

# APPLICATION FOR RENEWAL OF OKLAHOMA LICENSE

MEDICAL DOCTOR From 1/2/2017 To 1/1/2018

This form must be completed and returned to this office with a renewal fee of \$200.00 on or before January 1, 2016. After that date, the license becomes inactive. Renewals may be accepted for 60 days with a fee of \$350.00. After 60 days, unrenewed Licenses are suspended. YOU CANNOT PRACTICE WITH AN INACTIVE OR SUSPENDED LICENSE.

Mail Renewal application to: **OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**  
**PO BOX 18256**  
**OKLAHOMA CITY, OK 73154-0256**

Mark any changes to the addresses below. Please inform this office of all address changes.

31831

JILL LYNELLE MEADOWS, M.D.

<div></div>	<div>M A I L</div>	<div>PROVIDE A ZIP+4 CODE</div>	<div>P R A C T</div>	<div>PLANNED PARENTHOOD OF THE HEARTLAND INC 1007 S. PEORIA AVE. TULSA, OK 74120 (918) 587-1101</div>
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Have you met the Oklahoma CME requirement?

☐ YES ☒ NO

You are required pursuant to 59 O.S. § 355.1(B) to indicate your preference. Please read and check appropriate response. Any Medical Doctor who desires to DISPENSE "dangerous drugs" as defined in the Pharmacy Law, must register annually with the Board. This is for dispensing only and does not include prescribing, administering, or the giving of samples.

I wish to be registered to dispense dangerous drugs. ☐ YES ☒ NO

The following information is mandatory and information provided may be investigated further.

Since the last renewal or initial licensure (whichever is most recent):

YES

NO

- |    |  |       |                          |                                     |
|----|--|-------|--------------------------|-------------------------------------|
| A. | Has your application for a license been denied?  | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. | Have you surrendered a license or had any disciplinary action taken on any license?  | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. | Have you been investigated by or requested to appear before a licensing or disciplinary agency other than the Oklahoma State Board of Medical Licensure and Supervision? | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D. | Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?  | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E. | Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance including alcohol?                     | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F. | Have you been addicted to or abused any drug or chemical substance including alcohol?  | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| G. | Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?   | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H. | Have you had any mental or physical disorder or condition which if untreated could affect your ability to practice competently?  | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| I. | Have you been denied provider participation, terminated, sanctioned or penalized by any third party payor to include TRICARE, MEDICARE, or MEDICAID?                     | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| J. | Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?   | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| K. | Have you been denied membership or had disciplinary action taken by a national, state, or county medical organization?   | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| L. | Have you been denied or had removed or suspended hospital staff privileges?  | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| M. | Have you surrendered hospital staff privileges while under investigation or to avoid investigation?  | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| N. | Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?   | ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

YES NO

- O. Have you been the subject of an investigation or disciplinary action, including probation, by a hospital, clinic, practice group, or residency program? \_\_\_\_\_ X
- P. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim? \_\_\_\_\_ X
- Q. Have you been reported to the National Practitioner Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? \_\_\_\_\_ X

DO YOU WISH TO APPLY FOR PHYSICIAN EMERITUS (FULLY RETIRED) STATUS? \_\_\_\_ YES X NO

If "YES", there will be no renewal fee.

The Following Restrictions apply to Physician Emeritus (FULLY RETIRED) Physicians:

- A) You may continue to use the title "DOCTOR" and suffix "MD", but must indicate your retired status.  
B) You cannot practice medicine in any form. You cannot prescribe, dispense or administer drugs.

**Specialties:**

List Specialty you spend greater than 50% of your time in #1.

1. Obstetrics & Gynecology \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Board Certifications (Current):**

Add Boards by exact name and attach a copy of certificate if new certification.

1. AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Post Graduate Training (Current):**

Type of Training: \_\_\_\_\_

Hospital: \_\_\_\_\_

Location: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

**Practice Information (Current):**

Employer: PLANNED PARENTHOOD OF THE HEARTLAND, INC

City, State, Country: DES MOINES, IA UNITED STATES

Type of Practice or Specialty: OB/GYN

Date Started: 7/2010

**Other States in which you are licensed to practice Medicine:**

NE 25740 , IA 33019- Doctor of Medicine , AR E-9020-Doctor of Medicine , NY 206013

I, the undersigned, have to the best of my knowledge, complied with the laws and rules regulating my profession.  
I hereby state that the information contained in this application is true and correct. This form is Public Information.

Signature of Applicant: Renewed Online Date: 12/27/2016 Time: 2:41:45 pm

# APPLICATION FOR RENEWAL OF OKLAHOMA LICENSE

MEDICAL DOCTOR From 1/2/2018 To 1/1/2019

This form must be completed and returned to this office with a renewal fee of \$200.00 on or before January 1, 2017. After that date, the license becomes inactive. Renewals may be accepted for 60 days with a fee of \$350.00. After 60 days, unrenewed Licenses are suspended. YOU CANNOT PRACTICE WITH AN INACTIVE OR SUSPENDED LICENSE.

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**PO BOX 18256**  
**OKLAHOMA CITY, OK 73154-0256**

Mark any changes to the addresses below. Please inform this office of all address changes.

31831

JILL LYNELLE MEADOWS, M.D.

		M A I L	<b>PROVIDE A ZIP+4 CODE</b>	P R A C T	PLANNED PARENTHOOD OF THE HEARTLAND 850 ORCHARD ST. IOWA CITY, IA 52246 (319) 354-2044
--	--	------------------	-------------------------------------	-----------------------	--

You are required pursuant to 59 O.S. § 355.1(B) to indicate your preference. Please read and check appropriate response. Any Medical Doctor who desires to DISPENSE "dangerous drugs" as defined in the Pharmacy Law, must register annually with the Board. This is for dispensing only and does not include prescribing, administering, or the giving of samples.

I wish to be registered to dispense dangerous drugs. ☐ YES ☒ NO

The following information is mandatory and information provided may be investigated further.

Since the last renewal or initial licensure (whichever is most recent):

	YES	NO
A. Has your application for a license been denied? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Have you surrendered a license or had any disciplinary action taken on any license? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Have you been investigated by or requested to appear before a licensing or disciplinary agency other than the Oklahoma State Board of Medical Licensure and Supervision? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance including alcohol? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. Have you been addicted to or abused any drug or chemical substance including alcohol? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H. Have you had any mental or physical disorder or condition which if untreated could affect your ability to practice competently? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Have you been denied provider participation, terminated, sanctioned or penalized by any third party payor to include TRICARE, MEDICARE, or MEDICAID? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K. Have you been denied membership or had disciplinary action taken by a national, state, or county medical organization? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Have you been denied or had removed or suspended hospital staff privileges? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Have you surrendered hospital staff privileges while under investigation or to avoid investigation? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

YES NO

- O. Have you been the subject of an investigation or disciplinary action, including probation, by a hospital, clinic, practice group, or residency program? \_\_\_\_\_ X
- P. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim? \_\_\_\_\_ X
- Q. Have you been reported to the National Practitioner Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? \_\_\_\_\_ X

DO YOU WISH TO APPLY FOR PHYSICIAN EMERITUS (FULLY RETIRED) STATUS? \_\_\_\_ YES X NO

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2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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Add Boards by exact name and attach a copy of certificate if new certification.

1. AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Post Graduate Training (Current):**

Type of Training: \_\_\_\_\_

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Location: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

**Practice Information (Current):**

Employer: PLANNED PARENTHOOD OF THE HEARTLAND, INC

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Type of Practice or Specialty: OB/GYN

Date Started: 7/2010

**Other States in which you are licensed to practice Medicine:**

NE 25740 , IA 33019- Doctor of Medicine , AR E-9020-Doctor of Medicine , NY 206013

I, the undersigned, have to the best of my knowledge, complied with the laws and rules regulating my profession.  
I hereby state that the information contained in this application is true and correct. This form is Public Information.

Signature of Applicant: Renewed Online Date: 12/28/2017 Time: 1:57:25 pm



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

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

Recipient:

Date: 10/20/2015

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE &  
SUPERVISION

Examinee: Meadows, Jill Lynelle

Examinee ID: 40182214

Alt Name(s): Vibhakar, Jill Lynelle

Date of Birth:

Edwards, Jill Lynelle

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

### USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/8/1993	Pass	201	(176)	

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
8/31/1994	Pass	214	(167)	

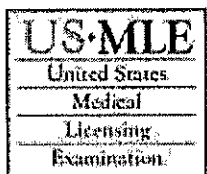
### USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
5/14/1996	Pass	213	(176)	

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

PRIMARY  
SOURCE

Library  
31831



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

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

Examinee: Meadows, Jill Lynelle

Examinee ID: 40182214

Date of Birth:

### 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.*



## OF MEDICAL LICENSURE AND SUPERVISION

*Certifies that JILL LYNELLE MEADOWS having given satisfactory evidence of fitness as to age, character, preliminary education, medical instruction, and all other matters required by law, was fully examined by the members of the State Board of Medical Licensure and Supervision of the State of Oklahoma, whose signatures are hereto attached and found duly qualified to receive this Certificate Authorizing the Practice of Medicine and Surgery, in this State under and pursuant to the provisions of the Statutes of the State of Oklahoma,*

IN TESTIMONY WHEREOF, we have hereunto set our hands and caused the official seal of said board to be impressed thereon, this 1st day of January, 2016



*Lee Schoeffler, MD*

PRESIDENT

*Byron H. Hines*

SECRETARY

*Robert Howard*

*Pusan L. Chambers, MD*

*Riaz A. Pirguddin, MD*

*Ann Sears Wynn, MD*

*John W. Kunsinger, MD*

*Royce B. Everett, MD*

*Frank Ross*

*Mark P. Finley, MD*

Medical License No. 31831

91. 7199 9991. 7034 9109 6247

MD31831

## **Teresa Mitchell**

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**From:** Reji Varghese  
**Sent:** Thursday, December 24, 2015 9:39 AM  
**To:** Kenna L. Shaw; Teresa Mitchell; Applications  
**Subject:** Board Member Vote

Hank Ross has cast the following vote:

Type: MD  
Number: 31831  
Name: JILL LYNELLE MEADOWS

Response: Approved



Date: December 23, 2015

Board Secretary Vote on Behalf of : MEADOWS, JILL LYNELLE

For Board Member: Dr. Howard

Board Secretary:

Agree with 12-29-15

Date: December 23, 2015

Board Secretary Vote on Behalf of : MEADOWS, JILL LYNELLE

For Board Member: Mr. Ross

Board Secretary:

Agree with 12-29-15

## **Teresa Mitchell**

---

**From:** Reji Varghese  
**Sent:** Tuesday, December 22, 2015 8:41 AM  
**To:** Kenna L. Shaw; Teresa Mitchell; Applications  
**Subject:** Board Member Vote

Mark S. Fixley, MD has cast the following vote:

Type: MD  
Number: 31831  
Name: JILL LYNELLE MEADOWS

Response: Approved

A handwritten signature in black ink, appearing to be 'Reji' or similar, located in the bottom right corner of the page.

## **Teresa Mitchell**

---

**From:** Reji Varghese  
**Sent:** Tuesday, December 22, 2015 6:12 AM  
**To:** Kenna L. Shaw; Teresa Mitchell; Applications  
**Subject:** Board Member Vote

Ann Acers Warn, MD has cast the following vote:

Type: MD  
Number: 31831  
Name: JILL LYNELLE MEADOWS

Response: Approved

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized and appears to be a first name followed by a last name, though the specific letters are not clearly legible.

## **Teresa Mitchell**

---

**From:** Reji Varghese  
**Sent:** Sunday, December 20, 2015 6:33 AM  
**To:** Kenna L. Shaw; Teresa Mitchell; Applications  
**Subject:** Board Member Vote

Lee Schoeffler, MD has cast the following vote:

Type: MD  
Number: 31831  
Name: JILL LYNELLE MEADOWS

Response: Approved

A handwritten signature in black ink, appearing to be 'JL' or similar, located in the bottom right corner of the page.

## **Teresa Mitchell**

---

**From:** Reji Varghese  
**Sent:** Saturday, December 19, 2015 7:07 AM  
**To:** Kenna L. Shaw; Teresa Mitchell; Applications  
**Subject:** Board Member Vote

Riaz A. Sirajuddin, MD has cast the following vote:

Type: MD  
Number: 31831  
Name: JILL LYNELLE MEADOWS

Response: Approved

A handwritten signature in black ink, appearing to be 'RJ' or similar, located in the bottom right corner of the page.

## **Teresa Mitchell**

---

**From:** Reji Varghese  
**Sent:** Friday, December 18, 2015 4:24 PM  
**To:** Kenna L. Shaw; Teresa Mitchell; Applications  
**Subject:** Board Member Vote

John W. Kinsinger, MD has cast the following vote:

Type: MD  
Number: 31831  
Name: JILL LYNELLE MEADOWS

Response: Approved

A handwritten signature in black ink, appearing to be 'JW' or similar, located in the bottom right corner of the page.

## **Teresa Mitchell**

---

**From:** Reji Varghese  
**Sent:** Thursday, December 17, 2015 1:02 PM  
**To:** Kenna L. Shaw; Teresa Mitchell; Applications  
**Subject:** Board Member Vote

Royice B. Everett, MD has cast the following vote:

Type: MD  
Number: 31831  
Name: JILL LYNELLE MEADOWS

Response: Approved



**Oklahoma State Board of Medical Licensure and Supervision**  
**Application Summary**

Type	Number	Name
MD	31831	JILL LYNELLE MEADOWS
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

**Last Medical School Attended:**

018-03 Univ of IA Roy J & L Carver COM, Iowa City, IA 52242

Number of Licenses Previously Granted to Graduates of this Medical School:162

Application for: Resident \_\_\_\_\_ Full License ✓

The Secretary of the Board has reviewed this application and:

- 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS Am 12-3-11
- 2) ALL FIVE CRITERIA HAVE BEEN MET \_\_\_\_\_
  - Passed USMLE < 2 attempts
  - No DUIs, etc
  - No Malpractice
  - US Graduate
  - Graduated Medical School on time
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 4) HAS ISSUED A SPECIAL TRAINING LICENSE \_\_\_\_\_
- 5) REQUESTS SPECIFIC CONSIDERATION OF:



# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

**Type**      **Number**      **Name**  
 MD      31831      JILL LYNELLE MEADOWS  
 MEDICAL DOCTOR

**Mailing Address**

**Addr. Date:** August 05, 2015

**Address:** [REDACTED]

**Practice Address:**

August 05, 2015

PLANNED PARENTHOOD OF THE HEARTLAND  
 1000 E ARMY POST RD

**City, State ZIP:** [REDACTED]

**County:** NOT OKLAHOMA

**Province:**

**Country:**

DES MOINES, IA 50315-5939

NOT OKLAHOMA

UNITED STATES OF AMERICA

**Status:**

**Endorsed By:** NEBRASKA

**Res:** MD

**Received:** 08/05/2015

**Entered:** 08/05/2015

**Temp Issued:**

**Temp Expires:**

**Train Issued:**

**Train Expires:**

**Fed Rec:** 12/01/2015

**AMA Rec:** 08/11/2015

**Board Action:**

**License #:** 31831

**Sex:** F

**Ethnic Origin:** 1

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	6/8/93	10/20/15	1
Test 2:	USMLE 2	PASS	8/31/94	10/20/15	1
Test 3:	USMLE 3	PASS	5/14/96	10/20/15	1
Note: <b>PASS</b> means higher than 75					
<b>Test AV:</b>					
<b>Total Possible:</b> 0					
<b>Okla Passing:</b> 0					
<b>Total Score:</b> 0					

### PRE-MED EDUCATION

**School Name:** MACALESTER COLLEGE

**City:** ST PAUL

**State:** MN **Country:** UNITED STATES

**Degree:** BACHELOR OF ARTS

**From:** 8/1987 **To:** 5/1991 **Verified:** 9/8/2015

### MEDICAL SCHOOL EDUCATION

**Name:** Univ of IA Roy J & L Carver COM, Iowa City, IA 52242

**Foreign Name:**

**City:** Iowa City

**State/Country:** United States of America

**Degree:** DOCTOR OF MEDICINE

**From:** 8 / 1991

**To:** 5 / 1995

**Diploma Ver'd:**

Y

### POST GRADUATE EDUCATION

**Facility:** BETH ISRAEL MEDICAL CENTER

**Specialty:** OB/GYN

**Res. Fellowship:** Residency

**City:** NEW YORK

**State:** NY

**Country:** UNITED STATES OF AMERICA

**Verified:** 11/23/2015

**From:** 7 / 1995

**To:** 6 / 1999

**Comments:**

# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

**Type**    **Number**    **Name**  
 MD       31831       JILL LYNELLE MEADOWS  
 MEDICAL DOCTOR

### PRACTICE HISTORY

<b>Employed:</b> PLANNED PARENTHOOD OF THE		<b>Supervisor:</b>	
HEARTLAND, INC			
<b>City:</b> DES MOINES	<b>State:</b> IA	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> OB/GYN	<b>From:</b> 7/ 2010	<b>To:</b> /	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> UNIVERSITY OF IOWA HOSPITALS &		<b>Supervisor:</b>	
CLINICS			
<b>City:</b> IOWA CITY	<b>State:</b> IA	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> OB/GYN	<b>From:</b> 7/ 1999	<b>To:</b> 6/ 2010	<b>Verified:</b>
<b>Comments:</b>			

### BOARD CERTIFICATIONS

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

### Other Licenses

State	Lic #	Status	Issued	Exp	Verif
NE	25740	A	6/24/10	10/1/16	9/14/15
IA	33019- Doctor of Medicine	A	7/2/99	4/1/17	8/10/15
AR	E-9020-Doctor of Medicine	A	1/9/15	4/30/15	9/21/15
NY	206013	I	3/10/97	2/28/99	9/14/15

### DEFICIENCIES

# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:08/05/2015

Applicant Name: MEADOWS, JILL LYNELLE

MD 31831

Date Of Birth: [REDACTED] Place Of Birth (City, State): IOWA CITY, IA

Sex: F

Race: Caucasian

### Education

Type	Name	City	ST	Country	From	To	Degree	Comments	Verif
UG	MARALESTER COLLEGE	ST PAUL	MN		8/1987	5/1991	BACHELOR OF ARTS		

### Medical School Name

City	State	Country
Univ of IA Roy J & L Carver COM, Iowa City, IA 52242	Iowa City	IA United States of America

### Post-Graduate

Facility	City	ST	Country	Specialty	From	To
BETH ISRAEL MEDICAL CENTER	NEW YORK	NY	UNITED STATES	OB/GYN	7/1995	6/1999

### Practice History

Employer	Specialty	Supervisor	City	ST	Country	From	To	Verif
PLANNED PARENTHOOD OF THE HEARTLAND, INC	OB/GYN		DES MOINES	IA		7/2010	0/0	
UNIVERSITY OF IOWA HOSPITALS & CLINICS	OB/GYN		IOWA CITY	IA		7/1999	6/2010	

### Other/ Out-Of-State Licenses

State	License #	Profession	Status	Issue Date	Exp Date
NE	25740		U	6/24/10	10/1/16
IA	33019		U	7/2/99	4/1/15
AR	E-9020		U	1/9/15	4/30/15
NY	206013		U	3/10/97	3/10/97

### MD Exam

Exam	State	Score	Date Taken	#
USMLE				

*(\$500<sup>2</sup>)*

# Oklahoma State Board of Medical Licensure and Supervision

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:08/05/2015

Questions Answered 08/04/2015	Response
Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
Have you ever been denied or had removed or suspended hospital staff privileges?	N
Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
Have you ever been the subject of an investigation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	Y
I was named in a lawsuit filed in 2004. I was not the primary defendant. I was an intern in residency when the alleged incident took place in 1996. The lawsuit involved the child of a patient I helped care for as a first year OB/GYN resident at Beth Israel Medical Center. The patient was evaluated, admitted, and treated for preterm labor. She subsequently delivered a very premature infant within a week of admission during the same hospitalization. The child survived but suffered multiple complications associated with prematurity. The case settled out of court, and I was dismissed with prejudice from the case, without payment on my behalf, in 2007.	
Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
Has your application for examination or a license ever been denied?	N
Have you ever failed any part of a licensure/certification/registration examination?	N
Have you ever surrendered a license or had a license revoked?	N
Has any disciplinary action been taken on any license?	N
Have you ever been requested to appear before a licensing or disciplinary agency?	N
Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N

**Oklahoma State Board of Medical Licensure and Supervision**

**APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE**

Received:08/05/2015

**If licensed, where do you intend to locate?**

**Why do you seek Licensure in the state of Oklahoma?**

Join Established Practice

**In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?**

**Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:**

**Describe the manner in which you intend to practice medicine across state lines in Oklahoma:**

**Have you executed or been offered a contract in connection with practice in the state of Oklahoma?**

No

**If 'Yes', Name of practice:**

**If so, Please identify with which category:**

**Name of Previous Carrier and Policy Holder**

None

**Name of Current Carrier and policy Holder**

National Union Fire Ins Co of Pittsburgh, PA

Policy holder: Planned Parenthood of the Heartland, Inc

**Will your professional liability insurance policy cover your practice in Oklahoma**

Yes

**If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma**

**I attest that all the above information is accurate as of August 04, 2015: \_\_\_\_\_ (Signed Online)**

Photo & Oath Page:



As part of the online application process you are not required to complete form.

