3 0 0 0 0 0 5 0 2 5 1

PAGE ONE

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

0 0 9 3 4 7 5 0 3 5 0

APR 2 4 1992

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

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.

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

A. Type or print legibly with black ink only.

B. The licensure fee and application fee are NOT refundable.

C. Disclosure of Social Security number is not mandatory; it is used only to ensure identification, accuracy and expedite processing of your application.

D. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change - marriage license, divorce decree, affidavit or court order.

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- [x] This is the first time I have made application for this profession in Illinois.
- [ ] I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- [ ] Other: ____________
- [ ] My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- [ ] I have previously made application for this profession in Illinois. However, I am now applying under new statute language.

PART I: Application Category Information (See REFERENCE SHEET, CHART 1, prior to completing PART 1.)

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
PHYSICIAN/SURGEON	0 3 6	ACCEPTANCE OF EXAMINATION	$ 300.00

PART II: Applicant Identifying Information

1. NAME LAST / FIRST / MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SOCIAL SECURITY NUMBER
UNGARETTI JOY ANN	M.D.	[redacted]

4. PERMANENT MAILING ADDRESS STREET / CITY / STATE/COUNTRY / ZIP CODE / COUNTY: [redacted]

5. BUSINESS ADDRESS STREET	CITY	STATE/COUNTRY	ZIP CODE	COUNTY
1835 W HARRISON	CHICAGO	IL	60612	COOK

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED (SEE D ABOVE)

UNGARETTI

7. PLACE OF BIRTH CITY / STATE/COUNTRY	8. DATE OF BIRTH	9. AGE
[redacted]	[redacted]	27

PAGE TWO

PART III: Education Information

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

1 2 3 4 5 6 7 8 9 10 11 (12) — Graduated High School? [X] Yes [ ] No OR Received G.E.D.? [ ] Yes [ ]

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUA[TION]
EVANSTON TOWNSHIP HS	EVANSTON, IL	0 6 / 8 (Month / Y[ear])

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

1 2 3 (4) 5 6 7 8 — Graduated? [X] Yes [ ] No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM Month/Year	TO Month/Year	TYP[E] DEGREE
BRYN MAWR COLLEGE	BRYN MAWR, PA	9/82	5/86	B.A.
UNIV OF HEALTH SCIENCES THE CHICAGO MED SCH	NORTH CHICAGO, IL	8/86	6/90	M.D

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM Month/Year	TO Month/Year	Did You C[omplete] Traini[ng]
COOK COUNTY HOSPITAL OB/GYN RESIDENCY	CHICAGO, IL	7/90	present	[ ] Yes [X]
				[ ] Yes [ ]
				[ ] Yes [ ]
				[ ] Yes [ ]
				[ ] Yes [ ]

PART IV: Record of Licensure Information

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

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE ST[ATUS] (Active, Lapse[d]...)
State of Original Licensure ILLINOIS	PHYSICIAN/SURGEON	125024747	7/90	ACTIVE (TEMPO[RARY]...
State of Current Licensure where you most recently have been practicing ILLINOIS	"	"	"	"
Other States of Licensure				

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

PART V: Record of Examination

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

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESU[LT] (Passed, Failed, ...)
NBME PART I	IL	6/88	
NBME PART II	IL	9/89	
NBME PART III	IL	3/91	

PART VI: Personal History Information *(This part must be completed by all Applicants)*	YES
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? *If yes, attach a statement for each conviction including date and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.*	
2. Do you now suffer, have you suffered from, been diagnosed as having, or been treated for any disease or condition which is generally regarded by the medical community as chronic, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*	
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*	
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*	
5. Are you a U.S. citizen OR a lawfully admitted alien of the United States?	X

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

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

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

TEST CODES

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

TEST CENTER CODE

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

SCHOOL CODE

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

EXAM ATTEMPTS

e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? ☐ Yes ☐ No NA

PART VIII: Certifying Statement

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

[redacted]

Signature of Applicant

3/23/92

Date

APR 27

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.

