coordinator	Degree: None
	Signature: 	
	Date of Signature: 7/28/2020	

Would you like to upload an additional attachment(e.g. Rotation Schedule)? Yes  No   
 If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FID:



**Graduate Medical Education**

Medical Professional Name: Shah, Mansi Rajendra  
Accreditation ID: 1203621222  
Institution: Duke University Hospital Program  
Specialty: Family Medicine

**Unusual Circumstances**

Training Period: 6/24/2016 - 7/14/2019      Internship/Residency

Did you have any interruption(s) or extension(s) in your medical education?

Dates: 05/2017 to 05/2017

Medical leave for 2 weeks

Were you ever placed on probation?

Were you ever disciplined or placed under investigation?

Were any negative reports for behavioral reasons ever filed by instructors?

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?

Yes

No

No

No

No

End of Applicant Reported Unusual Circumstances report for: Shah, Mansi Rajendra

Duke University  
Duke University Medical Center

This is to certify that

Mansi Rajendra Shah, M.D.

Has Completed Creditably Graduate Training  
In the Duke University Medical Center  
And Affiliate Hospitals

Department of Community and Family Medicine  
Program of Family Medicine  
6/24/2016 - 4/30/2017  
5/15/2017 - 7/14/2019

*A. E. B. ...*  
Chancellor for Health Affairs  
*[Signature]*  
Chair of Department



*Catherine M. Keckly, MD*  
Director, Graduate Medical Education  
*[Signature]*  
Program Training Director


7/15/2019  
Durham, North Carolina

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Licensure / Examinations**

**fsmb**



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**Licensure / Examinations**

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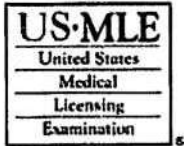
Exam: USMLE

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**Credential Analysis Information for Licensure / Examinations**

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There is no Omission/Discrepancy/Miscellaneous information identified.



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

Date: 08/05/2020

Federation Credentials Verification Service

ATTN: FCVS

FCV SID: 431902

Examinee: Shah, Mansi Rajendra

Examinee ID: 5-310-019-4

Alt Name(s):

Date of Birth: 02/10/1990

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, 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	Score	Minimum Pass	Comments
07/03/2014	Pass	233	(192)	

## USMLE STEP 2

### Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/14/2015	Pass	230	(209)	

### Clinical Skills (CS)

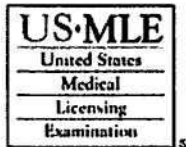
Test Date	Pass/Fail	Comments
10/19/2015	Pass	

## USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/27/2017	Pass	218	(196)	

End of Exam History

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

**Examinee:** Shah, Mansi Rajendra

**Examinee ID:** 5-310-019-4

**Date of Birth:** 02/10/1990

## 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 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

## 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.*



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**PRACTITIONER PROFILE**

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Prepared for:

FCVS

As of Date:8/5/2020

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**PRACTITIONER INFORMATION**

Name: Shah, Mansi Rajendra  
 DOB: 2/10/1990  
 Medical School: Case Western Reserve University School of Medicine  
 Cleveland, Ohio, UNITED STATES  
 Year of Grad: 2016  
 Degree Type: MD  
 NPI: 1831552306

---

**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1831552306	Individual			06/04/2018

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-161849	04/10/2019	04/30/2021	07/29/2020
NORTH CAROLINA		05/06/2016	07/14/2019	07/09/2020
WASHINGTON	MD61067297			07/31/2020

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**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
FS8745715	22N 33N 4 5	SAN JOSE,CA 95128	02/28/2022	06/12/2020

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**PRACTITIONER PROFILE**

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Prepared for: FCVS As of Date:8/5/2020  
Practitioner Name: Shah, Mansi Rajendra

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**ABMS® CERTIFICATION HISTORY**

Certifying Board: American Board of Family Medicine  
Certificate: Family Medicine  
Certification Type: General  
Certification Status: Certified  
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/15/2019		02/15/2021	Initial	07/30/2020

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



# AMA Physician Profile

PREPARED FOR

Washington State Department of Health, Tumwater, WA

**Name and Mailing Address**

MANSI RAJENDRA SHAH  
DUKE UNIV MED CTR  
DEPT OF COMMUNITY & FAMILY MEDICINE  
BOX 3886  
DURHAM, NC 27710-0001

**Primary Office Address**

SAME AS MAILING ADDRESS

**Birth date** 02/10/1990

**Phone** UNKNOWN

**Physician's major professional activity**

OFFICE BASED PRACTICE

**Self-designated practice specialty**

FAMILY MEDICINE (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 NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1831552306	04/01/2016	NOT RPTD	NOT RPTD	NOT RPTD	06/19/2020