THIS PHOTOGRAPH, TAKEN WITHIN THE PAST TWELVE MONTHS, IS A CORRECT LIKENESS OF MYSELF.

SHERI SCHNELL  
COMMISSION NO. 719901  
MY COMMISSION EXPIRES  
12-10-17

*[Signature]*  
APPLICANT SIGNATURE

*[Signature]*  
NOTARY SIGNATURE  
COMMISSION NUMBER: 719901

MY COMMISSION EXPIRES: 12-10-17

2. OATH

I, Jill Madors, hereby certify under oath that I am the person named in the application for license to practice medicine and surgery in the State of Oklahoma, that all statements I have made herein are true, that the photograph is a true resemblance of me and was made within the last 12 months; that in consideration of the issuance to me of a license to practice medicine and surgery in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for the revocation of my medical license.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Medical Licensure and Supervision or its successors any information, files or records requested by that Board in connection with this application. I further authorize the Oklahoma State Board of Medical Licensure and Supervision or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure or licensure renewal.



*[Signature]* M.D.  
APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 27th DAY OF August, 2015

*[Signature]*  
NOTARY PUBLIC  
COMMISSION NUMBER: 719901

SEAL  
MY COMMISSION EXPIRES: 12-10-17

Mail completed form to:

OKLAHOMA BOARD OF MEDICAL LICENSURE  
P.O. BOX 18256  
OKLAHOMA CITY, OK 73154-0256

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SEP - 4 2015  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

31831

Jill Lynelle Meadows  
As of August 4, 2015, 2:41 pm

H.. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?

☒ Yes ☐ No

I was named in a lawsuit filed in 2004. I was not the primary defendant. I was an intern in residency when the alleged incident took place in 1996. The lawsuit involved the child of a patient I helped care for as a first year OB/GYN resident at Beth Israel Medical Center. The patient was evaluated, admitted, and treated for preterm labor. She subsequently delivered a very premature infant within a week of admission during the same hospitalization. The child survived but suffered multiple complications associated with prematurity. The case settled out of court, and I was dismissed with prejudice from the case, without payment on my behalf, in 2007.

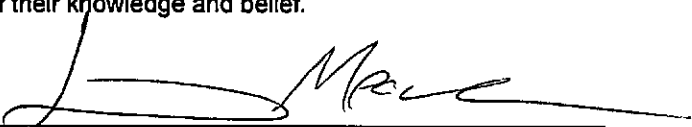
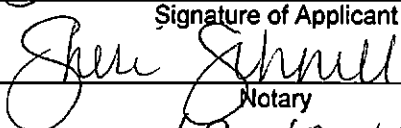
Jill Lynelle Meadows  
As of August 4, 2015, 2:41 pm

State of:

County of:

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 10th day of August, 2015, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Seal

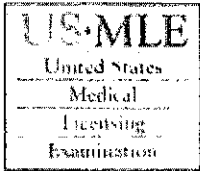
  
\_\_\_\_\_  
Signature of Applicant  
  
\_\_\_\_\_  
Notary  
12-10-17  
\_\_\_\_\_  
My Commission Expires



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SEP - 4 2015  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

31831



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

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

Recipient:

Date: 10/20/2015

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE &  
SUPERVISION

Examinee: Meadows, Jill Lynelle  
Alt Name(s): Vibhakar, Jill Lynelle  
Edwards, Jill Lynelle

**PRIMARY  
SOURCE**

Examinee ID: 40182214

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

## USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/8/1993	Pass	201	(176)	

## USMLE STEP 2

### Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
8/31/1994	Pass	214	(167)	

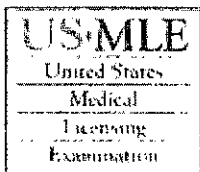
## USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
5/14/1996	Pass	213	(176)	

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

31831  
2





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

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

Examinee ID: 40182214

Date of Birth: [REDACTED]

Examinee: Meadows, Jill Lynelle

### 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.*

Form #1 (MD)

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Oklahoma State Board of Medical Licensure and Supervision AUG 28 2015

P.O. Box 18256  
Oklahoma City, OK 73154-0256

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Send or take this form to the Medical School from which you graduated for verification of your graduation. **This form must be completed and mailed directly to the Board by the Medical School.**

I, David Asprey, DO HEREBY CERTIFY THAT THE APPLICANT,  
Name of educator

Jill Lynelle (Edwards) Medans ATTENDED University of Iowa College of Medicine  
Name of applicant Name of institution

LOCATED IN Iowa City, IA, USA  
City State Country

FROM 08 / 26 / 91 TO 05 / 12 / 95  
mo. day year mo. day year

AND WAS AWARDED THE DEGREE: Doctor of Medicine

I do hereby certify that, at the time of graduation, there was no suspension, probation or other disciplinary action in effect or pending involving this graduate, and to the best of my knowledge he/she was competent to practice medicine.

David Asprey  
Signature (Must be an original signature. Proxy or signature stamp will not be accepted.)

SEAL

Assistant Dean  
Title

08/20/2015  
Date

If the medical school has no seal, the signature of the author of this form must be notarized.

MDONE (08/02)

PRIMARY  
SOURCE

# MACALESTER COLLEGE

SAINT PAUL, MINNESOTA

Page: 1

## ACADEMIC TRANSCRIPT

Record of: Vibhakar, Jill Lynelle

Date Issued: 03-SEP-2015

Date of Birth: [REDACTED]

Student ID: [REDACTED]

Issued to: Oklahoma State Board of  
Licensure and Supervision  
P.O. Box 18256  
Oklahoma City, OK 73154-0256

*You may  
have name  
under  
Meadows*

Course Level: Undergraduate

Degree Awarded: Bachelor of Arts 25-MAY-1991

Major: Music

Major: Biology

Inst. Honors: cum laude

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
----------	--------------	----------	-------

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Coll Board Advanced Placement

ENGL 20	Studies In Literature	4.00 TS
MATH 21	Calculus I	4.00 TS
Ehrs: 8.00	GPA-Hrs: 0.00	Qpts: 0.00 GPA: 0.00

University Video Center

CLAS 01	Classical Biblical Lit	3.40 TB
ND 01	Manual Communic I	0.00 TS
Ehrs: 3.40	GPA-Hrs: 0.00	Qpts: 0.00 GPA: 0.00

INSTITUTION CREDIT:

Fall 1987			
BIOL 12	Introductory Biology II	4.00 A-	14.80
FSEM 24	20th C American Autobi	4.00 A-	14.80
GERM 47	Intro to German Literature	4.00 A	16.00
MUSI 13	Theory I	4.00 A-	14.80
Ehrs: 16.00	GPA-Hrs: 16.00	Qpts: 60.40	GPA: 3.78

January 1988			
IT 95	English School/Family	4.00 S	0.00
Ehrs: 4.00	GPA-Hrs: 0.00	Qpts: 0.00	GPA: 0.00