WORK HISTORY

509347 50350

APPLICANT: *Complete Work History. If you have never been employed you may stop at box 8. You are author[ized to] photocopy this form if additional space is required.*

1. NAME LAST	FIRST	MIDDLE	2. DATE OF BIRTH (Month / Day / Year)	3. SOCIAL SECURITY
UNGARETTI	JOY	A	[redacted]	[redacted]

4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession nam[e and] digit profession code for which you are making Illinois applic[ation]
[redacted]	PHYSICIAN/SURGEON (Profession Name) 0

6. MAIDEN OR GIVEN SURNAME	7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED	8. DATE FORM COM[PLETED]
UNGARETTI	☐	3/25/92

9. RECORD WORK HISTORY CHRONOLOGICALLY - *Complete Work History beginning with present employment and c[ontinue back] with graduation. You must account for the entire time period including periods of unemployment and volunteer wo[rk]*

A. NAME OF BUSINESS/INSTITUTION: COOK COUNTY HOSPITAL

JOB TITLE: RESIDENT PHYSICIAN

ADDRESS STREET, CITY, STATE, ZIP CODE: 1835 W HARRISON CHICAGO IL 60612

DESCRIPTION OF DUTIES PERFORMED: training in obstetric[s] gynecology

SUPERVISOR NAME: DR. A. HOSSEINIAN

DATE OF EMPLOYMENT/ATTENDANCE: From 07/01/90 (Month/Day/Year) To 03/25/92 (Month/Day/Year)

HOURS WORKED PER WEEK: 80-100

TYPE OF EMPLOYMENT: ☒ Full-time ☐ Part-time

TOTAL TIME WORKED (Yr./Mo.): ~2 yrs

B. NAME OF BUSINESS/INSTITUTION:

JOB TITLE:

ADDRESS STREET, CITY, STATE, ZIP CODE:

DESCRIPTION OF DUTIES PERFORMED:

SUPERVISOR NAME:

DATE OF EMPLOYMENT/ATTENDANCE: From __/__/__ (Month/Day/Year) To __/__/__ (Month/Day/Year)

HOURS WORKED PER WEEK:

TYPE OF EMPLOYMENT: ☐ Full-time ☐ Part-time

TOTAL TIME WORKED (Yr./Mo.):

JUN 18 1992

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.	CERTIFICATION OF RESIDENCY TRAINING	SUPPORTING DOCUM... TN-MED...

APPLICANT: *Complete the applicant section of this form. Forward the form to the individual who will certify your training.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH	3. SOCIAL SECURITY N...
UNGARETTI JOY A	[redacted]	[redacted]

4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name a... digit profession code for which you are making Illinois applicatio...
[redacted]	PHYSICIAN/SURGEON (Profession Name) 03... (Professio...)
6. MAIDEN OR GIVEN SURNAME: UNGARETTI	

7. DATES OF TRAINING	8. ILLINOIS TEMPORARY LICENSE NUMBER	ISSUANCE DATE
From 07/01/90 To 06/30/92 (Month Day Year)	125024747	7/1/90

9. NAME OF RESIDENCY TRAINING PROGRAM PARTICIPATED IN OR COMPLETED	10. RESIDENCY PROGRAM DIRECTOR NAME
COOK COUNTY HOSPITAL - OB/GYN	DR. HOSSEINIAN

RESIDENCY PROGRAM DIRECTOR: *Complete the remainder of this form. Return the completed form to Depa... of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.*

A. RESIDENCY PROGRAM DIRECTOR NAME	B. INSTITUTION/HOSPITAL NAME
Abdol H. Hosseinian, M.D.	COOK COUNTY HOSPITAL
C. INSTITUTION/HOSPITAL TELEPHONE NUMBER: Area Code (312) 633-8638	D. INSTITUTION/HOSPITAL STREET ADDRESS: 1835 W. Harrison St.
E. APPLICANT'S TRAINING DATES: From 07/01/90 To 06/30/92 (Month Day Year)	F. INSTITUTION/HOSPITAL CITY, STATE, ZIP CODE: Chicago, Illinois 60612
G. WAS RESIDENCY TRAINING PROGRAM SATISFACTORILY COMPLETED? ☑ YES ☐ NO If No, attach a detailed explanation.	H. IF RESIDENCY TRAINING WAS COMPLETED AT A... AFFILIATED INSTITUTION/HOSPITAL, PLEASE IND... FACILITY NAME: NA

OK

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

6/15/92 — Date

[redacted] — Signature of Residency Program Director

INSTITUTION/HOSPITAL SEAL OR

NOTE: If the institution/hospital does not have a seal, this form must be notarized.

Subscribed and sworn before me this ____ day of ________________, 19__

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.