**Current and/or historical medical school**

CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES



Degree Year: 2016 /

**Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)**

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

*If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.*

**Sponsoring Institution:** DUKE UNIVERSITY HOSPITAL  
**Sponsoring State:** NORTH CAROLINA  
**Program name:** DUKE UNIVERSITY HOSPITAL PROGRAM  
**Specialty:** FAMILY MEDICINE  
**Training Type:** SPECIALTY  
**Dates:** 6/2016 - 6/2019 (Verified)

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0**

**Specialty Board Certification**

*Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:*

*The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.*



Certifying board: AMERICAN BOARD OF FAMILY MEDICINE  
 Certificate: FAMILY MEDICINE  
 Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC <sup>+</sup>	Active	07/15/2019	n/a	02/15/2021	INITIAL	03/19/2020	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

**Current and/or historical medical licensure**

License No.	MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
A00161849	MD	CA	04/10/2019	04/30/2021		ACTIVE	UNLTD	06/04/2020

**Action Notifications**

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

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

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX715	22N 33N 4 5	02/28/2022	06/19/2020	Santa Clara County 751 S Bascom Ave





DEA number	Schedule	Expiration Date	Last Reported Date	Address
				San Jose, CA 95128-2604

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

*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**

Applicant Number:

*The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfmg.org/>*

**Profile Information**

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected 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 Masterfile 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 our profiles website, go to the profile manager tab, find the provider 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 we will update the link in profile manager for this provider so that you can access the new, updated information.

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

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**PRACTITIONER PROFILE**

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Prepared for: Washington Medical Commission As of Date:6/29/2020


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**PRACTITIONER INFORMATION**

Name: Shah, Mansi Rajendra  
 DOB: 2/10/1990  
 Medical School: Case Western Reserve University School of Medicine  
 Cleveland, Ohio, UNITED STATES  
 Year of Grad: 2016  
 Degree Type: MD  
 NPI: 1831552306

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**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB 

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1831552306	Individual			06/04/2018

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-161849	04/10/2019	04/30/2021	06/24/2020
NORTH CAROLINA		05/06/2016	07/14/2019	06/02/2020
WASHINGTON	MD61067297			06/01/2020

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**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
FS8745715	22N 33N 4 5	SAN JOSE,CA 95128	02/28/2022	06/12/2020

**PRACTITIONER PROFILE**

Prepared for: Washington Medical Commission As of Date:6/29/2020  
 Practitioner Name: Shah, Mansi Rajendra

**ABMS® CERTIFICATION HISTORY**

Certifying Board: American Board of Family Medicine  
 Certificate: Family Medicine  
 Certification Type: General  
 Certification Status: Certified  
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/15/2019		02/15/2021	Initial	06/25/2020

*The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.*

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

## Marienthal, Emma L (WMC)

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**From:** WMC  
**Sent:** Monday, July 27, 2020 1:57 PM  
**To:** 'mansirshah@gmail.com'  
**Subject:** Pending MD.61067297 License  
**Attachments:** WMC Postgrad Training Verification.pdf  
  
**Importance:** High

Dear Dr. Shah,

This is to acknowledge receipt of your application for your Physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

### MISSING ITEMS

-We need your official USMLE transcript showing your scores. We can only accept this document directly from their board. If you have previously ordered these between April-Present day, please forward your emailed confirmation receipt to me.

### Contact Us

USMLE, FLEX and SPEX Transcripts Customer Support  
400 Fuller Wiser Road  
Euless, TX 76039  
Phone: (817) 868-4041  
Transcripts email: [transcripts@fsmb.org](mailto:transcripts@fsmb.org)

-Your FBI fingerprint packet that was mailed to you in June.

-The Santa Clara PGT verification. Please see attached form to send to your program, and have them email directly back to our Commission upon completion.

You can check your status online at any time: <https://fortress.wa.gov/doh/providercredentialsearch/>

If your mailing address has changed since application submission:  
<https://fortress.wa.gov/doh/opinio/s?s=MQACContactChange>

License Renewal Questions: <https://wmc.wa.gov/licensing/renewals>

Frequently Asked Questions: <https://wmc.wa.gov/resources/faq>

**Please note:** while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

Washington State Department of Health  
Version 7.2

Payment Receipt

Transaction Date : 04/21/2020

Cashier : Application

Receipt # : 5239101

Receipt Identification : Shah, Mansi Rajendra

**Money Tendered**

Type	Amount	Reference	Payer Name	Payment Comment
Credit Card	\$491.00	00776C	Mansi Shah	
<b>Total :</b>	<b>\$491.00</b>			

Washington Medical Commission, 111 Israel Rd SE, Tumwater, WA 98501

Sincerely,



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

**Licensing Unit**

Washington Medical Commission

phone: 360.236.2750

Were you satisfied with the service you received

today? Yes or No