Spring 1988			
BIOL 11	Introductory Biology I	4.00 B-	10.80
ECON 19	Principles of Economics	4.00 B+	13.20
MUSI 102	Harp	1.00 A	4.00
MUSI 116	Symphony Orchestra	0.00 A	0.00
MUSI 122	Lab Class Piano	0.00 B	0.00

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

TITLE	CRED GRD	PTS R
-------	----------	-------

ued:	4.00 B	12.00
	0.00 S	0.00
	4.00 A-	14.80
Ehrs: 17.00	GPA-Hrs: 17.00	Qpts: 54.80 GPA: 3.22

Fall 1988			
ANTE 50	Medical Anthropology	4.00 A	16.00
BIOL 63	Embryology	4.00 B	12.00
CHEM 13	General Chemistry II	4.00 B	12.00
MUSI 101	Harp	1.00 A	4.00
MUSI 121	Piano Proficiency	0.00 B+	0.00
MUSI 41	Medieval, Renaissance Literat	4.00 A-	14.80
Ehrs: 17.00	GPA-Hrs: 17.00	Qpts: 58.80	GPA: 3.46

January 1989			
IT 01	Flannery O'Connor	4.00 S	0.00
Ehrs: 4.00	GPA-Hrs: 0.00	Qpts: 0.00	GPA: 0.00

Spring 1989			
BIOL 64	Vertebrate Anatomy and Evoluti	4.00 A	16.00
BIOL 66	Neuroscience	4.00 A	16.00
MUSI 102	Harp	1.00 A	4.00
MUSI 24	Form and Analysis	4.00 A	16.00
MUSI 42	Western Music, 17th, 18th Centu	4.00 A	16.00
Ehrs: 17.00	GPA-Hrs: 17.00	Qpts: 68.00	GPA: 4.00

Fall 1989			
CHEM 37	Organic Chemistry	4.00 B	12.00
MUSI 101	Harp	1.00 A	4.00
MUSI 215	Chamber Music Ensemble	0.00 A	0.00
MUSI 43	Western Music of 19th Century	4.00 A-	14.80
MUSI 51	Women Making Music	4.00 A	16.00
PHYS 26	Principles of Physics I	4.00 B+	13.20
Ehrs: 17.00	GPA-Hrs: 17.00	Qpts: 60.00	GPA: 3.53

Interim 1990			
IT 53	Human Genetics in 21st Century	4.00 S	0.00
Ehrs: 4.00	GPA-Hrs: 0.00	Qpts: 0.00	GPA: 0.00

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

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SEP 08 2015

PRIMARY SOURCE  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION



31831  
Jayne L. Niemi

SECRET

# MACALESTER COLLEGE

SAINT PAUL, MINNESOTA

Page: 2

## ACADEMIC TRANSCRIPT

Record of: Vibhakar, Jill Lynelle

Date Issued: 03-SEP-2015

Date of Birth:

Student ID:

SUBJ NO.	COURSE TITLE	CRED GRD	PTS
Institution Information continued.			
Spring 1990			
BIOL 50	Topics in Cancer	4.00 B+	13.20
CHEM 38	Organic Chemistry	4.00 B	12.00
MUSI 102	Harp	0.00 A	0.00
MUSI 216	Chamber Music Ensemble	0.00 A	0.00
MUSI 44	Twentieth Century Music Lit	4.00 A	16.00
PHYS 27	Principles of Physics II	4.00 B	12.00
Ehrs: 16.00 GPA-Hrs: 16.00 QPts: 53.20 GPA: 3.33			
Fall 1990			
BIOL 51	Immunology	4.00 B	12.00
BIOL 61	Human Physiology	4.00 A	16.00
HIST 22	United States Women's History	4.00 A	16.00
MUSI 101	Harp	0.00 A	0.00
MUSI 121	Piano Proficiency	0.00 B-	0.00
MUSI 215	Chamber Music Ensemble	0.00 S	0.00
MUSI 221	New Music Ensemble	0.00 A	0.00
MUSI 23	Contemporary Theory	4.00 A	16.00
Ehrs: 16.00 GPA-Hrs: 16.00 QPts: 60.00 GPA: 3.75			
Interim 1991			
IT 72	Individual Project in Biology	4.00 S	0.00
Ehrs: 4.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00			
Spring 1991			
BIOL 42	Animal Ecology	4.00 B+	13.20
MUSI 102	Harp (Hour Lesson)	0.00 A	0.00
MUSI 122	Piano for Proficiency	0.00 B-	0.00
MUSI 222	New Music Ensemble	0.00 A	0.00
MUSI 300	Piano Proficiency Exam	0.00 S	0.00
MUSI 74	Conducting	4.00 B+	13.20
MUSI 88	Senior Project	4.00 A	16.00
PE 101	Physical Fitness	0.00 S	0.00
Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 42.40 GPA: 3.53			

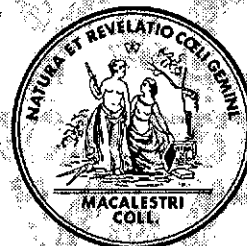
***** TRANSCRIPT TOTALS *****				
	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	144.00	128.00	457.60	3.58
TOTAL TRANSFER	11.40	0.00	0.00	0.00
OVERALL	155.40	128.00	457.60	3.58
***** END OF TRANSCRIPT *****				

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SEP 03 2015

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE



Jayne L. Niemi

**Registrar's Office  
Macalester College  
1600 Grand Avenue  
St. Paul, MN 55105-1899**  
Phone: 651.696.6200 Fax: 651.696.6600  
<http://www.macalester.edu/registrar>

**Accreditation**

Macalester College is fully accredited by the North Central Association of Colleges and Secondary Schools.

**Course Credit**

Macalester College is on the semester credit system.

**Course Numbers**

1963-Summer 2003:

1 - 99	Undergraduate course.
100 - 399	Undergraduate co-curricular course.
400 - 599	Graduate workshop.

Beginning Fall 2003:

1 - 99	Undergraduate co-curricular course.
100 - 499	Undergraduate course.
600 - 649	Undergraduate independent study.
650 - 699	Graduate workshop.

Beginning Fall 2007:

SA	Undergraduate course from a study away program
TR	Undergraduate course from transfer work.

**Course Designations**

Some courses are taken at other Twin Cities colleges and universities through various consortial agreements. For those courses, the following designations appear subsequent to the course title:

AU	Augsburg College
HA	Hamline University
SC	St. Catherine University
ST	University of St. Thomas
MCAD	Minneapolis College of Art and Design
UM	University of Minnesota

**Grading**

Grades for courses transferred to Macalester and for *some* Macalester-approved study away programs are not included in the cumulative grade point average computation. Macalester does *not* compute a rank in class. An E or A following the grade and credit for a course indicates a repeated course.

Grade/Grade Points	Grade	Grade Description	Grade Points
A 4.0	S	C- or better earned on S/D/NC option	-
A- 3.7	SD	D earned on S/D/NC option	-
B+ 3.3	N	NC earned on S/D/NC option	-
B 3.0	I	incomplete	-
B- 2.7	W	withdraw	-
C+ 2.3	NR	not reported	-
C 2.0	AU	audit	-
C- 1.7	T	transfer work (i.e. TA, TB+, TC-, etc.)	-
D+ 1.3			
D 1.0			
D- 0.7			
NC 0.0			

**RELEASE OF THIS INFORMATION TO ANY OTHER PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT IS FORBIDDEN BY FEDERAL LAW.**

**TO TEST FOR AUTHENTICITY:** Translucent globe icons *MUST* be visible from both sides when held toward a light source. The face of this transcript is printed on blue SCRIP-SAFE® paper with the name of the institution appearing in white type over the face of the entire document.

MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE • MACALESTER COLLEGE

**ADDITIONAL TESTS:** When photocopied, a latent security statement containing the institutional name and the words COPY COPY COPY appear over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office. **ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!**

# THE UNIVERSITY OF IOWA

IOWA CITY, IOWA 52242

## OFFICIAL TRANSCRIPT

Jill Lynelle Meadows

00060061

Page 1 / 1

PRINT DATE PAGE  
09/03/2015 1

UNIVERSITY NUMBER COLLEGE CLS SPEC. PROG DEG. OBJ.  
00 06 00 61 M 4

JILL LYNELLE MEADOWS

COURSE TITLE DEPT COURSE SEM HR GRADE

COLLEGE OF LIBERAL ARTS

NOT A DEGREE CANDIDATE

1 SEMESTER 1986-87

CLASSIC BIBILIC LIT 008 008 03 B

2 SEMESTER 1986-87

MANUAL COMMUNIC I 003 140 01 S

MACALESTER COL MN

1987-91 BA 1991

COLLEGE OF MEDICINE

1 SEMESTER 1991-92

GROSS HUM ANAT MEDS 060 103 07 H

BIOCHEM MED STUDENT 099 163 06 P

MEDICAL EMBRYOLOGY 060 104 01 P

HUMAN DIMEN IN MED 115 102 01 P

GEN HISTOL MED STU 060 105 04 P

CONCEPTS BIOSTATS 063 110 01 P

2 SEMESTER 1991-92

MED MICROBIOLOGY 061 103 07 H

GEN PATH MED STU 069 201 03 H

MEDICAL PHYSIOLOGY 072 212 04 P

MEDS IN INTL PERSP 046 190 02 P

MEDICL NEUROSCIENCE 050 234 04 P

1 SEMESTER 1992-93

INTERNATIONAL HLTH 063 111 01 A-

SYST PATH MED STU 069 202 10 H

PHARMACOLGY MEDICAL 071 105 05 P

BIOMEDICAL ETHICS 050 165 02 P

PREVENTIVE MEDICINE 063 109 03 P

2 SEMESTER 1992-93

INTRO CLINICAL MED 050 111 08 P

INTRO CLINICAL MED 050 111 12 P

COURSE TITLE DEPT COURSE SEM HR GRADE

YR 1993-94 JR CLKSHP

CLIN PHAR THERA LEC 078 380 02 P

CLIN OTOLARYNGOLOGY 068 003 02 H

CLIN OBSTET & GYN 066 004 06 H

PRECPTRSHP FAM PRAC 115 300 03 H

CLINICAL ANESTHESIA 116 006 02 P

CLINICAL NEUROLOGY 064 011 02 P

CLIN DERMATOLOGY 062 001 02 P

CLINICAL PEDIATRICS 070 002 06 P

CLINICAL PSYCHIATRY 073 005 06 P

CLIN INTERNAL MED 078 101 09 P

CLINICAL UROLOGY 079 104 02 P

CLINICAL SURGERY 075 005 06 P

CLIN ORTHOPAEDICS 076 002 02 P

SUMMER SESSION 1994

ADV GYNECOL CLRKSHP 066 009 04 P

1 SEMESTER 1994-95

EMER ROOM OFF CAMP 075 222 04 P

SUBINTRN INTERN MED 078 202 04 P

ELECTROCARDIOGRAPHY 078 304 02 P

CLINICAL ENDOCRINOL 078 400 04 P

2 SEMESTER 1994-95

MED INTEN CARE UNIT 078 602 04 P

CLINICAL RADIOLOGY 074 001 04 P

SPC STDS OFF-CAMPUS 063 999 08 P

DOCTOR OF MEDICINE DEGREE

CONFERRED 05-12-95

3831  
PRIMARY  
SOURCE

U OF I CUM TRANSFER CUM TOTAL CUM

HRS. 1PTS. 3.67 G.P.A. 3.67 HRS. PTS. G.P.A. HRS. 1PTS. 3.67 G.P.A. 3.67 HRS. EARNED 165

<http://www.registrar.uiowa.edu/Student/Transcripts/TranscriptKey/tabid/228/Default.aspx>



Pre-printed White Signature

*Laurence J. Lashwood*

This officially sealed and signed transcript is printed on gold SCRIP-SAFE® security paper with the school seal printed in gold and the signature printed in black and white. A raised seal is not required

THE UNIVERSITY NAME APPEARS IN THE FIRST CROSS THE FACE OF THE RECORD

RECEIVED

FORM #2 (MD)

Oklahoma State Board of Medical Licensure and Supervision  
P.O. Box 18256, Oklahoma City, OK 73154-0256

NOV 23 2015

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

## VERIFICATION OF COMPLETED POST-GRADUATE TRAINING

This form must be completed and mailed directly to the Board by the training institution.NAME OF APPLICANT Jill Lynelle Meadows (Formerly Vishwakar)  
(type or print)

PROGRAM SPECIALTY--INDICATE ONE (OR TRANSITIONAL)

OBSTETRICS + GYN/ECDOLOGYPOST-GRADUATE YEAR LEVEL (circle one) 1 2 3 4 5 6NAME OF PROGRAM DIRECTOR: LAURA MACISAAC, MD MPH  
MT. SINAI BETH ISRAEL (FORMERLYNAME OF INSTITUTION SPONSORING PROGRAM BETH ISRAEL MEDICAL CENTER  
NEW YORK NY  
(city) (state)DATE ENTERED: 07/01/95  
mo day yrDATE COMPLETED: 06/30/99  
mo day yr

TYPE OF PROGRAM (check one):

ACGME APPROVED RESIDENCY: ☒ FELLOWSHIP: ☐ INTERNSHIP: ☐NON-APPROVED RESIDENCY: ☐ CLERKSHIP: ☐ OTHER: ☐

If "OTHER", give brief explanation: \_\_\_\_\_

Jill Meadows  
(Print or type name of applicant)  
[Signature]  
(Signature of applicant)

To my knowledge this applicant performed satisfactorily in this program, and there was no disciplinary action outstanding or pending against this applicant. I know of no reason this individual should not be licensed to practice medicine.

INSTITUTION  
SEALLaura MacIsaac  
(Print or type name of program director)[Signature]  
(Original signature of program director)

I have information that should be reviewed by the licensing agency in its deliberations leading to licensure.