CERTIFICATION OF RESIDENCY TRAINING

0 0 9 3 4 7 5 0 3 5 0

SUPPORTING DOCUM[ENT]

TN-MED

APPLICANT: *Complete the applicant section of this form. Forward the form to the individual who will certify your training.*

1. NAME LAST FIRST MIDDLE
UNGARETTI JOY A.

2. DATE OF BIRTH Month Day Year
[redacted]

3. SOCIAL SECURITY N[UMBER]
[redacted]

4. ADDRESS STREET, CITY, STATE, ZIP CODE
[redacted]

5. REFER TO REFERENCE SHEET. Record profession name a[nd] digit profession code for which you are making Illinois applicati[on]
PHYSICIAN/SURGEON 03
Profession Name Professio[n Code]

6. MAIDEN OR GIVEN SURNAME
UNGARETTI

7. DATES OF TRAINING
From 07/01/90 To Present
Month Day Year Month Day Year

8. ILLINOIS TEMPORARY LICENSE
NUMBER 125024747
ISSUANCE DATE 7/1990

9. NAME OF RESIDENCY TRAINING PROGRAM PARTICIPATED IN OR COMPLETED
COOK COUNTY HOSPITAL OBSTETRICS & GYNECOLOGY

10. RESIDENCY PROGRAM DIRECTOR NAME
DR. A. HOSSEINIAN

RESIDENCY PROGRAM DIRECTOR: *Complete the remainder of this form. Return the completed form to: Depa[rtment] of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.*

A. RESIDENCY PROGRAM DIRECTOR NAME
Abdol H. Hosseinian, M.D.

B. INSTITUTION/HOSPITAL NAME
COOK COUNTY HOSPITAL

C. INSTITUTION/HOSPITAL TELEPHONE NUMBER
Area Code (312) 633-8638

D. INSTITUTION/HOSPITAL STREET ADDRESS
1835 W. Harrison St.

E. APPLICANT'S TRAINING DATES
From 07/01/90 To 06/30/92
Month Day Year Month Day Year

F. INSTITUTION/HOSPITAL CITY, STATE, ZIP CODE
Chicago, IL 60612

G. WAS RESIDENCY TRAINING PROGRAM SATISFACTORILY COMPLETED?
☒ YES ☐ NO *If No, attach a detailed explanation.*

H. NAME OF ACCREDITED RESIDENCY TRAINING PROGRAM AS IT APPEARS IN ACGME, AOA, OR ACCGME DIRECTORIES
COOK COUNTY HOSPITAL/THE CHICAGO MEDICAL SCHOOL

I certify that the information recorded herein is true and correct according to the official records of this institution/h[ospital]

4/14/92
Date

[redacted]
Signature of Residency Program Director

INSTITUTION/ HOSPITAL SEAL

OR

NOTE: If the institution/hospital does not have a seal, this form must be notarized and a let[ter on] official stationary must be submitted along with the TN form indicating same.

Subscribed and sworn before me this ______ day of ______________, 19__

NATIONAL BOARD OF [illegible]CAL EXAMINERS® • 3930 CHESTNUT S[illegible]T, PHILADELPHIA, PA 191

ENDORSEMENT OF CERTIFICATION

> NATIONAL BOARD OF MEDICAL EXAMINERS
> OF THE
> UNITED STATES OF AMERICA
>
> Jay A. Ungaretti, M.D.
>
> having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.
>
> Attest EDWARD J. STEMMLER, M.D.
> Chairman of the Board
>
> SEAL ROBERT L. VOLLE, PH.D.
> President of the Board
>
> Philadelphia, Pa
> 07/01/91
>
> Certificate # 387627

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to t physician named above, who graduated from CHICAGO MEDICAL SCHOOL in JUNE 1990 and whose birth date is [redacted] This physician has successfully comple all examinations required for certification by the National Board of Medical Examiners. The scores obtained this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed [redacted]		
Anatomy	[redacted]	[redacted]
Physiology	[redacted]	[redacted]
Biochemistry	[redacted]	[redacted]
Pathology	[redacted]	[redacted]
Microbiology	[redacted]	[redacted]
Pharmacology	[redacted]	[redacted]
Behavioral Sciences	[redacted]	[redacted]
TOTAL TEST (Minimum Passing Score 380/75)	[redacted]	[redacted]
PART II passed [redacted]		
Medicine	[redacted]	[redacted]
Surgery	[redacted]	[redacted]
Obstetrics and Gynecology	[redacted]	[redacted]
Public Health and Preventive Medicine	[redacted]	[redacted]
Pediatrics	[redacted]	[redacted]
Psychiatry	[redacted]	[redacted]
TOTAL TEST (Minimum Passing Score 290/75)	[redacted]	[redacted]
PART III passed [redacted]		
A General Test of Clinical Competence	[redacted]	[redacted]
TOTAL TEST (Minimum Passing Score 290/75)	[redacted]	[redacted]
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		[redacted]

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the da which has been certified by the physician's residency program director as the date on which this requirement for certification by the Nationa Board will be fulfilled and such certification will be awarded.

JUN 1 8 1992

University of Health Sciences

The Chicago Medical School

the recommendation of the Faculty of the School of Medicine
the Board of Trustees has conferred the degree of

Doctor of Medicine

upon

Joy Ann Ungaretti

who has honorably fulfilled all the requirements for that degree.

Given in the city of North Chicago, Illinois, this
11 th day of June, 1990.

3 0 3 1 7 5 0 3 5 0

UNIVERSITY OF HEALTH SCIENCES
THE CHICAGO MEDICAL SCHOOL

OFFICE OF THE REGISTRAR
North Chicago, Illinois 60064

OFFICIAL ACADEMIC RECORD

A transcript is official when it bears the Registrar's seal and signature. Unless otherwise indicated, Honorable Dismissal is granted. Consult the accompanying notes for an explanation of this record.

Entered: JULY 28, 1986
Academic unit: MEDICAL SCHOOL
College(s) attended: 1982-86 Bryn Mawr College

Name: UNGARETTI, JOY ANN
Home Address: [redacted]
Birth Date: [redacted]
Birth Place: [redacted]
Sex: Female
Student Number: [redacted]

SUBJECT	HOURS	GRADE
AUTUMN QUARTER, 7/28/86-10/24/86		
BCS 500 Gross & Developmental Anatomy	6*	[redacted]
BCS 502 Molecular, Cellular & Tissue Biology	5	[redacted]
BCS 505 Medical Biochemistry	8	[redacted]
MTD 505 Ethics & History of Medicine	2*	[redacted]
MED 500 Basic Life Support	1*	[redacted]
*CREDIT & FINAL GRADE TO BE AWARDED AT END OF COURSE SEQUENCE		
WINTER QUARTER, 11/3/86-2/1?/87		
BCS 501 Gross & Developmental Anatomy	12	[redacted]
BCS 503 Microscopic Organology	5	[redacted]
PHY 500A Mammalian Physiology	6*	[redacted]
MED 501 Basic Life Support	2	[redacted]
MTD 506 Ethics & History of Medicine	4	[redacted]
*CREDIT & FINAL GRADE TO BE AWARDED AT END OF COURSE SEQUENCE		
SPRING QUARTER, 2/23/87-5/22/87		
PHY 500B Mammalian Physiology	12	[redacted]
MTD 501 Neurosciences	7	[redacted]
MTD 509 Biostatistics & Epidemiology	3	[redacted]
PSY 501 Behavioral Sciences	4	[redacted]

SUBJECT
AUTUMN QUARTER, 8/3/87-10/30/87
MIC 600 Medical Microbiology & Immunology
PAT 600 General & Systemic Pathology
PHA 600 Medical Pharmacology
MED 600 Intro to Clinical Medicine/Physical Ex[...]
PSY 601 Medical/Surgical History-Taking
MED 605 Principles of Geriatric Medicine,Elect[...]
*CREDIT & FINAL GRADE TO BE AWARDED AT END OF CO[...]
WINTER QUARTER, 11/9/87-2/12/88
MIC 601 Medical Microbiology
PAT 601 Systemic Pathology
PHA 601 Medical Pharmacology
MED 601 Intro to Clinical Medicine/Patient Ex[...]
MTD 608 Preventive Medicine/Nutrition
RHM 610 Physical Fitness/Sports Medicine,Elec[...]
SPRING QUARTER, 2/22/88-5/20/88
MIC 602 Medical Microbiology
PAT 602 Systemic Pathology
PHA 602 Medical Pharmacology
MED 602 Intro to Clinical Medicine/Patient Ex[...]
MTD 602 Basic Science Topics & Review

...de to Transcript Evaluation

...1912, The Chicago Medical School has ...g physicians and furthering biomedical ...ore than seven decades. In 1967, The ...Health Sciences/The Chicago Medical ...ablished, with the addition of a School of ...Postdoctoral Studies and a School of ...Sciences.

...moved from Chicago's West Side Medical ...w location on the grounds of the North ...ns Administration Medical Center in ...ol is committed to developing interlock... programs for physicians and related ...onals.

...:

...s fully accredited by the North Central ...l holds professional accreditation in ...al technology and physical therapy.

...ed:

...d Health Sciences:
...nce in Medical Technology
...aster of Science in Physical

...nce in Nursing (in conjunction ...lege)
...e in Clinical Laboratory Science

...e

...e and Postdoctoral Studies:
...phy and Master of Science in Biological ... Biology and Anatomy, Clinical ...nical Nutrition, Medical Physics, ...nd Immunology, Neuroscience, ...macology and Molecular Biology, ...ophysics and Psychology

Grading System:

School of Related Health Sciences:

A	- High Achievement	4 quality points
B	- Above Average Achievement	3
C	- Average Achievement	2
D	- Below Average, but passing	1
F	- Failing	0
I	- Incomplete	
W	- Withdrawal	
P	- Pass, credit only, no grade point value	
*	- Credit and grade delayed until end of course sequence.	