[Signature]  
(Print or type name of program director)INSTITUTION  
SEAL[Signature]  
(Original signature of program director)

MDTWO (08/02)

PRIMARY  
SOURCE31831  
VJ





## STATE OF IOWA

TERRY BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

IOWA BOARD OF MEDICINE  
MARK BOWDEN, EXECUTIVE DIRECTOR

August 14, 2015

### Verification of Licensure

Oklahoma State Board of Medical Licensure & Supervision  
101 NE 51st St  
PO Box 18256  
Oklahoma City, OK 73154-0256

This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

<b>NAME:</b>	Jill Lynelle Meadows, MD
<b>DATE OF BIRTH:</b>	[REDACTED]
<b>LICENSE NUMBER:</b>	MD-33019
<b>LICENSE TYPE:</b>	Permanent
<b>ISSUE DATE:</b>	07/02/1999
<b>EXPIRATION DATE:</b>	04/01/2017
<b>STATUS:</b>	Active
<b>DISCIPLINARY ACTION:</b>	No
<b>HISTORY OF INVESTIGATION:</b>	See below

This license information was last updated on: 08/10/2015

The above format is prepared for all physicians regulated by this board. All physicians are considered in good standing unless otherwise noted. **If disciplinary action has been indicated or if a history of investigation exists, a copy of that information will be provided to your office in a separate mailing within ten business days.**

Sincerely,

Rachel Davis  
Licensing Assistant

from VeriDoc  
31831

## IMPORTANT ENCLOSURE

### Follow-Up Information to VeriDoc Verification of Iowa License

Your board recently received a verification of this physician's Iowa medical license through the VeriDoc system. The enclosed material is important follow-up information. This physician has had disciplinary action taken or has a history of investigation. The enclosed documentation is being shared with you as another state medical board.

**PUBLIC INFORMATION:** Formal disciplinary action taken by the Board is public information and may be shared with the public.

**CONFIDENTIAL INFORMATION:** Informal non-disciplinary action, including Letters of Warning or Education, open complaints, and complaints closed by the Board with no action, are confidential under Iowa law. **This information cannot be shared with the public.** Please note that physicians with open complaint(s) on their case history may not yet be aware of the complaint(s).

PRIMARY  
SOURCE

If further information is needed, please contact our Compliance Unit at (515) 281-5499 or (515) 281-3779. We appreciate your cooperation in maintaining the confidentiality of our investigative material and records.

RECEIVED

AUG 24 2015

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE

400 SW 8th STREET, SUITE C, DES MOINES, IOWA 50319  
PHONE 515-281-5171 FAX 515-242-5908 www.medicalboardofiowa.org

AND SUPERVISION

1831

**CERTIFICATION OF LICENSE**

Oklahoma State Board of Medical Licensure  
101 NE 51<sup>st</sup>  
Oklahoma City OK 73105

Name: Jill Lynelle Meadows

Address: PO Box 649  
Iowa City IA 52244

Date of Birth: [REDACTED]  
Place of Birth: Iowa City IA

PROFESSION NAME: Physician

Number: 25740

Status: Active

Issuance Date: 06/24/2010

Expiration Date: 10/01/2016

Credential Obtained by: Exam

Exam Type:

Exam Score:

USMLE Step 1

82

USMLE Step 2

84

USMLE Step 3

85

School/Graduation Date: U OF IOWA COLLEGE OF MEDICINE

05/12/1995

Disciplinary Action:

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

*Becky Wisell*

Becky Wisell, Administrator  
Licensure Unit

September 8, 2015

(SEAL)

**PRIMARY  
SOURCE**

You may verify licenses under the following Internet Web Site Address:  
<http://www.nebraska.gov/LISSearch/search.cgi>

MD 3/831  
RF



# ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 • (501) 296-1802 • FAX (501) 603-3555  
www.armedicalboard.org

September 14, 2015

Jill Lynelle Meadows, M.D.

## CERTIFICATION

I, Juli Carlson, Executive Assistant of the Arkansas State Medical Board, do hereby certify that the enclosed certification of the above referenced practitioner is true and correct as same appears on file in this office.

Witness my hand and official seal of the Board, this the 14<sup>th</sup> day of September 2015.

ARKANSAS STATE MEDICAL BOARD

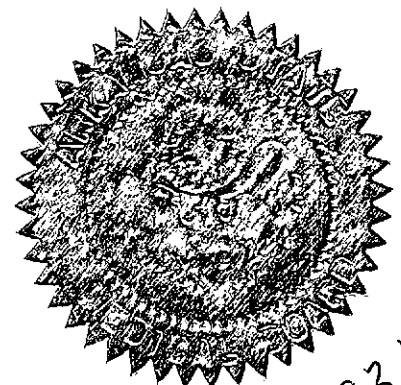
BY: Juli Carlson  
Juli Carlson  
Executive Assistant

RECEIVED

SEP 21 2015

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE



31831



# ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

[www.armedicalboard.org](http://www.armedicalboard.org)

## Detailed License Verification

Queried on: Monday, September 14, 2015 at: 2:42 PM

---

### General Information

Name: Jill Lynelle Meadows, M.D.  
Specialty: OB/GYN

---

### Address Information

Mailing Address: 1171 7th Street  
City/State/Zip: Des Moines, IA 50314  
Phone: (319) 354-2044  
Fax: (319) 354-4504

---

### License Information

License Number: E-9020  
Original Issue Date: 1/9/2015  
Expiration Date: 4/30/2016  
Basis: Exam  
License Status: Active  
License Category: Unlimited

---

No Information Found for: License Board History

**RECEIVED**

SEP 21 2015  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234

OK

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, VIBHAKAR JILL LYNELLE was issued license/certificate number 206013 for the practice of MEDICINE on 03/10/97.

Our records also indicate the following information:

Date of birth: [REDACTED]  
School attended: UNIVERSITY OF IOWA  
Date of graduation: 05/12/95  
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	EXAMINATION	SCORE
05/96	USMLE STEP 3	85
08/94	USMLE STEP 2	84
06/93	USMLE STEP 1	82

RECEIVED

SEP 14 2015

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO  
Address: APT 26E  
290 THIRD AVENUE

Last reg period ended: 02/28/99  
290 THIRD AVENUE  
NEW YORK NY 10010-0000

Disciplinary information: NO charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



*Cathy Hanczaryk*

Principal Clerk

09/09/15

PRIMARY  
SOURCE

Meadows  
MD31931  
mf



# AMA Physician Profile

**Name and Mailing Address**

JILL L MEADOWS MD

**Primary Office Address**

PP HEARTLAND  
850 ORCHARD ST  
IOWA CITY IA 52246-5412

**Phone****Birth date**

**Physician's major professional activity** OFFICE BASED PRACTICE

**Self-designated practice specialty** OBSTETRICS & GYNECOLOGY (primary) ✓

UNSPECIFIED (secondary)

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

**AMA membership status**

NON MEMBER

---

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

---

**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
1841284031 ✓	09/02/2005	NOT RPTD	NOT RPTD	NOT RPTD	07/18/2015

**Current and/or historical medical school**

UNIVERSITY OF IOWA

Degree Awarded: Yes ✓

Degree Year: 1995

MD 31831  
7/1/15



**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.*

*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.*

**Sponsoring Institution:** BETH ISRAEL MEDICAL CENTER  
**Sponsoring State:** NEW YORK  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Dates:** 07/1995 - 06/1999 (Verified)

*If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.*

**Current and/or historical medical licensure**

Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
ARKANSAS ✓	MD	01/09/2015	04/30/2016	ACTIVE	UNLIMITED	07/15/2015
NEBRASKA ✓	MD	06/24/2010	10/01/2016	ACTIVE	UNLIMITED	07/07/2015
IOWA ✓	MD	07/02/1999	04/01/2017	ACTIVE	UNLIMITED	07/06/2015
NEW YORK ✓	MD	03/10/1997	NOT RPTD	INACTIVE	UNLIMITED	01/11/2008

**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/>*





# U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
[REDACTED]	2 3 4	01/31/2017	08/03/2015	Pp Heartland, 850 Orchard St, Iowa City, IA 52246-5412
[REDACTED]	22N 33N 4 5	01/31/2017	08/03/2015	Planned Parenthood Of The Heartland, Rosenfield Center, 1000 E Army Post Rd, Des Moines, IA 50315-59

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.

## 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 OBSTETRICS AND GYNECOLOGY  
 Certificate: OBSTETRICS & GYNECOLOGY  
 Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
TIME LIMITED	12/31/2014	12/31/2015		RE-CERT	07/02/2015
TIME LIMITED	12/31/2013	12/31/2014		RE-CERT(**)	07/02/2015
TIME LIMITED	12/31/2012	12/31/2013		RE-CERT(**)	07/02/2015
TIME LIMITED	12/31/2011	12/31/2012		RE-CERT(**)	07/02/2015

AMA files checked 8/11/2015 09:38:39 AMA Physician Profile for Jill L Meadows MD

Page 3 of 5



Certifying board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY  
Certificate: OBSTETRICS & GYNECOLOGY  
Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
TIME LIMITED	12/31/2010	12/31/2011		RE-CERT(**)	07/02/2015
TIME LIMITED	12/31/2009	12/31/2010		RE-CERT(**)	07/02/2015
TIME LIMITED	12/31/2008	12/31/2009		RE-CERT(**)	07/02/2015
TIME LIMITED	12/31/2007	12/31/2008		RE-CERT(**)	07/02/2015
TIME LIMITED	01/11/2002	12/31/2007		INITIAL(**)	07/02/2015

*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. (\*\*) Indicates an expired certificate.*

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2015 American Board of Medical Specialties. All right reserved.*

#### 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 Public Health Service.



#### **Additional Information**

To date, there is no additional information for this physician on file.

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 onto our website ([www.ama-assn.org/go/amaprofiles](http://www.ama-assn.org/go/amaprofiles)) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association  
Division of Database Products  
Attn: Physician Products Portfolio  
AMA Plaza  
330 N. Wabash Ave., Suite 39300  
Chicago, IL 60611-5885

Fax: (312) 464-5900

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

**EVIDENCE OF STATUS FORM: PART A**

Type or Print Clearly - Please use blue or black ink only

Date: 8/10/2015 Social Security [REDACTED] License No.: \_\_\_\_\_

Full Legal Name: Jill Lynelle Edwards Mae Daws  
First Middle Maiden (if applicable) Last

Mailing Address: [REDACTED]  
Street Address or Post Office Box

City 0 State 0 Zip Code \_\_\_\_\_ Telephone Number (including area code) \_\_\_\_\_

**PRIMARY EVIDENCE OF CITIZENSHIP  
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- ☒ A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;
- ☐ United States passport (except limited passports, which are issued for periods of less than five years);
- ☐ Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- ☐ Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;
- ☐ Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);
- ☐ Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);
- ☐ United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);
- ☐ Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
- ☐ Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or
- ☐ American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence:**
- ☐ INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- ☐ Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public)

Date

8/10/2015

Subscribed and sworn before me this

10th

day of

August

, 20

15

(SEAL)

Notary Public

Commission Number

719901

My Commission Expires

12-10-17



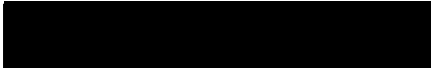
RECEIVED

SEP - 4 2015

318 OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION  
2031

10/14/2015

JILL LYNELLE MEADOWS



RE: MD Application #31831

**Check Your Application  
Status Online at:**  
<http://www.okmedicalboard.org>  
**Username:AP65369194**  
**Password:Last 4 SSN**

Dear JILL MEADOWS,

Our records reflect that we received your application for an Oklahoma medical license on August 05, 2015; however, as of today your application is still incomplete. If you do not wish to pursue licensure in Oklahoma please send written notification to withdraw your application. If you want your application processed please submit the following:

PostGrad - Form 2 BETH ISRAEL MEDICAL CENTER  
Exam USMLE 1 Requires Verification  
OTHER DEFICIENCIES: FCVS  
Exam verification date

Any of the required forms in the list above may be downloaded from our website:

**<http://www.okmedicalboard.org/resources>**

In order to check on the status of your application, please log on to our web site ([www.okmedicalboard.org](http://www.okmedicalboard.org)). Your user name is **AP65369194** (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page, just below the picture. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please contact the undersigned at (405) 962-1400 ext 121.

Sincerely,

Ruth Orr

Dept. of Licensing

Encl

09/18/2015

JILL LYNELLE MEADOWS

**Check Your Application  
Status Online at:**  
<http://www.okmedicalboard.org>  
**Username:AP65369194**  
**Password:Last 4 SSN**

RE: MD Application #31831

Dear JILL MEADOWS,

Our records reflect that we received your application for an Oklahoma medical license on August 05, 2015; however, as of today your application is still incomplete. If you do not wish to pursue licensure in Oklahoma please send written notification to withdraw your application. If you want your application processed please submit the following:

Verify License from AR E-9020  
PostGrad - Form 2 BETH ISRAEL MEDICAL CENTER  
Exam USMLE 1 Requires Verification  
Exam verification date  
OTHER DEFICIENCIES: FCVS

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site ([www.okmedicalboard.org](http://www.okmedicalboard.org)). Your user name is **AP65369194** (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page, just below the picture. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please contact the undersigned at (405) 962-1400 ext 121.

Sincerely,

Ruth Orr

Dept. of Licensing

Encl

08/07/2015

JILL LYNELLE MEADOWS

RE: MD Application #31831

**Check Your Application  
Status Online at:**  
<http://www.okmedicalboard.org>  
**Username:AP65369194**  
**Password:Last 4 SSN**

Dear JILL MEADOWS,

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Evidence of Status  
Affidavit DEFICIENCIES: re: lawsuit  
OATH  
OTHER DEFICIENCIES: FCVS/copies of name change documents  
Verify License from NE 25740  
Verify License from IA 33019  
Verify License from AR E-9020  
Verify License from NY 206013  
USMLE Exams Incomplete  
MedSchool-Form 1 Univ of IA Roy J & L Carver COM, Iowa City, IA 52242  
MedSchool-Transcript Univ of IA Roy J & L Carver COM, Iowa City, IA 52242  
Exam verification date  
Transcript - MARALESTER COLLEGE  
PostGrad - Form 2 BETH ISRAEL MEDICAL CENTER

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site ([www.okmedicalboard.org](http://www.okmedicalboard.org)). Your user name is AP65369194 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page, just below the picture. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please contact the undersigned at (405) 962-1400 ext 121.

Sincerely,

Ruth Orr

Dept. of Licensing

Encl