School of Graduate and Postdoctoral Studies:

A pass/fail grading system customarily is used for seminar and research courses. All other course work is graded as follows:

A = Outstanding academic performance (4 quality points)
B = Minimum expected academic performance for the Graduate School (3 quality points)
C = Knowledgeable but below minimum expected academic performance for the Graduate School (2 quality points)
F = Unsatisfactory academic performance (0 quality points)
P = Passing academic performance
I = Incomplete. Evidence required for a qualitative grade has not yet been submitted, but arrangements have been made with instructor to do so. No quality points will be awarded until a permanent grade is entered.
R = Acknowledgement of student's participation in course. Instructor received insufficient evidence to evaluate the student's quality and quantity of work. An R grade, once entered, cannot be changed. However, R carries no stigma. (No quality points awarded)

Medical School

Grades in courses and clerkships at The Chicago Medical School are determined on the basis of established standards of performance; a statistical distribution function for grades is not assumed.

A pass/fail grading system is used for sophomore elective courses. A grade of Cr = Credit is given for the satisfactory completion of a course in which the evaluation of individual student performance is not or cannot be made. All other courses and clerkships are graded on an A, B, C, F system. These grades are defined as follows:

A	=	Exceptional	(4 quality points)
B	=	Strong	(3 quality points)
C	=	Competent	(2 quality points)
F	=	Incompetent	(0 quality points)
*	=	Credit and grade delayed until end of co[urse] sequence.	

A grade of Incomplete (INC) is given when sufficient evaluation data have not yet been acquired and/or when the student has not yet met all of the requirements of the course or clerkship. An academic incomplete is given when a student elects not to take an examination or complete an assignment at the scheduled time without a valid excuse and prior approval of the Dean of Students.

A grade of Defer is given when a student is deficient in some component of a course or clerkship. This grade is remediable.

All required and elective clerkships taught in University-affiliated hospitals will show a letter grade. When t[aken] to a non-affiliated hospital or medical school a pa[ss] grade may be used.

AUTHENTICITY CONFIRMATION

To test for authenticity, apply liquid bleach to the red background sample below. If authentic, the red color will turn to brown.

CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL

UNIVERSITY OF HEALTH SCIENCES
THE CHICAGO MEDICAL SCHOOL
— OFFICIAL ACADEMIC RECORD

NAME UNGARETTI, JOY ANN

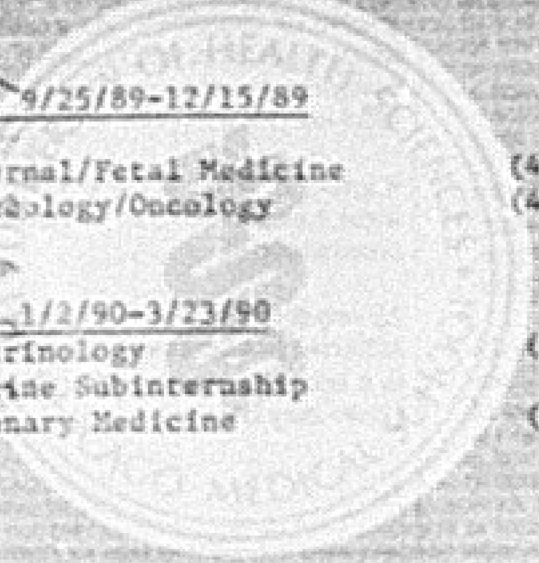
SUMMER QUARTER, 6/27/88-9/16/88	Hours	Grade
OBG 700 Obstetrics/Gynecology Clerkship	12	
PED 700 Pediatric Clerkship	*	
*CREDIT & FINAL GRADE TO BE AWARDED AT END OF CLERKSHIP		

AUTUMN QUARTER, 9/26/88-12/16/88	Hours	Grade
PED 700 Pediatric Clerkship	12	
PSY 700 Psychiatry Clerkship	12	

WINTER QUARTER, 1/3/89-3/24/89	Hours	Grade
SUR 700 Surgery Clerkship	18	

SPRING QUARTER, 3/27/89-6/16/89	Hours	Grade
MED 700 Medicine Clerkship	18	

SUMMER QUARTER, 6/26/89-9/15/89	Hours	Grade
Obstetrics/Gynecology Labor & Delivery (4)	6	
NEU 800 Neurology Clerkship	6	
Physical Medicine & Rehabilitation(2 wks)	3	



AUTUMN QUARTER, 9/25/89-12/15/89	Hours	Grade
Electives:		
Maternal/Fetal Medicine (4 weeks)	6	
Gynecology/Oncology (4 weeks)	6	

WINTER QUARTER, 1/2/90-3/23/90	Hours	Grade
MED 826 Endocrinology (4 weeks)	6	
MED 800 Medicine Subinternship	6	
MED 855 Pulmonary Medicine (4 weeks)	6	

SPRING QUARTER, 3/26/90-6/11/90 — Hou[rs]

MED 841 Infectious Diseases (3 weeks)
MED 810 Advanced Cardiac Life Support (1 week)
MED 818 Cardiovascular Testing (EKG) (2 weeks)

DOCTOR OF MEDICINE DEGREE AWARDED JUNE 11, 1990

APR -3 1992

...de to Transcript Evaluation

...1912, The Chicago Medical School has ...g physicians and furthering biomedical ...ore than seven decades. In 1967, The ...Health Sciences/The Chicago Medical ...ablished, with the addition of a School of ... Postdoctoral Studies and a School of ... Sciences.

...moved from Chicago's West Side Medical ...w location on the grounds of the North ...ans Administration Medical Center in ...ol is committed to developing interlock- ...d programs for physicians and related ...onals.

...:

...is fully accredited by the North Central ...d holds professional accreditation in ...al technology and physical therapy.

...ed:

...d Health Sciences:
...nce in Medical Technology
...aster of Science in Physical

...nce in Nursing (in conjunction ...llege)
...e in Clinical Laboratory Science

...ne

...ate and Postdoctoral Studies:
...phy and Master of Science in Biological ... Biology and Anatomy, Clinical ...linical Nutrition, Medical Physics, ...and Immunology, Neuroscience, ...rmacology and Molecular Biology, ...iophysics and Psychology

Grading System:

School of Related Health Sciences:

A	- High Achievement	4 quality points
B	- Above Average Achievement	3
C	- Average Achievement	2
D	- Below Average, but passing	1
F	- Failing	0
I	- Incomplete	
W	- Withdrawal	
P	- Pass, credit only, no grade point value	
*	- Credit and grade delayed until end of course sequence.	

School of Graduate and Postdoctoral Studies:

A pass/fail grading system customarily is used for seminar and research courses. All other course work is graded as follows:

- A = Outstanding academic performance (4 quality points)
- B = Minimum expected academic performance for the Graduate School (3 quality points)
- C = Knowledgeable but below minimum expected academic performance for the Graduate School (2 quality points)
- F = Unsatisfactory academic performance (0 quality points)
- P = Passing academic performance
- I = Incomplete. Evidence required for a qualitative grade has not yet been submitted, but arrangements have been made with instructor to do so. No quality points will be awarded until a permanent grade is entered.
- R = Acknowledgement of student's participation in course. Instructor received insufficient evidence to evaluate the student's quality and quantity of work. An R grade, once entered, cannot be changed. However, it carries no stigma. (No quality points awarded)

Medical School

Grades in courses and clerkships at The Chicago Medical School are determined on the basis of established standards of performance; a statistical distribution function for grades is not assumed.

A pass/fail grading system is used for sophomore elective courses. A grade of Cr = Credit is given for the satisfactory completion of a course in which the evaluation of individual student performance is not or cannot be made. All other courses and clerkships are graded on an A, B, C, F system. These grades are defined as follows:

A	=	Exceptional	(4 quality points)
B	=	Strong	(3 quality points)
C	=	Competent	(2 quality points)
F	=	Incompetent	(0 quality points)
*	=	Credit and grade delayed until end of co[urse] sequence.	

A grade of Incomplete (INC) is given when sufficient evaluation data have not yet been acquired and/or when the student has not yet met all of the requirements of the course or clerkship. An academic incomplete is given when a student elects not to take an examination or complete an assignment at the scheduled time without a valid excuse and prior approval of the Dean of Students.

A grade of Defer is given when a student is deficient in some component of a course or clerkship. This grade is remediable.

All required and elective clerkships taught in University-affiliated hospitals will show a letter grade. When t[aught] in a non-affiliated hospital or medical school a pa[ss/fail] grade may be used.

AUTHENTICITY CONFIRMATION

To test for authenticity, apply liquid bleach to the red background sample below. If authentic, the red color will turn to brown.

CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL CHICAGO MEDICAL SCHOOL ...

BRYN MAWR COLLEGE
Bryn Mawr, Pennsylvania 19010

CLASS/STUDENT NUMBER	5
BIRTH DATE	
DATE ENTERED	
STATUS	GR
DEGREE	Bachelor of Arts
PROGRAM	Undergraduate College
MAJOR FIELD	Chemistry

Joy A. Ungaretti

COURSE			UNIT	GRADE
Spring '82				
		Mathematics:Calculus BC - AP 4	2.0	
		Physics C: Mechanics - AP 4	1.0	
		Physics C: Elec. & Mag. - AP 4	1.0	
Fall '82				
CHEM	101	General Chemistry	1.0	
ITAL	001	Elementary Italian	1.0	
PSYC	104	Behavior Modification	1.0	
ENGL	015	Composition and Reading	1.0	
Spring '83				
ENGL	016	Composition and Reading	1.0	
CHEM	102	General Chemistry	1.0	
ITAL	002	Elementary Italian	1.0	
PSYC	208	Social Psychology	1.0	
Fall '83				
ENGL	221	English Drama to 1642	1.0	
CHEM	211	Organic Chemistry	1.0	
PSYC	204	Sensation and Perception	1.0	
ITAL	101	Intermediate Italian	1.0	
Spring '84				
HART	231	Renaissance Art II	1.0	
ENGL	222	English Drama to 1642	1.0	
ITAL	102	Intermediate Italian	1.0	
CHEM	212	Organic Chemistry	1.0	
Summer Session 1 '84				
BIOL	101	General Biology	1.0	

COURSE		
BIOL	102	General Biology
Fall '84		
PSYC	202	Comparative Psychology
CHEM	231	Inorganic Chemistry
ECON	101	Intro to Microeconomics
CHEM	221	Physical Chemistry
Spring '85		
HIST	294	Male-Female in Christian Trad
CHEM	232	Inorganic Chemistry
CHEM	222	Physical Chemistry
ECON	241	Health Economics
Fall '85		
PHYS	301	Elementary Quantum Mechanics
CHEM	341	Biochemistry: Macromolecular Structure and Function
HART	230	Renaissance Art I
SOCL	207	The Nature of Prejudice: Intergroup Relations
Spring '86		
PHIL	240	Feminism and Human Nature
BIOL	342	Biochemistry: Intermediary Metabolism
PHIL	H313B	Feminist Critiques of Reason

TOTAL INSTITUTION CREDITS:
TOTAL OTHER CREDITS:
TOTAL CREDITS COMPLETED:

BRYN MAWR COLLEGE

BRYN MAWR, PA 19010

[illegible]GRADUATE COLLEGE

[illegible]ar term: 2 semesters of 13 weeks each, excluding exam period and vacations.
[illegible]of periods: Lecture hour – 50 minutes
Laboratory hour – 60 minutes
One unit = 4 semester hours
[illegible]ments for the A.B. degree: 1982 and later — 32 units or 128 semester hours

[illegible]M OF GRADING

[illegible] are reported on a scale of 0.0 to 4.0. The minimum passing grade is 1.0.

[illegible]rading symbols:

- CIP Course in Progress
- S Satisfactory
- U Unsatisfactory
- OR (Haverford College course) Drop without authorization. Evaluated as a failure.
- I Incomplete
- CR Credit
- NC No Credit
- UI Unauthorized incomplete
- X Following grade. Credit not given but grade is included in G.P.A.
- Y Following grade. Credit given but grade not included in G.P.A.
- NGR No grade reported

[illegible]erford College course
[illegible]arthmore College course
[illegible]iversity of Penn course
[illegible]titut d'Etudes Françaises d'Avignon
[illegible]ntro de Estudios Hispánicos en Madrid
[illegible]ian Studies Institute in Florence
[illegible]lanova University course
[illegible]ninemann University course
[illegible]mple University
[illegible]exel University course
[illegible] Language Institutes in USSR (ACTR)

Immediately preceding Course number

[illegible]RSE NUMBERING

[illegible]ergraduate College
[illegible]uate School of Arts and Sciences

- 001-099 Elementary and intermediate [illegible]
- 100-199 First year courses
- 200-299 Second year courses
- 300-399 Advanced undergraduate courses
- 400-499 Special categories: Undergraduate supervised work
- 500-999 Graduate courses

[illegible]uate School of Social Work

GRADUATE AND UNDERGRADUATE SCHOOLS CURRENT ENROLLMENT STATUS

EN	Currently enrolled	NR	Not currently enrolled
LV	Leave of absence	JY	Junior Yr/Semester away
WD	Withdrawn	SBY	Senior Yr/Semester away
GR	Graduated	CP	Completed program
EX	Excluded	CE	Continuing enrollment

GRADUATE SCHOOL OF ARTS AND SCIENCES

The program in the Graduate School of Arts and Sciences is defined in terms of academic units. Six academic units constitute a full year's program. A year-long seminar counts as two academic units; a one-semester seminar or a semester of supervised independent work counts as one unit.

For the Ph.D., preliminary examinations must be passed in three to four special fields within the chosen discipline and at least 12 academic units and a dissertation must be completed. The M.A. requires at least 6 academic units.

Grading system: Satisfactory (S)
Unsatisfactory (U)
Units taken for undergraduate credit are graded numerically.

Semester hour equivalent: One graduate unit = 5 semester hours
One undergraduate unit = 4 semester hours

When there are extenuating circumstances, unfinished work is recorded as Incomplete rather than Unsatisfactory.

GRADUATE SCHOOL OF SOCIAL WORK AND SOCIAL RESEARCH

The course of study for the Master of Social Service degree is a two-year program which is comprised of a minimum of eighteen course units including four units of field instruction. (A total of 72 hours is required for the M.S.S. degree.)

The course of study for the Master of Law and Social Policy degree consists of eight course units including one unit of field instruction. Students must either hold a Master's degree in social work or a related field or be enrolled concurrently in the Master of Social Service degree program.

The course of study for the Doctor of Philosophy degree consists of a minimum of fourteen course units beyond the Master's degree, meeting the foreign language requirement and satisfactory performance on four preliminary examinations within the student's field of study. A published dissertation is also required.

Grading system: Satisfactory (S)
Unsatisfactory (U)

When there are extenuating circumstances, unfinished work is recorded as Incomplete.

Master's program – 1 course unit = 4 semester hours
Ph.D. program – 1 course unit = 5 semester hours

Continuing Education – One continuing education unit (CEU) is awarded for each ten hours of instruction. (During the Spring of '87 series, two CEUs were awarded for each ten hours of instruction.)

STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

Profession ____
Date ____
Initials ____

NOTICE CONCERNING YOUR APPLICATION FOR TEMPORARY/PERMANENT PHYSICIAN LIC

TO:

0 0 9 3 4 7 5 0 3 5 0

YOUR APPLICATION CANNOT BE PROCESSED DUE TO ERRORS OR DEFICIENCIES.
MAKE THE CORRECTIONS OR ADDITIONS MARKED BELOW AND RESUBMIT.
PLEASE RETURN THIS FORM WITH THE REQUESTED MATERIALS.

	1. Submit the required fee of $ ____ made payable to the Department of Professional Regulation. This fee is not refundable.
	2. Submit ED-NON form completed in its entirety.
	3. Submit a copy of your marriage certificate, divorce decree, or court order showing change of name from: ____ to ____
	4. All documents in a foreign language must be accompanied by original, notarized translations by a person other than yourself who is fluent in both English and the language of the document(s).
	5. The enclosed application must be completed in the areas circled below: PART I - 1 2 3 4 PART II - 1 2 3 4 5 6 7 8 9 10 PART III - 1 2 3 4 5 6 7 PART IV PART V PART VI - 1 2 3 4 5 PART VII - a b c d e PART VIII
	6. The application you completed is obsolete, you must complete the enclosed revised application and submit it to this Department.
X	7. Submit TN-MED form signed by program director, with seal of hospital. [illegible handwriting]
	8. Sign form(s) where indicated.
	9. Your application will be reviewed by the Medical Licensing Board on ____

X	16. Submit photocopy of your degree. [illegible handwriting]
	17. Have your ____ score directly from ____
	18. Submit a list of your work experience from ____ to present. You must account for entire time period sinc from medical school. (Supporting Document WH.)
	19. Submit a copy of affiliation/contract agreement(s) from hospital(s). 1. ____ 2. ____ 3. ____ 4. ____ 5. ____
	20. Submit AF-MED form (certification of affiliation).
	21. Submit completed supporting document ____
	22. Submit certification of ____
	23. Proof that you are Board certified in a specialty.
	24. Submit a copy of an evaluation form for each of the follo rotations: 1. ____ 4. ____ 2. ____ 5. ____ 3. ____
	25. When your application is complete the ____ will review your qualifications.
	26. Submit evidence of retraining after ____ failures o

	mit ED-MED form (certification of education).		31. Submit proof that you are a lawfully admitted alien.
	mit certification of original/current licensure from ____________ (Supporting Document CT) and ____________		32. Submit proof of Titulo or Acta.
			33. Submit proof of Social Service or Fifth pathway.
	mit certification of licensure (Supporting Document CT) from state, territory, country, or province in which you are or have held temporary or permanent licensure.		34. Official transcript of grades bearing school seal or stamp, for medical education.

nstructions: