

Sarah Marie Valliere, DO

Licensed Physician #DO2022-0011

Issue Date	Expiration Date
02/09/2022	07/01/2022
Signature of Holder	

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board  
Triennial Renewal Certificate**

This is to certify that

**Sarah Marie Valliere, DO**  
License Number: DO2022-0011

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 02/09/2022    Date Expires: 07/01/2022\*

*\*A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

~~This License Must Be Conspicuously Posted In Each Practice Location~~



The New Mexico Physician and Practitioner  
Credentials Application ©

Physician Application



Applying for Telemedicine Licensure?  Applying for first ever Full Physician License in any state?

**\*\*ALL FEES ARE NON-REFUNDABLE\*\***

**\*\*If this application is incomplete upon one (1) year of receipt, the application and supporting documentation will become dormant, and application will become null and void.\*\***

Date of Application: 12/10/2021 Application Fee: \$400.00  
PayPal Confirmation: [REDACTED] TOTAL: \$400.00

Name: Sarah Marie Valliere

Title: DO Other: Maiden or Other Names Used

Applying using:  NMMB  HSC  FCVS

What are your NM practice plans? I work for an organization that has a branch in NM and NM license to work at this location.

CC1765 \$400  
R# 2435076

ENDORSE

Gender: Female Citizenship: United States Place of Birth: Texas  
Social Security Number: [REDACTED] Date of Birth: [REDACTED]  
State Tax ID#:  Pending Fed. Tax ID#:  Pending  
Medicare#:  Pending Medicaid #:  Pending  
Unique Physician Identification Number (UPIN):  Pending  
National Provider Identifier Number (NPI): [REDACTED]  Pending  
CLIA Number (if applicable): Approval Level: Expiration Date:

**Home Address**

Street Address: [REDACTED]  
City, State/Province and Zipcode: Phoenix, AZ, 85004  
Country: United States

Telephone Number: [REDACTED] Pager Number:  
Cell Phone Number: Spouse's Name (Optional): Nikesh Bajaj

**Credentials Correspondence Address**

Department:  
Street Address: 295 E Roosevelt St Apt 221  
City, State/Province and Zipcode: Phoenix, AZ, 85004  
Country: United States  
Telephone Number: 214-632-1188

Email: [REDACTED]  
Facsimile Number:

**Military Service**

Branch: Type of Discharge:  
Dates: From: To:  Current Rank:

**Immigration**

Status: Certification Number:

**ECFMG (Educational Commission for Foreign Medical Graduates)**

Number (if applicable): Date Issued: (Please attach a copy of your ECFMG certificate)



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Languages

Foreign Languages (spoken fluently by practitioner): English

Certifications

ACLS CERTIFICATION

Certified? [X] Yes [ ] No

Expires: 6/21/2023

ATLS CERTIFICATION

Certified? [ ] Yes [X] No

Expires:

PALS CERTIFICATION

Certified? [ ] Yes [X] No

Expires:

HOSPITAL AND HEALTHCARE AFFILIATIONS

[ ] Are you a PCP?

[ ] Do you deliver babies?

[X] Are you an MD, DO, or DPM?

If you answered yes to any question above, you must:

(a) Have admitting privileges at a hospital (list below) OR

(b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

[ ] Do you have courtesy or consulting privileges at this facility.

[ ] If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Our organization has multiple providers with admitting privileges so that not every provider needs admitting privileges within the organization. We have an incredibly low rate of admission therefore, not all of the physicians at the organization were made to receive admitting privileges. The physician admitting patients on my behalf is Dr. Allison Gilbert at Southwestern Medical Center in Dallas Texas. Admission is typically at Dallas Presbyterian Hospital.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

No affiliation information provided

Facility Name:

[ ] Is this your primary admitting facility

Department:

Street Address:

City:

State/Province:

Zip Code:

Country:

Phone Number:

Facsimile:

Appointment Dates From:

To:

[ ] Present

Type of Appointment:

Privileges Assigned:

WORK HISTORY

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Organization: Institute for Family Health, Reproductive Health From: 07/2018 To: 08/2019 [ ] Present

Access Project



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Physician Application



Department: Family Medicine

Street Address: 545 8th Ave

City: New York

State/Province: NY

Zip Code: 10018

Country: United States

Phone Number:

Contact:

Fax Number:

Type of Practice: Fellow

**Please provide written explanation for any gaps in work history of six (6) months or more.**

Organization: Southwestern Women's Surgical Center

From: 08/2019 To:

Present

Department: Reproductive Health

Street Address: 8616 Greenville Ave Suite 101

City: Dallas

State/Province: TX

Zip Code: 75243

Country: United States

Phone Number: 214-742-9310

Contact:

Fax Number:

Type of Practice: Medical Staff

**Please provide written explanation for any gaps in work history of six (6) months or more.**

Work history gap explanations follow:

**PRACTICE LOCATIONS**

Group Name: Southwestern Women's Surgical Center

Effective Date: 8/2019

Department:

Street Address: 8616 Greenville Ave Suite 101

City: Dallas

State/Province: TX

Zip Code: 75243

Country: United States

Phone Number: 214-742-9310

Facsimile Number:

Email Address: alicia@southwesternwomens.com

Answering Service Number:

Foreign Languages (spoken fluently at practice):

Office Manager or Contact Person: Alicia Dewitt-Dick

Phone: 214-742-9310

**Billing Address**

Billing Information same as practice information

Practice Associates (if applicable):

Call Coverage (if applicable):

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

What are the office hours for your Practice or Group Practice? (Provide days/hours):

What provisions have been made for after hours?:



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Physician Application



**CONTINUING EDUCATION**

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.
2. If you are applying for privileges at a hospital or clinic, please complete the enclosed privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.

**PROFESSIONAL REFERENCES**

Please list five (5) professional peers with the same type of license, or a higher level of licensure, who are familiar with your professional performance in the past three (3) years.

Name and Title: Allison Gilbert MD                                      Specialty: OB-GYN  
Department: Southwestern Women's Surgical Center  
Street Address: 8616 Greenville Ave Suite 101  
City: Dallas    State/Province: TX    Zip Code: 75243  
Country: United States    Email: agilbert@southwesternwomens.com  
Phone Number: 214-742-9310    Facsimile Number:

Name and Title: Anastasia Coutinho MD                                      Specialty: Family Medicine  
Department: Southwestern Women's Surgical Center  
Street Address: 8616 Greenville Ave Suite 101  
City: Dallas    State/Province: TX    Zip Code: 75243  
Country: United States    Email: anastasia.coutinho@gmail.com  
Phone Number: 214-742-9310    Facsimile Number:

Name and Title: Ghazaleh Moayedl DO                                      Specialty: OB-GYN  
Department: Southwestern Women's Surgical Center  
Street Address: 8616 Greenville Ave Suite 101  
City: Dallas    State/Province: TX    Zip Code: 75243  
Country: United States    Email: drgmoayedl@gmail.com  
Phone Number: 214-742-9310    Facsimile Number:





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Part/Step 1 Date Passed	6/18/2013	Part/Step 2 Date Passed	8/14/2014	Part/Step 3 Date Passed	1/6/2017
<input type="checkbox"/> COMPLEX (DO Only):					
Part/Step 1 Date Passed		Part/Step 2 Date Passed		Part/Step 3 Date Passed	
<input checked="" type="checkbox"/> USMLE					
Part/Step 1 Date Passed	6/13/2013	Part/Step 2 Date Passed	8/12/2014	Part/Step 3 Date Passed	

**DRUG CERTIFICATION INFORMATION**

Federal Drug Enforcement Administration (DEA) Registration:  N/A

State Controlled Substance Registration (CSR):  N/A

**EDUCATION**

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Residency  
Institution: McGaw Northwestern  
Department: Family Medicine  
Street Address: 240 E Huron St  
City: Chicago  
Country: United States  
Degree Earned: RES - Residency  
If teaching appointment: Department/Position

Dates Attended:  
From: 6/2015  
To: 7/2018

State/Province: IL Zip Code: 60611  
Graduation Date: 2018  
or Specialty: Family Medicine

**SPECIALTY BOARD CERTIFICATIONS**

**NOTE:** If you are not board certified by the American Board of Medical Specialties or the American Osteopathic Association, or accepted for examination in your specialty, please give brief explanation on the attached sheet.

Board or  Specialty Board Name: American Board of Family Medicine  
Date Certified: 07/01/2018 Date Last Recertified: Expiration Date: 07/01/2028  Lifetime  
Certification Number: 1071677672

**MEDICAL MALPRACTICE INSURANCE**

**Do you have current medical malpractice insurance?**  Yes  No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.



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Physician Application



**PROFESSIONAL PRACTICE QUESTIONS**

*Read carefully before answering questions.*

- A. You must answer all questions. You must provide explanatory information –
  - for any "yes" answer to questions numbered 1-18 and
  - for any "no" answer to questions numbered 19-23.

Your failure to provide full and accurate details for any or all of those answers may result in disciplinary action or denial of your application. If in doubt, disclose.

- B. The Board expects full and accurate disclosure of all information. You must update any information that changes while your application is pending.
- C. The term "you" means you personally and any healthcare entity for which you serve as a business owner, officer or medical director.

**Licensing & Professional Membership**

- |   |                              |  |
|---|------------------------------|--|
| 1.a. <i>Regardless of the outcome</i> , have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 1.b. Is any license you now hold under investigation or being challenged?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Education**

- |  |                              |  |
|--|------------------------------|--|
| 4. Have you, for any reason, ever  |                              |  |
| 4.a. been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.b. been placed on probation or remediation by a medical school or PGT program?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.c. taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Privileges/Appointments**

- |  |                              |  |
|--|------------------------------|--|
| 5.a. For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5.b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Insurance/Health Care Plans**

- |   |                              |  |
|---|------------------------------|--|
| 8. Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

**Liability**

- |  |                              |  |
|--|------------------------------|--|
| 9. Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. Have you ever been denied professional liability insurance coverage?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. Has your professional liability insurance carrier ever excluded any procedures from your coverage?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |



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Physician Application



12. Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? **If yes, please complete the attached Malpractice History Form for each case.**  Yes  No
13. Have you ever been reported to the National Practitioner Data Bank (NPDB)?  Yes  No  
**Ethics/Impairment**
14. Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed?  Yes  No
- 15.a During the past five (5) years, have you engaged in any behavior(s) or used any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?  Yes  No
- 15.b Are you now engaging in any behavior(s) or using any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?  Yes  No
- 15.c Have you been diagnosed with or treated for an addiction disorder at any time during the past five years (including the present)?  Yes  No
16. Are you now, being treated with any opioid analgesic(s) for chronic pain? If yes, please provide a current neuropsychological evaluation and written clearance to practice from your treating physician. See Rule 16.10.14.10.  Yes  No
17. Do you have, or have you been diagnosed with, an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? **If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.**  Yes  No
18. Are you currently out of compliance with a judgment and order for child support in New Mexico?  Yes  No
- Attestations**
19. I attest I will limit my practice to areas in which I am competent to practice.  Yes  No
20. I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC.  Yes  No
21. I attest I have reviewed the completed form and the information it contains is complete and accurate.  Yes  No
22. I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes.  Yes  No
23. I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times.  Yes  No

**If you answered "YES" to questions 1-18, and/or "NO" to questions 19-23, please provide a detailed written explanation for each of those answers with this application.**

UA

UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

Affidavit and Authorization for Release of Information

Applicant: Follow the instructions in the left sidebar. Send this to the state board you are applying to for licensure, NOT to FCVS/FSMB.

Applicant:

This is a separate form from the FCVS affidavit and release.

If you are using FCVS, you must complete both FCVS and UA affidavits. Send the FCVS affidavit to FCVS.

Sign this form with attached photo in the presence of a notary public.

Send this notarized affidavit to the board you are applying to for licensure. See http://www.fsmb.org/policy/contacts for a directory of state medical boards.

DO NOT SEND THIS FORM TO FCVS/FSMB. Doing so will delay your licensure process.

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

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



Sarah Valliere

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

Valliere

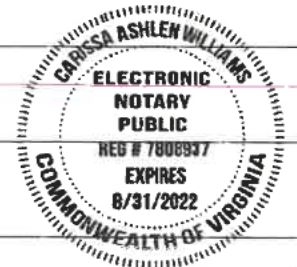
Applicant's printed last name

Sarah M

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

12/10/2021

Date of signature (must correspond to date of notarization)



-fold up after folding the bottom portion upward, bring the new bottom edge to the top edge and fold to fit in a standard envelope. Gold sun

Completed via Remote Online Notarization using 2way Audio/Video technology

State of Virginia, County of James City

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

The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of December, 2021.

Notary Public Signature: Carissa Ashlen Williams

My Notary Commission Expires: August 31, 2022 (NOTARY PUBLIC SEAL)

State Board: New Mexico

# Sarah Valliere

Phoenix, AZ 85004

.com

**Family medicine physician passionate about leadership through advocacy and providing personalized, evidence-based, comprehensive healthcare with an emphasis on social and reproductive justice.**

- Education:**
- Fellowship:** Physicians for Reproductive Health Leadership Training Academy  
November 2018 - June 2019
  - Fellowship:** Reproductive Health Access Project Clinical and Advocacy Fellowship  
New York/Bronx, New York — August 2018 - August 2019
  - Graduate Medical Education:** McGaw Northwestern Family and Community Medicine Residency at Humboldt Park – Chicago, IL June 2015 – June 2018
  - Medical Education:** Texas College of Osteopathic Medicine, University of North Texas Health Science Center – Fort Worth, TX Doctor of Osteopathic Medicine, June 2011 – May 2015
  - Undergraduate:** University of North Texas, Denton, Texas  
Bachelor of Science in Biology with Minor in Spanish; August 2007 - December 2010
- Credentials:**
- New York Medical License No: 293580, Issuance: 4/19/18, Expiration: 7/31/23
  - Texas Medical License No: S1533, Issuance: 4/12/19, Expiration: 5/31/23
  - Arizona Medical License No: 008014, Issuance: 7/18/19, Expiration: 5/1/22
- Skills:**
- ACLS certification, Expiration: 06/20/2023
- Foreign Languages:**
- Proficient Medical Spanish
- Experience:**
- Family Planning Provider:** August 2019 - present  
Southwestern Women's Surgical Center in Dallas, TX
  - Family Planning Provider:** December 2019 - present  
Camelback Family Planning, Phoenix AZ
  - Scheduling Chief Resident:** May 2017 - June 2018  
McGaw Northwestern Family and Community Medicine Residency

**Involvement:**

**American Academy of Family Physicians**

Member since 2016

Attended Family Medicine Advocacy Summit in May 2018

Reproductive Health Interest Group Member

**American Medical Association**

Illinois State Medical Society Delegate to the Resident-Fellow Section in November 2017

Member since 2016

**New York State Academy Family Physicians**

Committee Board Member: Government Relations 2018-2019

**Society of Family Planning**

RHEDI Scholarship recipient for North American Forum on Family Planning in October 2015

Physician member since 08/2018.

**National Abortion Federation**

Member since 2018

**Reproductive Health Access Project - Chicago, New York, Southwest Clusters**

Attend monthly cluster meetings

**Midwest Access Project**

Abortion and Miscarriage Management training; August 2017, May 2018

**Planned Parenthood Illinois, Arizona Advocacy Network**

**Planned Parenthood Texas Action and Advocacy Network**

Lobbied often at the Capitol for Planned Parenthood support and to spread knowledge of services

Attended the famous HB2 filibuster of Wendy Davis in its entirety

**Publications:**

**Poster Presentation:**

Hirshfeld, Meredith; Valliere, Sarah. (October, 2016). Wellness, Resiliency, and Healing: Overcoming Obstacles and Building Vitality Poster presented at: Family Medicine Midwest; Indianapolis, IN, USA.

**Other Articles**

Bajaj, N., Valliere, S., O'Brien D., Smith S... (2014, June 05). Resolution 33, MSS-A14: Eradicating Homelessness. American Medical Association MSS-A14 and HOD I-14. Publication Status: Published.. *Eradicating Homelessness.*, Pub Status: Published.

**Other Research:**

**Neuronal Cell Culture Manual and Techniques**

Dr. Guenter Gross, Ph.D., Primary Investigator and Employer, Department of Neuroscience University of North Texas, Denton – May 2008 – June 2011

**The Role of Primary Cilia within Oligodendrocyte Ontogeny**

Dr. Jannon Fuchs Ph.D., Primary Investigator, Department of Neuroscience University of North Texas June 2009 – December 2017

**Community:**

**Spanish Immersion Program: Proyecto Linguistico Quelzaltenango, March 2017**

Attended a 6-week Spanish language program and volunteer opportunity

**International Medical Trip: Malawi, Africa, February 2015**

Focus on women's health and providing education and contraception opportunities

**International Medical Trip: Managua, Nicaragua, March 2013**

Provided free physicals, medicine, and education to the communities of Managua and Diriamba

**Counseling: The Net; Fort Worth, TX, May 2012- 2015**

Provided counseling to victims of sex-trafficking and prostitution

**Touch Award Recipient:** over 100 hours of community service each year from 2011 to 2015

**Interests:**

Traveling, Exploring new restaurants

Physical Fitness: Yoga, Bouldering, Hiking, Biking, Swimming, Soccer, Weight Lifting

Brewing kombucha, Fermenting, Dehydrating, Pickling; Learning the Ukulele



# AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

**Name and Mailing Address**

SARAH MARIE VALLIERE

[REDACTED]

PHOENIX, AZ 85004-2094

**Primary Office Address**

STE 101  
8616 GREENVILLE AVE  
DALLAS, TX 75243-7166

Phone

[REDACTED]

Birth date

[REDACTED]

**Physician's major professional activity**

OFFICE BASED PRACTICE

**Self-designated practice specialty**

FAMILY MEDICINE (primary)

UNSPECIFIED (secondary)

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

**AMA membership status**

MEMBER

---

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

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
[REDACTED]	04/14/2015	NOT RPTD	NOT RPTD	NOT RPTD	11/19/2021

**Current and/or historical medical school**

UNIV OF NORTH TEXAS HEALTH SCIENCE CENTER TEXAS COLLEGE OF OSTEOPATHIC MED

Degree Awarded: YES  
Degree Year: 2015



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

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

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

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

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

**Sponsoring Institution:** MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY  
**Sponsoring State:** ILLINOIS  
**Program name:** MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY/ERIE-HUMBOLDT PARK PROGRAM  
**Specialty:** FAMILY MEDICINE  
**Training Type:** SPECIALTY  
**Dates:** 6/2015 - 6/2018 (Verified)

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

**Specialty Board Certification**

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

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

**Certifying board:** AMERICAN BOARD OF FAMILY MEDICINE





Certificate: FAMILY MEDICINE  
 Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC <sup>+</sup>	Active	07/01/2018	n/a	02/15/2022	INITIAL	12/14/2021	Y

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

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

#### Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
60293580	DO	NY	04/19/2018	07/31/2023		ACT	UNL	10/19/2021	VALLIERE SARAH MARIE
S1533	DO	TX	04/12/2019	05/31/2023	05/21/2019	ACT	UNL	12/06/2021	SARAH MARIE VALLIERE
125.066650	DO	IL	05/20/2015	06/22/2018		INA	RES	12/01/2021	SARAH VALLIERE

*Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited*

#### Action Notifications

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

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

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

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



DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----986	C-0	22N 33N 4 5	Active	05/31/2022	Paid	11/19/2021	Ste 101 8616 Greenville Ave Dallas, TX 75243-7166
-----781	C-0	22N 33N 4 5	Active	05/31/2022	Paid	11/19/2021	5771 W Eugie Ave Glendale, AZ 85304-1241
-----793	C-0	22N 33N 4 5	Active	05/31/2022	Paid	11/19/2021	1837 E Baseline Rd Tempe, AZ 85283-1501
-----806	C-0	22N 33N 4 5	Active	05/31/2022	Paid	11/19/2021	2255 N Wyatt Dr Tucson, AZ 85712-2150
-----451	C-0	22N 33N 4 5	Active	05/31/2022	Paid	11/19/2021	Ste 105 4141 N 32nd St Phoenix, AZ 85018-4775

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

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more](#) about Business Activity code-subcode combinations.

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

## ECFMG Certification

Applicant Number:

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

## Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to



be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

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

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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:12/16/2021

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**PRACTITIONER INFORMATION**

Name: Valliere, Sarah Marie  
DOB: [REDACTED]  
Medical School: University of North Texas Health Science Center  
Fort Worth, Texas, UNITED STATES  
Year of Grad: 2015  
Degree Type: DO  
NPI: [REDACTED]

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**BOARD ACTIONS**

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

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1275929499	Individual			06/04/2018

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**PRACTITIONER PROFILE**

Prepared for: New Mexico Medical Board As of Date:12/16/2021  
 Practitioner Name: Valliere, Sarah Marie

**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ARIZONA OSTEO	008014	07/08/2019	05/01/2022	11/15/2021
FSMB License Status: Active				
ILLINOIS	125066650	05/20/2015	06/22/2018	09/30/2021
FSMB License Status: Expired				
NEW YORK	293580	04/19/2018	07/31/2023	12/15/2021
FSMB License Status: Active				
TEXAS	S1533	04/12/2019	05/31/2023	12/01/2021
FSMB License Status: Active				

**ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
FV8845806	22N 33N 4 5	TUCSON,AZ 85712	05/31/2022	12/07/2021
FV8845781	22N 33N 4 5	GLENDALE,AZ 85304	05/31/2022	12/07/2021
FV8845793	22N 33N 4 5	TEMPE,AZ 85283	05/31/2022	12/07/2021
FV8897451	22N 33N 4 5	PHOENIX,AZ 85018	05/31/2022	12/07/2021
FV8399986	22N 33N 4 5	DALLAS,TX 75243	05/31/2022	12/07/2021

**PRACTITIONER PROFILE**

Prepared for: New Mexico Medical Board As of Date:12/16/2021  
 Practitioner Name: Valliere, Sarah Marie

**ABMS® CERTIFICATION HISTORY**

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

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2018		02/15/2022	Initial	11/25/2021

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

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

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



142 E. Ontario Street Chicago, Illinois 60611-2864

**OFFICIAL PHYSICIAN PROFILE REPORT**  
 Report Valid Only For NM - New Mexico Board of Osteo Medical Exam

ELECTRONIC MAIL: credentials@AOAprofiles.org

**Physician Name:** Sarah M. Valliere, DO  
**Address:** [REDACTED] (940) 565-4323  
 Phoenix, AZ 85004-2094  
**Self-Designated Major Practice Focus:** Family Medicine  
**Self-Designated Minor Practice Focus:**  
**AOA Membership Status:** Non-Member

*The following information was obtained from the original issuing source of the credential, also known as the primary source*

**Predoctoral Education:** Univ N Texas Health Science Center Texas College of Osteo Med. Fort Worth TX Year of Graduation: 2015

**Postdoctoral Education:** (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

**Internship/Residency:** Dates Attended:  
 Dates Attended:

**Please note:** Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

Residency:	Dates Attended:	State	Date Granted	Expiration Date	Status	Date Last Reported to the AOA	** Contact Board for More Information
		AZ	07/08/2019	05/01/2022	Active	10/15/2021	
		NY	04/19/2018	03/31/2020	Inactive	11/29/2021	
		TX	04/12/2019	05/31/2023	Active	12/06/2021	

\*\* A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

142 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org)

**Certification by member board(s) of the American Board of Medical Specialties ® (ABMS):**

(The AOIA Official Osteopathic Physician Profile Report has been designated by the ABMS as an Official Display Agent and provides this primary source data on the organization's behalf.)

**ABMS Member Board:**

Family Medicine

07/2018

12/02/2021

**Expiration Date**  
**Date Last Reported to the AOA**

Family Medicine  
Meeting MOC requirements

**ABMS Maintenance of Certification:**

The above certifying board(s) has/have implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Please Note: For more information on MOC, please go to [www.abms.org](http://www.abms.org)

**Federal Drug Enforcement Administration:**

None Reported  
Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

**Former Name(s):**

**Please Note:**

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organization's documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA [credentials@AOAprofiles.org](mailto:credentials@AOAprofiles.org). Thank you.



**New Mexico Medical Board**

2055 S. Pacheco St.  
Building 400  
Santa Fe, NM 87505  
(505) 476-7220

**PROFESSIONAL RECOMMENDATION**

The New Mexico Medical Board requires the completion of this Professional Recommendation by a physician or a Chief of Staff or a Department Chief with whom I have worked and who has personal knowledge of my character and competence to practice medicine. This form is required as part of my application for licensure. **All** elements in the section below **must** be completed. The lower half of the form may be used for narrative comment. This is my authorization to release all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Applicant's Name: Sarah Valliere Date of Birth: [Redacted]  
Applicant's Signature: *S. Valliere* Date: 12.13.21  
Address: [Redacted] City: Phoenix State: AZ

**ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PHYSICIAN**  
The information on this form is NOT a public document.

1. Date and type of service: This individual served with me as staff physician  
from August 2019 to present at Southwestern Women's Surgery Center  
Month/Year Month/Year Location

2. Please evaluate:

(Please indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				X
Clinical judgment				X
Relationship with patients				X
Ethical/professional conduct				X
Ability to communicate				X
Clinical skills				X

3. Recommendation: (please indicate with a check mark)

- 1. Recommend highly and without reservation
- 2. Recommend as qualified and competent
- 3. Recommend with some reservation (explain)
- 4. Concerns (explain)

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate your comments.

Dr. Valliere is a kind, compassionate, and competent physician, and we are lucky to work with her. She is an asset to any organization where she will work.

5. The above report is based on: (please indicate with check mark)

- 1. Close personal observation
- 2. General impression
- 3. A composite of evaluations
- 4. Other

Name (Please Print): Jennifer Amico, MD, MPH Title: Associate Medical Director Phone: 214-742-9310

Signature: *J. Amico* Date: 12/13/2021

**New Mexico Medical Board**  
 2055 S. Pacheco St.  
 Building 400  
 Santa Fe, NM 87505  
 (505) 476-7220



**PROFESSIONAL RECOMMENDATION**

The New Mexico Medical Board requires the completion of this Professional Recommendation by a physician or a Chief of Staff or a Department Chief with whom I have worked and who has personal knowledge of my character and competence to practice medicine. This form is required as part of my application for licensure. All elements in the section below must be completed. The lower half of the form may be used for narrative comment. This is my authorization to release all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Applicant's Name: Sarah Valliere Date of Birth: [Redacted]  
 Applicant's Signature: [Redacted] Date: 12.13.21  
 Address: [Redacted] City: Phoenix State: AZ

**ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PHYSICIAN**  
 The information on this form is NOT a public document.

1. Date and type of service: This individual served with me as staff physician  
 from Aug 2020 to Dec 2021 (present) at Southwestern Women's Surgery Center  
Month/Year Month/Year Location

2. Please evaluate:

(Please indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				✓
Clinical judgment				✓
Relationship with patients				✓
Ethical/professional conduct				✓
Ability to communicate				✓
Clinical skills				✓

3. Recommendation: (please indicate with a check mark)

- 1. Recommend highly and without reservation
- 2. Recommend as qualified and competent
- 3. Recommend with some reservation (explain)
- 4. Concerns (explain)

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate your comments.

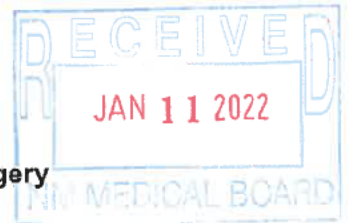
Dr. Valliere is an incredible physician and colleague. her clinical skills are excellent and the positive attitude she brings with her make working with her an absolute joy. she is knowledgeable, collaborative, and kind.

5. The above report is based on: (please indicate with check mark)

- 1. Close personal observation
- 2. General impression
- 3. A composite of evaluations
- 4. Other

Name (Please Print): Allison Gilbert Title: Medical Director Phone: 214-742-9310

Signature: [Signature] Date: 12/13/21



**Arizona Board of Osteopathic Examiners In Medicine and Surgery**

1740 W. Adams Street, Phoenix, Arizona 85007

Ph : 480-657-7703 | Fx: 480-657-7715 | [www.azdo.gov](http://www.azdo.gov) | [questions@azdo.gov](mailto:questions@azdo.gov)

## OFFICIAL LICENSE VERIFICATION

This is to certify that the below named individual was issued a license to practice medicine in the state of Arizona by the Arizona Board of Osteopathic Examiners in Medicine and Surgery.

**Date:** January 04, 2022

**Licensee Name:** Sarah Marie Valliere

**License Type:** DO License

**License Number:** 008014

**Initial Issue Date:** 07/08/2019

**Expiration Date:** 05/01/2022

**Current Status:** Active

**Board Actions:** None

*The public reporting of any action listed above is governed by A.R.S. §32-3209 and §32-1803 et al. If an action is reported, the documentation attached is a true and correct copy of the document on file at the Arizona Board of Osteopathic Examiners in Medicine & Surgery. Additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders if these exist, may be obtained with written request to [questions@azdo.gov](mailto:questions@azdo.gov). This form is in compliance with Arizona statutes regarding verification of licensees and contains public information.*

Signature

Staff Assistant

Title



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

JAN 31 2022

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, **VALLIERE SARAH MARIE** was issued license/certificate number 293580 for the practice of MEDICINE on 04/19/2018.

Our records also indicate the following information:

Date of birth: [REDACTED]  
School attended: UNIV NORTH TEXAS HEAL SCI  
Date of graduation: 05/16/15  
Degree earned: DO

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	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
01/17							0000P		OSTEO
08/14				0000P					
06/13		0000P							

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: YES Reg period ends: 07/31/23  
Address: 295 E ROOSEVELT ST APT 221  
PHOENIX AZ 85004-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Sandra Barsallo, Education Credentials Specialist, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Credentials Specialist 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



*Sandra Barsallo*

Sandra Beth Barsallo 01/25/22  
Education Credentials Specialist

00 12/13/21



# Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018  
Phone (512) 305-7010

NEW MEXICO MEDICAL BOARD  
2055 S PACHECO BLDG 400  
SANTA FE, NM 87505-

January 3, 2022

For: NEW MEXICO MEDICAL BOARD

In response to a recent request, we verify the following information:

\*\*\*\*\*

Physician: SARAH MARIE VALLIERE, DO  
License: S1533  
Date Issued: 04/12/2019  
Licensed by:  
Date of Birth: 1987  
Medical School: UNIV OF NORTH TEXAS HLTH SCI CTR, TEXAS COLL OF OSTEO MED, FORT WORTH, TX  
Graduation Year: 2015  
Permit Expires: 05/31/2023

**Registration Status:**

This is to certify that the above-named physician is licensed to practice medicine in Texas.

**Disciplinary Status:**

The board has not filed any formal complaints or statements of charges against this physician.

**Investigation Status:**

Not applicable.

\*\*\*\*\*

If you have any further questions, please contact the Hearings division

Sincerely,

*Crystal Martinez*  
Customer Information Center

BOARD SEAL





Illinois Department of Financial and  
Professional Regulation

## Lookup Detail View

### Contact

#### Contact Information

Name	City/State/Zip	DBA / AKA
SARAH MARIE VALLIERE DO	Chicago, IL 60611	

### License

#### License Information

License Number	Description	Status	First Issuance Date	Effective Date	Expiration Date	Program	Program Start Date	Ever Disciplined
125066650	TEMPORARY MEDICAL PERMIT	EXPIRED	06/23/2015	06/23/2015	06/22/2018	Family Medicine	06/23/2015	N

New Mexico Medical Board  
 2055 S. Pacheco St.  
 Building 400  
 Santa Fe, NM 87505  
 (505) 476-7220



**WORK EXPERIENCE VERIFICATION**

I am applying for a medical license in the State of New Mexico. The New Mexico Medical Board requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Sarah Valliere  
 [Redacted]  
 Address  
Phoenix, AZ 95004  
 City/State/Zip

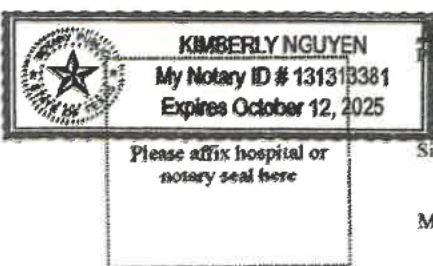
S. Valliere  
 Applicant Signature  
09/19 - present (12/21)  
 \*Dates of Privilege/Employment mm/yy to mm/yy (must be provided)  
 [Redacted]  
 Telephone Number

The section below should be completed by the chief of staff or facility's administrative staff. Letters of Recommendation are **NOT** accepted in lieu of this form.

Alicia Delwit-Dick  
 Type or Print Name of person completing this form  
ADMINISTRATOR  
 Title  
SOUTHWESTERN WOMEN'S SURGERY CENTER  
 Name of Institution  
2116 ARDENVILLE AVE., STE. 101  
 Address  
DALLAS, TX 75243  
 City / State / Zip

- This evaluation is based on:  Observation of applicant  Review of personnel file
  - In your estimation, is there any reason why this applicant should not be licensed to practice?  Yes  No
  - To your knowledge, is there any mental or physical reason why this applicant should not be licensed?  Yes  No
  - To your knowledge, is there any derogatory/disciplinary information regarding this applicant?  Yes  No
  - Are the dates of privilege/employment provided by the applicant on this form accurate? \*  Yes  No
- \*If not, please provide correct dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
 Month/Year Month/Year

If you answered "YES" to questions 2, 3, and/or 4, please provide a written explanation and/or any supporting documentation that may be relevant.



Alicia Delwit-Dick  
 Printed name of person completing this form  
[Signature]  
 Signature  
12.21.2021  
 Date  
[Signature]  
 Signature of Notary (if applicable)  
12.31.2021  
 Date  
 My commission expires: 10-12-2025

Please note on this form if there is no hospital or notary seal available.

Please return this form directly to the address above.

# FCVS

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Medical Professional Information Profile

*This report provides credentialing information for:*

Name: **Valliere, Sarah Marie**  
Social Security Number: [REDACTED]  
Date of Birth: [REDACTED]  
FID#: [REDACTED]  
Recipient: **NM - New Mexico Medical Board**  
Delivery Date: **12/22/2021**

### ABOUT THIS PROFILE

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

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

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



FEDERATION OF  
STATE MEDICAL BOARDS



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

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

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

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



**Applicant**

*Sarah Valliere*

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

Valliere

Applicant's Printed Last Name

Sarah M

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

12/10/2021

Date of Signature (must correspond to date of notarization)



State of Virginia, County of James City

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of December, 2021.

Notary Public Signature: *Carissa Ashlen Williams*

My Notary Commission Expires: August 31, 2022

**Completed via Remote Online Notarization using 2way Audio/Video technology**  
Please complete and mail this original document to the Federation of State Medical Boards at:

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

---

**Biographic Information**

---

Medical professional Name(s): **Valliere, Sarah Marie**

Date of Birth: August 21, 1987

Place of Birth: Plano, Texas, UNITED STATES

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**Contact Information**

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Business Address: 8616 GREENVILLE AVE  
Suite 101  
Dallas, TX 75243  
UNITED STATESHome Address: [REDACTED]  
Phoenix, AZ 85004  
UNITED STATES

Home Phone: [REDACTED]

Business Phone: (214) 742-9310

Email: [REDACTED]

Email: [REDACTED]

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**Credentials Analysis Information for Identity**

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There is no Omission/Discrepancy/Miscellaneous information identified.

**CERTIFICATION OF IDENTIFICATION**  
**Certification by Notary Public Is Required**

Applicant Full Legal Name: Valliere Sarah Marie  
Last First Middle

FCVS ID Number: [REDACTED]

**Notary – Please complete the section below:**

State of Virginia County of James City

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

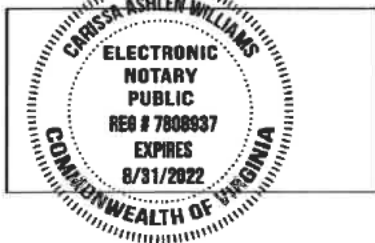
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 10, of (Month) December, (Year) 2021.

Notary Public Signature: *Carissa Ashlen Williams*

Commission Expiration Date\* (Month) August / (Day) 31 / (Year) 2022  
Completed via Remote Online Notarization using 2way Audio/Video technology

**\* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

**Notary Stamp Here**



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

**Federation of State Medical Boards**  
**ATTN: FCVS**  
400 Fuller Wisser Rd., Suite 300  
Euless, TX 76039-3856





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

Start Date	End Date	Activity Type	Location
05/01/2011	05/01/2015	Medical Education	University of North Texas Health Science Center Fort Worth Texas UNITED STATES
06/23/2015	07/01/2018	Postgraduate Training	McGaw Medical Center of Northwestern University/Erie-Humboldt Park Program Chicago Illinois UNITED STATES
07/15/2018	08/01/2019	PGT/Education	Reproductive Health Access Project New York New York UNITED STATES
08/21/2019		Work	Southwestern Women's Surgical Center 8616 GREENVILLE AVE Suite 101 DALLAS, Texas UNITED STATES
12/01/2019		Work	Camelback Family Planning 4141 N 32nd St Suite 105 Phoenix, Arizona UNITED STATES

End of Chronology of Activities report for: Valliere, Sarah Marie



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**Medical Education**

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**Medical School:** University of North Texas Health Science Center

**Location:** Fort Worth, TX  
UNITED STATES

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**Credentials Analysis Information for Medical Education**

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**Issue:**

FCVS has identified a Medical Education Discrepancy at University of North Texas Health Science Center.

**Attendance Dates**

**Solution:**

FCVS does not follow up when the Verification of Medical Education Form matches the information reported on the Certified Transcript.



FEDERATION CREDENTIALS  
VERIFICATION SERVICE



**Institution Name:** University of North Texas Health Science Center

**City:** Fort Worth

**State/Province:** TEXAS

**Country:** UNITED STATES

**Premedical Education:**

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

Credential/degree presented by the applicant for admission to your medical school: **Baccalaureate**

**Enrollment and Participation:**

Our records indicate that **Valliere, Sarah Marie**  
 attended our medical school for a total of **198** weeks of medical education on the following dates: From MM/DD/YYYY: **07/25/2011** To MM/DD/YYYY: **05/16/2015**  
 This individual was awarded the degree of **Doctor of Osteopathic Medicine** on **05/16/2015**

DS  
u

**Unusual circumstances**

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

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

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

Other Explanation:

Medical School Code: 044030

FID: 218705051

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

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

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

Other Reason Explanation:

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

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

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

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

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

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

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



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

<p><b>ELECTRONIC SEAL VERIFIED</b></p>	<p>Name: LaTarra Lewis</p> <p>Title: Director, Enrollment and Records</p> <p>Signature:  <small>DocuSigned by: Lewis, LaTarra CASE00FB3D18403</small></p> <p>Date of Signature: 12/16/2021 <span style="float: right;">Email: registrar@unthsc.edu</span></p>
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November 1, 2017

Federation Credentials Verification Services

400 Fuller Wiser Road, Suite 300

Eules TX 76039

To whom this may concern:

Due to the delegation of duties in my office

LaTarra Lewis

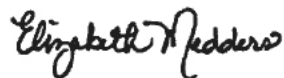
Assistant Director, Enrollment & Records

Phone: 817-735-2201 Fax: 817-735-0448

Email: Registrar@unthsc.edu

is responsible for completion and certification of all medical education verification documents within the online MedEd Connect System (EC). This is the designated individual available in the Office of the Registrar.

Regards,



Director of Enrollment & Records and Registrar

November 1, 2017



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**Medical School**

Medical Professional Name: Valliere, Sarah Marie

University of North Texas Health Science Center

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**Unusual Circumstances****Did you have any interruption(s) or extension(s) in your medical education?** **No****Were you ever placed on probation?** **No****Were you ever disciplined or placed under investigation?** **No****Were any negative reports for behavioral reasons ever filed by instructors?** **No****Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?** **No**

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End of Applicant Reported Unusual Circumstances report for: Valliere, Sarah Marie

August 1, 2014

**Medical Student Performance Evaluation****SARAH VALLIERE****IDENTIFYING INFORMATION**

Prior to matriculation at UNTHSC, Ms. Valliere graduated *summa* from University of North Texas-Denton (UNT) Honors College with a Bachelor of Science degree in Biology. At UNT, she received many honors including being named to the Dean's List, President List, and Who's Who Among American College and University Students. In addition, she was awarded The Golden Key. She participated in undergraduate research as a Chief Neuronal Cell-Culture Technician, supervised under Dr. Guenter Gross, at The Center for Network Neuroscience in the Neuroscience Department at UNT where she wrote a manual on neuronal cell culture. She also worked under the supervision of Dr. Jannon Fuchs at the Neuroscience Department at UNT where she worked on 'Oligodendrocyte Ontogeny and the Role of Primary Cilia'. Throughout her undergraduate, she worked three jobs which included: phlebotomist at the UNT Student Health Clinic, Chief Cell Culture Technician at The Center for Network Neuroscience, a graduate laboratory at UNT, and catering for an event staffing company. Prior to medical school, she continued to work her three jobs while taking personal time to travel the US and Mexico. Ms. Valliere is currently a fourth year student at the University of North Texas Health Science Center / Texas College of Osteopathic Medicine.

**UNIQUE CHARACTERISTICS**

Ms. Valliere enriched her educational experience through participation in a wide variety of activities. She is active in community outreach. Prior to entering medical school, she served in numerous volunteer capacities including; Plano Presbyterian Hospital and Baylor Plano in the Emergency Department and Daycare Center and Denton Presbyterian Hospital in the Emergency Department and Nursery.

In medical school, Ms. Valliere continued to serve in numerous capacities, including volunteering for the Bee Wise Immunize, Cowtown Marathon, DO Dash, Hispanic Wellness, Mission Arlington, and Northside Community Health Fair. In addition, she also volunteered for the Grace Community Center teaching lifestyle and nutrition in Spanish to Hispanic diabetic patients, Harris Methodist hospital shadowing Dr. Trotter in the Emergency Room, Day Resource Center (health and nutrition education, health physicals, and passing out hygiene supplies), AIDS Outreach Center (BP readings, nutrition counseling, blood draws, and sex education), The Net providing telephone counseling for victimized women and children in Fort Worth, and Saint Baldrick's Childhood Cancer Fundraiser raising \$4,500 for childhood cancer research (organizer and host of this event). Ms. Valliere also participated with her classmates in Intramural Soccer for three years during medical school.

Ms. Valliere is also active in campus professional organizations, including the American College of Osteopathic Family Physicians-Zeta Chapter (ACOFZ), American Medical Association (AMA), American Medical Student Association (AMSA), Emergency Medicine Interest Group (EMIG), Foundation for International Medical Relief of Children (FIMRoC), Gay Lesbian and Straight Health Network (GLSHN), Global Health Initiative (GHI), Medical Students For Choice (MSFC), Medicine/Public Health Initiative (MPHI), Pediatrics Club (PEDS), Preventive Medicine Club (PMC), Psychology Club (Psych), Student American Academy of Osteopathy (SAAO), Soccer Club, Student Osteopathic Medical Association (SOMA), Texas Medical Association - American Medical

Association/Medical Student Section (TMA/MSS-AMA), and Texas Osteopathic Medical Association - Student Organization (TOMA-SO). She further distinguished herself by holding a leadership position with the Student Osteopathic Medical Association as the Secretary where she organized and promoted student membership, meetings, and guest speakers, scribed for meetings; and attended multiple conferences on behalf of SOMA including: Student Osteopathic Medical Association (SOMA) Conference 2012 & 2013, DO for Medical Education (DOME) Day, and DO Day on Capitol Hill with the American Osteopathic Association. She also served as the Vice-President of the Preventative Medicine Club and organized the Healthy Mondays Campaign on campus and co-organized a campus-wide walkathon.

While in medical school, Ms. Valliere co-authored a resolution for the American Medical Association entitled, 'Eradicating Homelessness' which passed without extraction at the MSS-A14 and later at the AMA MSS-A14 and later at the AMA HOD I-14.

Ms. Valliere further distinguished herself by participating in five health policy lecture series sponsored by the American Medical Student Association. Ms. Valliere was named TOUCH (Translating Osteopathic Understanding into Community Health) Gold Award Recipient for volunteering more than 100 hours per school year during both her first and second years of medical school.

Finally, Ms. Valliere worked two positions while in medical school, including OMM Teaching Assistant and Catering for Silver Tray Staffing.

#### **ACADEMIC HISTORY**

*Expected date of graduation from Medical School:*

May 16, 2015

*Date of matriculation into Medical School:*

July 25, 2011

#### **ACADEMIC PROGRESS**

##### *Preclinical/basic science curriculum:*

The first year of the preclinical curriculum includes 80 percent basic science and 20 percent clinical science instruction and is devoted to learning the preclinical sciences in the context of patients' clinical problem. Students move through a sequence of seven organ system courses designed around normal human structure, finishing the first year curriculum with the study of the mechanisms of disease. The second year includes 80 percent clinical and 20 percent basic science instruction and is devoted to learning the clinical sciences and osteopathic manipulative medicine and their relationship to basic science. This time the focus is on abnormal structure and functions in each of the nine organ systems. Students who have satisfactorily completed all academic requirements and who have been recommended by the faculty are eligible to receive their Doctor of Osteopathic Medicine (DO) degree. All students are required to have passed Level 1, Level 2-CE and Level 2-PE of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) before the DO degree will be awarded. For information about COMLEX scoring and reporting, please visit the National Board of Osteopathic Medical Examiners (NBOME) website section, "COMLEX-USA – What Residency Program Directors Should Know" at <http://www.nbome.org/FactSheets.asp>.

In keeping with best practices in psychometrics and assessment, the COMLEX-USA Level 2-CE underwent standard setting in 2014. New criterion-referenced passing standards for COMLEX-USA Level 2-CE were approved by the NBOME Board of Directors in June 2014, and applied to the first approximately 3,000 test-takers in the new test cycle that started in June 2014. Based on the comprehensive psychometric review, modification to the initial scaling process was required. The NBOME began reissuing score reports for the 2014-2015 test cycle of the COMLEX-USA Level 2-CE

examination on September 2, 2014. All COMLEX-USA Level 2-CE Electronic Residency Application Service (ERAS) reports to residency program directors from August 14, 2014 have been retracted and new reports were transmitted beginning September 2, 2014. Additional information regarding this topic is available at [http://www.nbome.org/docs/Level2\\_CE\\_090214.pdf](http://www.nbome.org/docs/Level2_CE_090214.pdf).

At the completion of the basic science portion of the curriculum, Ms. Valliere's cumulative weighted average was 88.193.

The following are a sampling of completed clinical clerkships. Core clerkships are reported in the order in which they were completed, and unless otherwise noted, were successfully completed. When available, comments made by clinical faculty during the clinical experience are included. Although numerical grades are assigned as part of the clinical clerkship evaluation, official grades are recorded as Pass/Fail in the institution academic transcript, and therefore are not included here. However, Ms. Valliere did score in the 90th percentile or above nationally on all four of her core COMAT shelf exams: Internal Medicine (97th), Obstetrics & Gynecology (97th), Pediatrics (93rd), and Psychiatry (98th).

### **PSYCHIATRY**

This clerkship is four weeks in duration.

- Reliable and organized. Consistent with pace and performance. Sarah was an enthusiastic student and so eager to learn that it was a pleasure to teach her. She was quite above the level of the other students and appeared confident and prepared in her very first clinical rotation. Just a fantastic, superb job! I would love to see Sarah go into psychiatry because she connected so well with the patients. She truly has an interest in their care and well-being, and she strives very hard on their behalf.

### **MANIPULATIVE MEDICINE**

This clerkship is four weeks in duration.

- Student doctor Valliere is very appropriate with her level of skills and knowledge, use of osteopathic thought processes.

### **PRIMARY CARE PARTNERSHIP – PEDIATRICS**

This four week clinical clerkship is performed in the office of a private practice physician.

- Sarah demonstrated an incredible enthusiasm for learning pediatrics. She interacted well with patients, family, and staff. She is very efficient in patient care. Verbal topic presentations were thorough. Sarah did an excellent job. She demonstrated outstanding clinical skills, marked improvement in her knowledge base and evidence of outstanding reading.

### **OB/GYN**

This clerkship is six weeks in duration.

- Sarah did well as a member of the healthcare team. She showed great interest in learning, regardless of the clinical arena. She was compassionate and kind. She could quickly establish rapport with patients and colleagues. She consistently looked for other ways to help the team and patients. She had a great work ethic that will serve her well in the future. She communicated effectively. Sarah was professional. "Would love to have her go into OB/GYN." Sarah will do well in any area she chooses due to her motivation to help others.

### **PEDIATRICS**

This clerkship is six weeks in duration.

- Ms. Sarah Valliere completed her pediatric clerkship during the fourth rotation of the 2013-2014 academic year with a good performance. Her fund of knowledge is above average for her level of

training. Her oral and written work was good. Her problem solving skills were good and she is able to develop an appropriate differential diagnosis and care plan for common pediatric problems. Ms. Valliere worked very well with members of our floor teams and demonstrated a mature and professional approach to patient care. She was organized, and took initiative on many occasions to assist the team. Some comments from the team included, "Excellent Student" "performs above expected level of training" and "very good presentations and discussions." In summary, Ms. Valliere's good work ethic and determination, will serve her well in her future career as a physician.

### **FAMILY MEDICINE**

This clerkship is eight weeks in duration.

- Caring compassionate student. Attention to detail in her H&P's and good follow up of her pts after the visit. She is extremely reliable! I could always count on and trust Sarah when it came to patient care issues. She showed genuine concern for the patients and families she saw in her office. Sarah's definitely one of the top performing students we've had all year (upper 10% of them). She quickly learned our office routine and jumped right in as a high-functioning student seeing patients, formulating treatment plans and following up on her patients consistently. Good evidence for outside reading about her patients' problems. I hope Sarah will consider a career in primary care (especially Family Medicine) as she is well suited for this. She has the people skills, personality, and compassion not to mention the intellectual curiosity and ability to become an outstanding primary care physician. To do anything less would be a great loss to medicine!

### **INTERNAL MEDICINE**

This clerkship is eight weeks in duration. Comments provided by two preceptors.

- Good presentations skills, hard worker, motivated, proactive. Sarah did a good work, fairly active in her learning process.
- Very good knowledge. Hard worker.

### **SURGERY**

This clerkship is eight weeks in duration. Comments provided by three preceptors.

- Hard working, eager to learn.
- Sarah is a fantastic student. She demonstrated enthusiasm and knowledge well above her peers. She will make an excellent house officer; I wish she were going into orthopedics, I'd be lucky to have her.
- Involved, engaged, and wants to learn.

### **SUMMARY:**

Student Doctor Valliere's Faculty Advisor, Dr. Amy Moss, has provided the following summary comments:

It is with great pleasure to endorse, Sarah Valliere, OMS IV for your residency program. As her Luibel College Advisor, Year 1 Clinical Medicine Instructor, and Year 4 Core Geriatrics clerkship instructor here at TCOM, I have had the privilege of getting to know, instruct and mentor Sarah for the past 3 years.

SD Valliere has demonstrated solid performance here at TCOM for the past 3 + years. Her scores on the national COMLEX and USMLE boards are above the school average and place her competitively amongst her peers in the country. She received recognition (greater than 90% percentile nationally) for her internal medicine, pediatrics, psychiatry and obstetrics/gynecology COMAT exams. She was accepted

into the dual DO/MPH program and will complete the additional coursework during her final year of medical school studies.

SD Valliere has been a very active member of our campus and as a volunteer in the community, including the Cowtown Marathon, DO Dash, Bee Wise Immunize, Hispanic Wellness, Mission Arlington and Northside Community Health Fair; Grace Community Center teaching nutrition and healthy lifestyles, AIDS Outreach, Day Resource Center, telephone counseling for women of victims of violence for The Net and Saint Baldrick's Childhood Cancer Fundraiser.

She is active in numerous campus professional organizations including leadership positions with Student Osteopathic Medical Association secretary and Vice-President of the Preventative Medicine Club. She was named TOUCH Gold Award recipient for volunteering more than 100 hours per school year during both her first and second years of medical school. All the while working as an OMM teaching assistant and catering for Silver Tray Staffing.

Upon review of her clinical rotations and during our time together, SD Valliere has demonstrated professionalism, eagerness to learn and remarkable knowledge base. She has an unusual ability to develop rapport with patients and families of all ages and functions very well in a team setting. Her pediatrics preceptor stated "Ms. Sarah Valliere completed her pediatric clerkship during the fourth rotation of the 2013-2014 academic year with a good performance. Her fund of knowledge is above average for her level of training. Her oral and written work was good. Her problem solving skills were good and she is able to develop an appropriate differential diagnosis and care plan for common pediatric problems. Ms. Valliere worked very well with members of our floor teams and demonstrated a mature and professional approach to patient care. She was organized, and took initiative on many occasions to assist the team. Some comments from the team included, "Excellent Student" "performs above expected level of training" and "very good presentations and discussions. In summary, Ms. Valliere's good work ethic and determination, will serve her well in her future career as a physician." Family Medicine preceptor "Caring compassionate student. Attention to detail in her H&P's and good follow up of her pts after the visit. She is extremely reliable! I could always count on and trust Sarah when it came to patient care issues. She showed genuine concern for the patients and families she saw in her office. Sarah's definitely one of the top performing students we've had all year (upper 10% of them. She quickly learned our office routine and jumped right in as a high-functioning student seeing patients, formulate treatment plans and following up on her patients consistently. Good evidence for outside reading about her patients' problems. I hope Sarah will consider a career in primary care (especially Family Medicine) as she is well suited for this. She has the people skills, personality, and compassion not to mention the intellectual curiosity and ability to become an outstanding primary care physician. To do anything less would be a great loss to medicine! Overall I am most impressed with her fund of knowledge at this level of training and equally so with her ability to use that knowledge in the clinical arena.

SD Valliere exhibits great potential for success as a physician. She is a dedicated and trustworthy individual who will tackle internship and residency with both professionalism and integrity. I truly believe that SD Valliere will be an asset to your program and will be an outstanding role model for the medical students and Interns who follow her.

Yours truly,



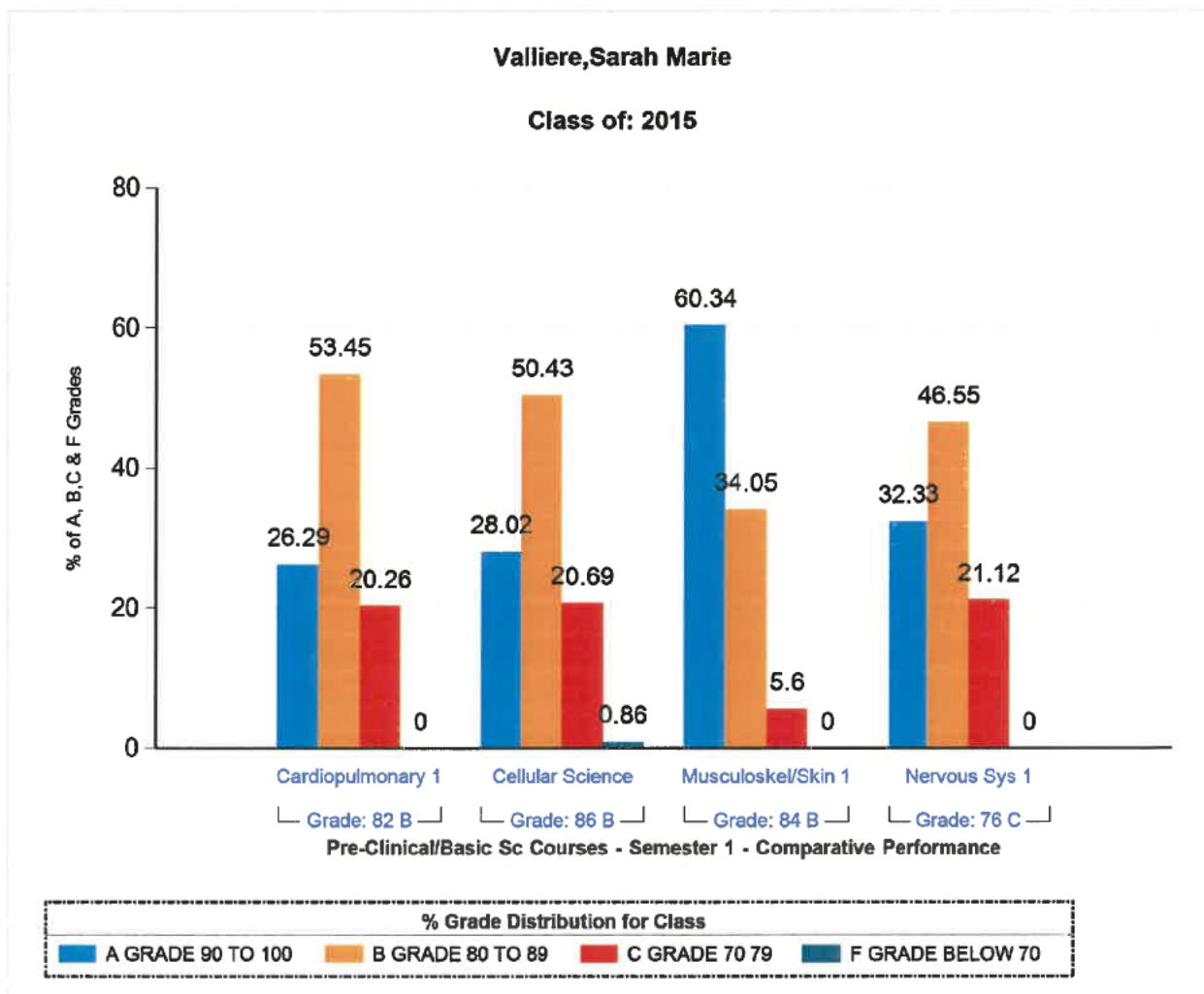
Lisa Nash, DO, MS-HPed, FAAFP

Associate Dean for Educational Programs  
[Lisa.Nash@unthsc.edu](mailto:Lisa.Nash@unthsc.edu)



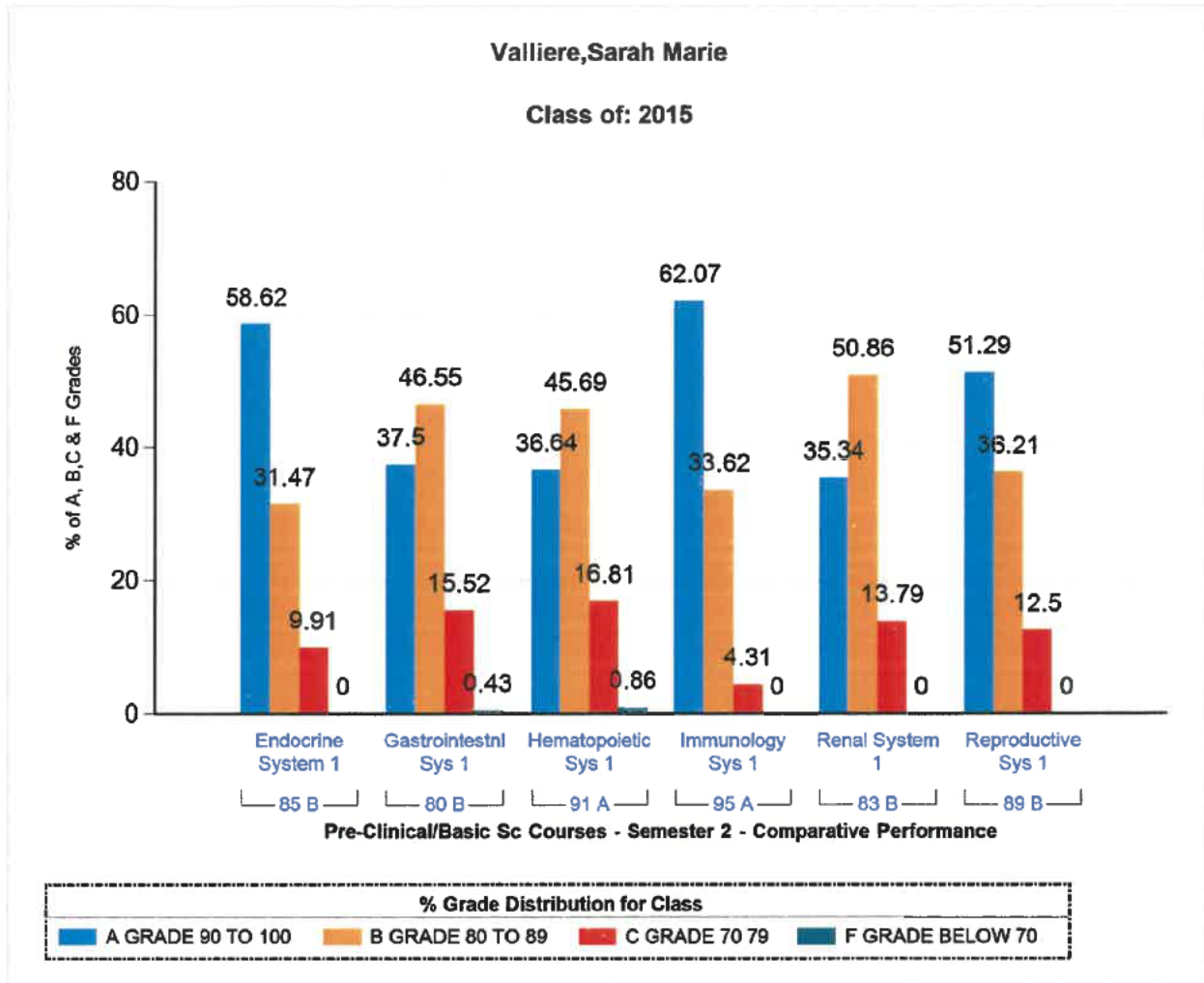


### Comparative Performance in Preclinical/Basic Science Coursework





### Comparative Performance in Preclinical/Basic Science Coursework

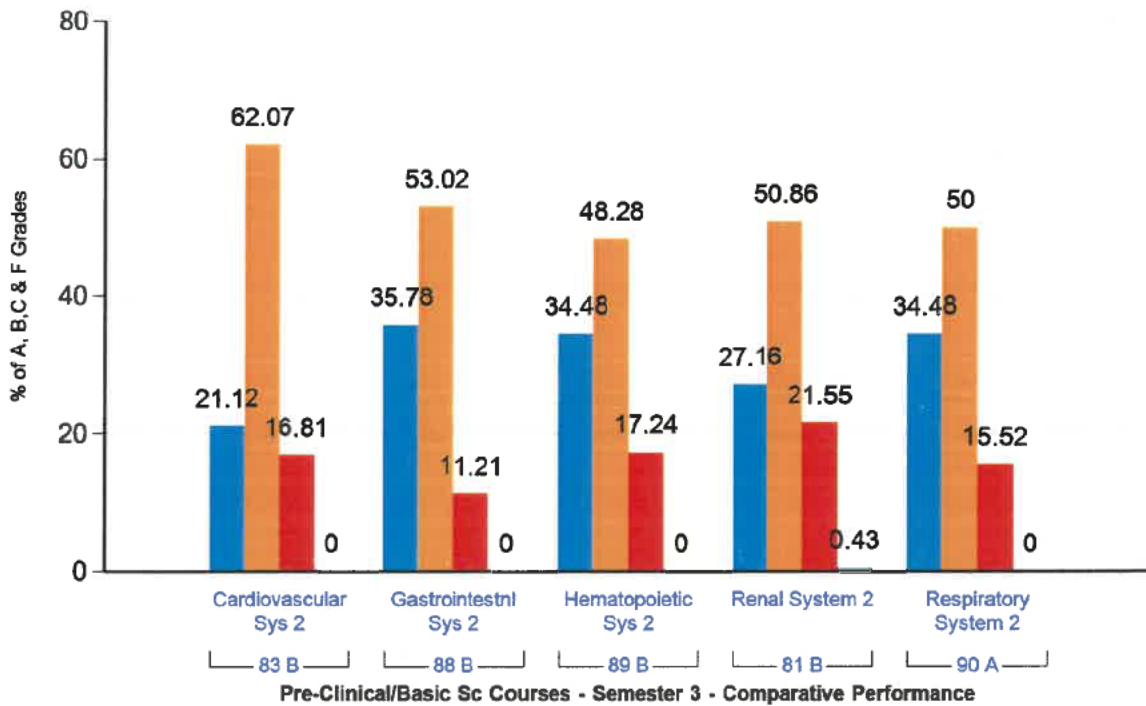




### Comparative Performance in Preclinical/Basic Science Coursework

Valliere, Sarah Marie

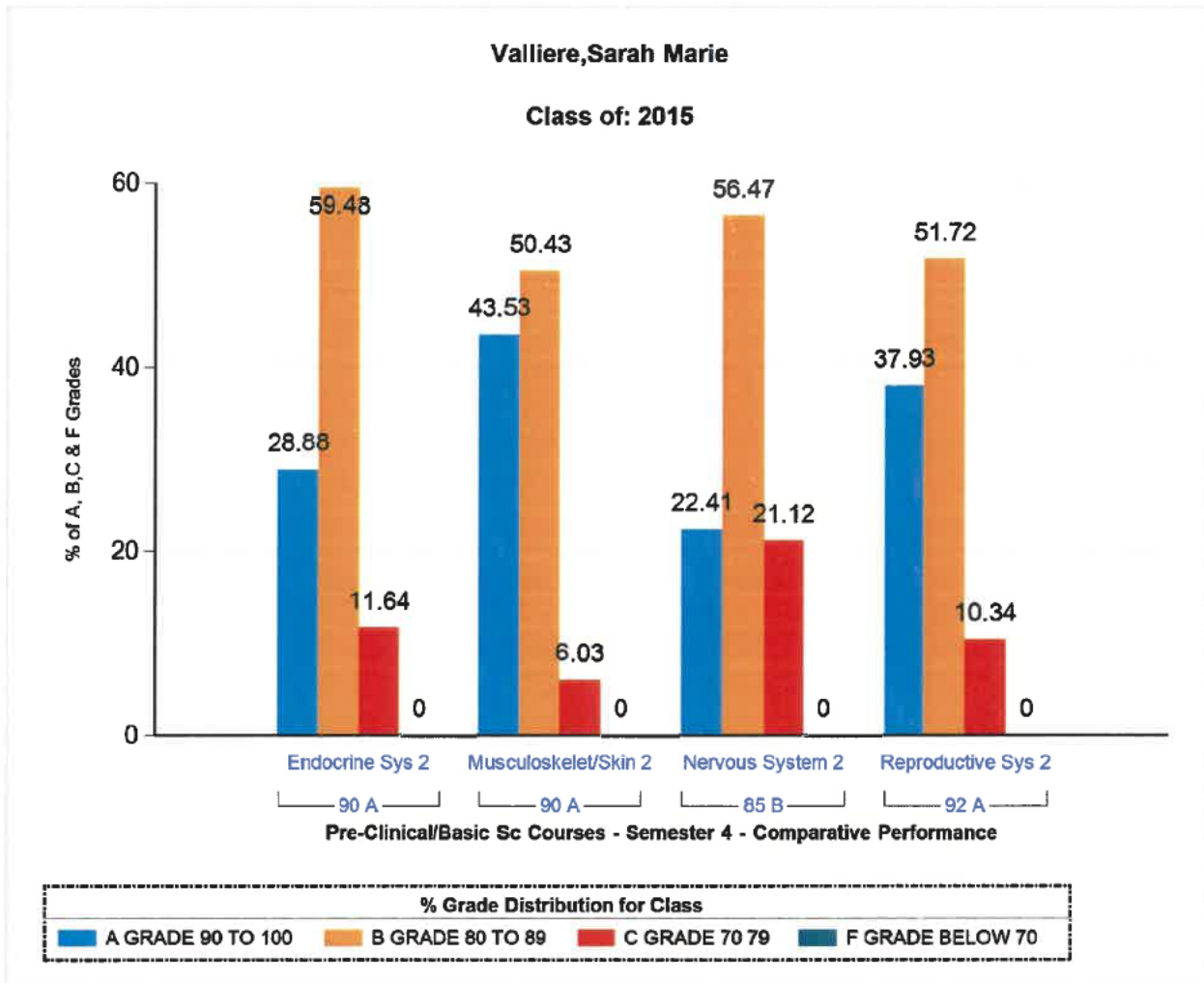
Class of: 2015



% Grade Distribution for Class			
<span style="color: blue;">■</span> A GRADE 90 TO 100	<span style="color: orange;">■</span> B GRADE 80 TO 89	<span style="color: red;">■</span> C GRADE 70 TO 79	<span style="color: darkblue;">■</span> F GRADE BELOW 70

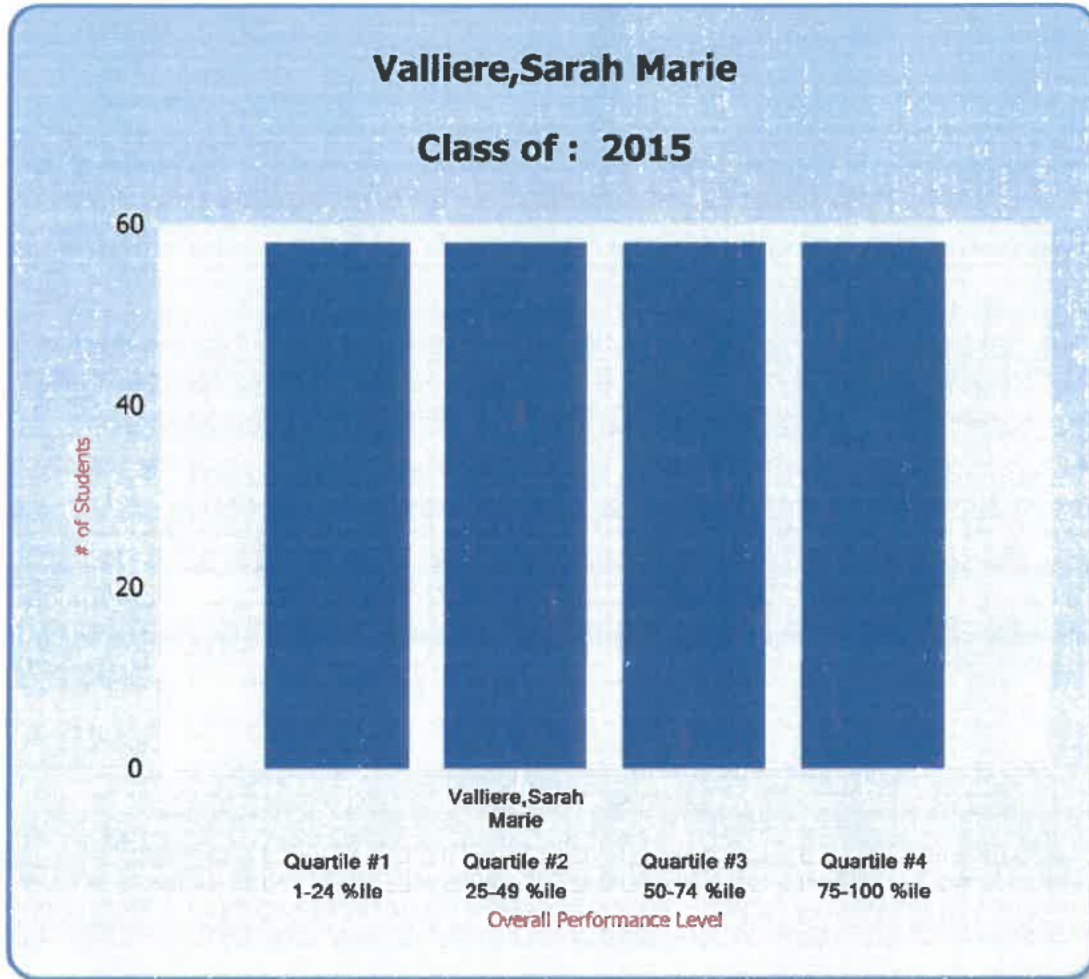


### Comparative Performance in Preclinical/Basic Science Coursework





### Overall Comparative Performance in Medical School



Student Name: Valliere, Sarah Marie  
Student ID: [REDACTED]  
SSN: [REDACTED]  
Birthdate: [REDACTED]

Print Date: 12/16/2021

Degrees Awarded

Degree: Doctor of Osteopathic Medicine  
Confer Date: May 16, 2015  
Plan: Osteopathic Medicine

Academic Program History

Program: Doctor of Osteopathic Medicine  
07/01/2011: Active in Program  
Osteopathic Medicine Major

Program: Doctor of Osteopathic Medicine  
05/16/2015: Completed Program  
Osteopathic Medicine Major

Matriculated: July 25, 2011

Beginning of Osteopathic Medical School Record

Fall 2011 Medical Term

Session: DO Year 1 Fall Session

Course	Description	Attempted	Earned	Grade	Points
MEDE 7010	Community Med Resources 1	0.500	0.500	P	0.000
MEDE 7410	Osteopathic Manip Medicine 1	4.000	4.000	B	12.000
MEDE 7510	Clinical Medicine 1 + Ethics	5.000	5.000	A	20.000
MEDE 7615	Cardiopulmonary System 1	6.000	6.000	B	18.000
MEDE 7810	Cellular Science	8.000	8.000	B	24.000
MEDE 7811	Musculoskeletal/Skin System 1	8.000	8.000	B	24.000
MEDE 7812	Nervous System 1	8.000	8.000	C	16.000

		Attempted	Earned	GPA Units	Points
Term GPA	2.923 Term Totals	39.500	39.500	39.000	114.000
Cum GPA	2.923 Cum Totals	39.500	39.500	39.000	114.000

ELECTRONIC  
SEAL  
MEDICAL

Student Name: Valliere, Sarah Marie  
 Student ID: XXXXXXXXXX  
 SSN: XXXXXXXXXX  
 Birthdate: XXXXXXXXXX

Print Date: 12/16/2021

## Spring 2012 Medical Term

## Session: DO Year 1 Spring Session

Course	Description	Attempted	Earned	Grade	Points
MEDE 7011	Community Med Resources 2	0.500	0.500	P	0.000
MEDE 7210	Renal System 1	2.000	2.000	B	6.000
MEDE 7211	Fundamentals of Treatment	2.000	2.000	B	6.000
MEDE 7310	Reproductive System 1	3.000	3.000	B	9.000
MEDE 7311	Clinical Medicine 2 + Ethics	3.000	3.000	P	0.000
MEDE 7312	Hematopoietic System 1	3.000	3.000	A	12.000
MEDE 7313	Mechanisms of Disease 1	3.000	3.000	A	12.000
MEDE 7314	Osteopathic Manip Medicine 2	3.000	3.000	A	12.000
MEDE 7315	Endocrine System 1	3.000	3.000	B	9.000
MEDE 7511	Gastrointestinal System 1	5.000	5.000	B	15.000
MEDE 7512	Immunology System 1	5.000	5.000	A	20.000
MEDE 7911	Mechanisms of Disease 2	10.000	10.000	A	40.000

		Attempted	Earned	GPA Units	Points
Term GPA	3.615 Term Totals	42.500	42.500	39.000	141.000
Cum GPA	3.269 Cum Totals	82.000	82.000	78.000	255.000

## Fall 2012 Medical Term

## Session: DO Year 2 Fall Session

Course	Description	Attempted	Earned	Grade	Points
MEDE 7020	Community Med Resources 3	0.500	0.500	P	0.000
MEDE 7421	Osteopathic Manip Medicine 3	4.000	4.000	A	16.000
MEDE 7520	Gastrointestinal System 2	5.000	5.000	B	15.000
MEDE 7521	Hematopoietic System 2	5.000	5.000	B	15.000
MEDE 7523	Renal System 2	5.000	5.000	B	15.000
MEDE 7620	Clinical Medicine 3 + Ethics	6.000	6.000	P	0.000
MEDE 7622	Respiratory System 2	6.000	6.000	A	24.000
MEDE 7720	Cardiovascular System 2	7.000	7.000	B	21.000

		Attempted	Earned	GPA Units	Points
Term GPA	3.312 Term Totals	38.500	38.500	32.000	106.000
Cum GPA	3.281 Cum Totals	120.500	120.500	110.000	361.000

## Spring 2013 Medical Term

## Session: DO Year 2 Spring Session

Course	Description	Attempted	Earned	Grade	Points
MEDE 7021	Community Med Resources 4	0.500	0.500	P	0.000
MEDE 7320	Osteopathic Manip Medicine 4	3.000	3.000	A	12.000
MEDE 7420	Endocrine System 2	4.000	4.000	A	16.000
MEDE 7522	Fundamentals of Behavioral Sci	5.000	5.000	A	20.000
MEDE 7525	Musculoskeletal/Skin System 2	5.000	5.000	A	20.000
MEDE 7621	Reproductive System 2	6.000	6.000	A	24.000
MEDE 7625	Clinical Medicine 4 + Ethics	6.000	6.000	P	0.000
MEDE 7721	Nervous System 2	7.000	7.000	B	21.000

		Attempted	Earned	GPA Units	Points
Term GPA	3.766 Term Totals	36.500	36.500	30.000	113.000
Cum GPA	3.385 Cum Totals	157.000	157.000	140.000	474.000

Student Name: Valliere, Sarah Marie  
 Student ID: XXXXXXXXXX  
 SSN: XXXXXXXXXX  
 Birthdate: XXXXXXXXXX

Print Date: 12/16/2021

**Fall 2013 Medical Term**

**Session: DO Year 3 Session 1**

Course	Description	Attempted	Earned	Grade	Points
MEDE 8400	Clinical Skills	3.000	3.000	P	0.000
MEDE 8409	Core - Psychiatry	4.000	4.000	P	0.000
MEDE 8414	Core - Pediatrics Primary Care	4.000	4.000	P	0.000
MEDE 8417	Core - Manipulative Med	4.000	4.000	P	0.000
MEDE 8607	Core - Ob/Gyn	6.000	6.000	P	0.000
MEDE 8608	Core - Pediatrics	6.000	6.000	P	0.000

		Attempted	Earned	GPA Units	Points
Term GPA	0.000 Term Totals	27.000	27.000	0.000	0.000
Cum GPA	3.385 Cum Totals	184.000	184.000	140.000	474.000

**Spring 2014 Medical Term**

**Session: DO Year 3 Session 2**

Course	Description	Attempted	Earned	Grade	Points
MEDE 8809	Core - Family Medicine	8.000	8.000	P	0.000
MEDE 8810	Core - Internal Medicine	8.000	8.000	P	0.000
MEDE 8811	Core - Surgery	8.000	8.000	P	0.000

		Attempted	Earned	GPA Units	Points
Term GPA	0.000 Term Totals	24.000	24.000	0.000	0.000
Cum GPA	3.385 Cum Totals	208.000	208.000	140.000	474.000

**Fall 2014 Medical Term**

**Session: DO Year 4 Session 1**

Course	Description	Attempted	Earned	Grade	Points
MEDE 8403	Core - Emergency Med	4.000	4.000	P	0.000
MEDE 9401	Elect - Family Medicine	4.000	4.000	P	0.000
MEDE 9403	Elect - Emergency Med	4.000	4.000	P	0.000
MEDE 9410	Elect - Psychiatry	4.000	4.000	P	0.000
MEDE 9419	Elect - Radiology	4.000	4.000	P	0.000

		Attempted	Earned	GPA Units	Points
Term GPA	0.000 Term Totals	20.000	20.000	0.000	0.000
Cum GPA	3.385 Cum Totals	228.000	228.000	140.000	474.000

**Spring 2015 Medical Term**

**Session: DO Year 4 Session 2**

Course	Description	Attempted	Earned	Grade	Points
MEDE 8426	Core - Geriatrics	4.000	4.000	P	0.000
MEDE 9403	Elect - Emergency Med	4.000	4.000	P	0.000
MEDE 9466	Elect - Intl Family Med	4.000	4.000	P	0.000

		Attempted	Earned	GPA Units	Points
Term GPA	0.000 Term Totals	12.000	12.000	0.000	0.000
Cum GPA	3.385 Cum Totals	240.000	240.000	140.000	474.000

**Osteopathic Medical School Career Totals**

Cum GPA:	3.385 Cum Totals	240.000	240.000	140.000	474.000
----------	------------------	---------	---------	---------	---------



**Student Name:** Valliere, Sarah Marie  
**Student ID:** [REDACTED]  
**SSN:** [REDACTED]  
**Birthdate:** [REDACTED]

**Print Date:** 12/16/2021

---

End of Official UNT Health Science Center Transcript

# University of North Texas Health Science Center at Fort Worth



## Texas College of Osteopathic Medicine

*Dr. Emma Rose*  
**Baruch Marie Kullere**

*having successfully completed the prescribed course of study and having fulfilled all requirements for graduation is hereby awarded the degree of*  
**Doctor of Osteopathic Medicine**

*and is entitled to all rights and privileges pertaining to that degree.*

*In testimony whereof the Board of Regents of the University of North Texas System and the Faculty of the University of North Texas Health Science Center at Fort Worth, by virtue of the authority conferred upon them by the State of Texas, have granted this diploma*  
*Dated at Fort Worth, Texas, this seventh day of May, Two thousand and fifteen*

*[Signature]*  
\_\_\_\_\_  
*President*

*[Signature]*  
\_\_\_\_\_  
*Dean*

*[Signature]*  
\_\_\_\_\_  
*Asst. President*

*[Signature]*  
\_\_\_\_\_  
*Dean*



---

**Postgraduate Training**

---

**Accreditation ID:** [REDACTED]**Institution:** McGaw Medical Center of Northwestern University/Erie-Humboldt Park Program**Location:** Chicago, IL  
UNITED STATES

---

**Credentials Analysis Information for Postgraduate Training**

---

There is no Omission/Discrepancy/Miscellaneous information identified.

**FCVS****FEDERATION CREDENTIALS  
VERIFICATION SERVICE****fsmb****Verification of Postgraduate Medical Education****Accreditation Code:** 1201612701**Institution Name:** McGaw Medical Center of Northwestern University/Erie-Humboldt Park Program**Affiliated University:** McGaw Medical Center of Northwestern University**City:** Chicago**State:** Illinois**Country:** United States**Verification For:** Sarah Marie Valliere**Date of Birth:** [REDACTED]**Program Participation:**

<b>PGY:</b> 1	<b>Accredited By:</b> ACGME	<b>Status:</b> Complete
<b>Specialty:</b> Family Medicine		
<b>From:</b> 06/23/2015	<b>To:</b> 06/29/2016	<b>Program Type:</b> Residency

<b>PGY:</b> 2	<b>Accredited By:</b> ACGME	<b>Status:</b> Complete
<b>Specialty:</b> Family Medicine		
<b>From:</b> 06/30/2016	<b>To:</b> 06/29/2017	<b>Program Type:</b> Residency

<b>PGY:</b> 3	<b>Accredited By:</b> ACGME	<b>Status:</b> Complete
<b>Specialty:</b> Family Medicine		
<b>From:</b> 06/30/2017	<b>To:</b> 06/29/2018	<b>Program Type:</b> Residency

<b>PGY:</b>	<b>Accredited By:</b>	<b>Status:</b>
<b>Specialty:</b>		
<b>From:</b>	<b>To:</b>	<b>Program Type:</b> Residency

<b>PGY:</b>	<b>Accredited By:</b>	<b>Status:</b>
<b>Specialty:</b>		
<b>From:</b>	<b>To:</b>	<b>Program Type:</b>

<b>PGY:</b>	<b>Accredited By:</b>	<b>Status:</b>
<b>Specialty:</b>		
<b>From:</b>	<b>To:</b>	<b>Program Type:</b>

FID: 218705051

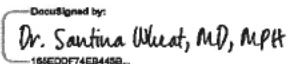
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

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

**Unusual Circumstances**

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

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

<b>ELECTRONIC SEAL VERIFIED</b>	Name: Dr. Santana wheat, MD, MPH	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 12/17/2021	

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



**Graduate Medical Education**

Medical Professional Name: Valliere, Sarah Marie

Accreditation ID: [REDACTED]

Institution: McGaw Medical Center of Northwestern University/Erie-Humboldt Park Program

Specialty: Family Medicine

**Unusual Circumstances**

**Training Period:** 6/23/2015 - 7/1/2018      **Residency**

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

**Were you ever placed on probation?**      **No**

**Were you ever disciplined or placed under investigation?**      **No**

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

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

End of Applicant Reported Unusual Circumstances report for: Valliere, Sarah Marie



NORTHWESTERN  
UNIVERSITY

# McCormick Medical Center of Northwestern University

this is to certify that

*Sarah Marie Valliere, DO*

has satisfactorily completed residency training in

*Family Medicine*

from

6/23/2015

to

6/29/2018

in witness whereof we have hereunto subscribed our names

*Sarah S. Clements*

DEPARTMENT CHAIR

*John Auerbach* M.D.

ASSOCIATE DEAN, GRADUATE MEDICAL EDUCATION

*[Signature]*

PROGRAM DIRECTOR

*EG Newman*

DEAN, FEINBERG SCHOOL OF MEDICINE

---

**Licensure / Examinations**

---

Exam: USMLE

Exam: NBOME - Complex  
Level 1

Exam: NBOME - Complex  
Level 2 CE

Exam: NBOME - Complex  
Level 2 PE

Exam: NBOME - Complex  
Level 3

---

**Credential Analysis Information for Licensure / Examinations**

---

There is no Omission/Discrepancy/Miscellaneous information identified.



New Mexico Medical Board  
2055 S. Pacheco St.  
Building 400  
Santa Fe, NM 87505  
(505) 476-7220



**POSTGRADUATE TRAINING VERIFICATION**

I am applying for a license to practice medicine in New Mexico and the Medical Board requires this form to be completed by each hospital where I participated in an approved postgraduate training program in the United States or Canada. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505. Your prompt response will be appreciated.

Name: Sarah Valliere, D.O. M.D.

Signature: [Handwritten Signature] Date (Month/Day/Year): 1/6/2022

**(DO NOT DETACH)**

This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) an approved postgraduate training program in the United States or Canada.

This is to certify that Sarah Valliere, DO M.D. undertook and satisfactorily completed a full term approved program of 12 months in the Institute for Family Health, 2006 Madison Ave, New York, NY (number) (Full name and complete address of facility) in the field of Reproductive Health Care and Advocacy from 08/2018 to 08/2019 Date: Mo/Day/Yr Date/Anticipated Date

- 1. Was this program approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada?  Yes  No
- 2. Was applicant ever placed on probation, restricted, or limited?  Yes  No If yes, please attach written explanation.
- 3. Was there any reason not to continue applicant in the training program?  Yes  No If yes, please attach written explanation.
- 4. Did the applicant have any medical condition, which in any way impaired or limited his/her ability to safely practice any field of medicine?  Yes  No If yes, please attach written explanation.

Ability to practice medicine is to be construed to include all of the following:

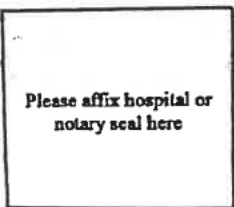
The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids

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

- 5. Was the applicant ever diagnosed with or treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder?  Yes  No If yes, please attach written explanation.
- 6. Were applicant's final evaluations in every category rated satisfactory?  Yes  No If no, please attach written explanation.



Caitlin Elizabeth Weber  
Printed name of person completing this form Signature Date 01/10/2022  
See attached  
Signature of Notary (if applicable) Date 01/10/2022  
My commission expires: \_\_\_\_\_

If there is no hospital or notary seal, this form is unacceptable.  
Please return this form directly to the address above  
Thank you for your cooperation.



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

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

Date: 12/21/2021

Federation Credentials Verification Service  
ATTN: FCVS

FCVSID: [REDACTED]

Examinee: Valliere, Sarah Marie  
Alt Name(s):

Examinee ID: [REDACTED]  
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. 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, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

## USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/13/2013	Pass	210	(188)	

## USMLE STEP 2

### Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/12/2014	Pass	242	(209)	

### End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

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



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

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

Examinee: Valliere, Sarah Marie

Examinee ID: [REDACTED]

Date of Birth: [REDACTED]

## 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 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

## 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.*



# COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

Federation Credentials Verification Svcs  
Federation Place  
400 Fuller Wiser Rd., Ste. 300  
Euless, TX 76039-3855

Examinee: Valliere, Sarah Marie

NBOME ID: [REDACTED]

Date of Birth: [REDACTED]

EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT STANDARD MINIMUM SCORE		2 - DIGIT STANDARD MINIMUM SCORE		NOTE
			SCORE	PASSING	SCORE	PASSING	
<b>Level 1</b>							
	18-Jun-2013	Pass	546	400	--		
<b>Level 2 Cognitive Evaluation (CE)</b>							
	14-Aug-2014	Pass	681	400	--		
<b>Level 2 Performance Evaluation (PE)</b>							
	25-Apr-2014	Pass	Not Applicable		Not Applicable		
<b>Level 3</b>							
	06-Jan-2017	Pass	643	350	--		

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: December 14, 2021

-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc.  
8765 West Higgins Road Suite 200 Chicago IL 60631-4174  
Phone: 866/479-6828 Fax: 773/714-0606

218 705 051



**VALLIERE, SARAH MARIE**

**DCN: 5500000184001915**

**FOR AUTHORIZED USE BY: New Mexico Medical Board**

Process Date: 12/21/2021

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

**VALLIERE, SARAH MARIE**

**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

<b>Practitioner Name:</b>	VALLIERE, SARAH MARIE
<b>Date of Birth:</b>	[REDACTED]
<b>Gender:</b>	FEMALE
<b>Work Address:</b>	8616 GREENVILLE AVE SUITE 101 DALLAS, TX 75243
<b>Home Address:</b>	295 E ROOSEVELT ST APT 221 PHOENIX, AZ 85004
<b>Social Security Numbers (SSN):</b>	[REDACTED]
<b>National Provider Identifiers (NPI):</b>	[REDACTED]
<b>Drug Enforcement Administration (DEA) Numbers:</b>	[REDACTED]
<b>License(s):</b>	Osteopathic Physician (DO), 008014, AZ Osteopathic Physician (DO), 125066650, IL Osteopathic Physician (DO), 293580, NY Osteopathic Physician (DO), S1533, TX
<b>Professional School(s):</b>	UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER (2015)

**B. QUERY INFORMATION**

<b>Statutes Queried:</b>	Title IV, Section 1921, Section 1128E
<b>Query Type:</b>	This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
<b>Entity Name:</b>	New Mexico Medical Board
<b>Authorized Agent:</b>	Federation of State Medical Boards, (817) 868 - 4000
<b>Customer Use:</b>	218705051

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/21/2021**

The following report types have been searched:

Medical Malpractice Payment Report(s):    No Reports    Health Plan Action(s):    No Reports

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

**VALLIERE, SARAH MARIE****DCN: 5500000184001915****FOR AUTHORIZED USE BY: New Mexico Medical Board**

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State Licensure or Certification Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

THE INSTITUTE FOR FAMILY HEALTH  
AND  
THE REPRODUCTIVE HEALTH ACCESS PROJECT

Certify that

**SARAH VALLIERE, DO**

successfully completed the  
FELLOWSHIP IN REPRODUCTIVE HEALTH CARE  
AND ADVOCACY

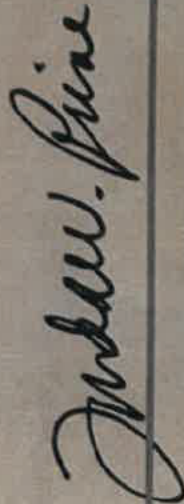
2018 - 2019

New York, New York



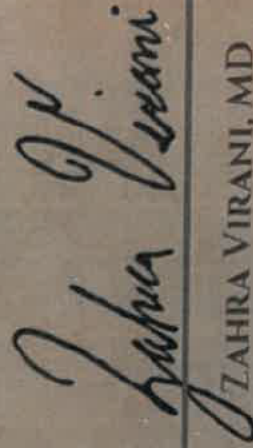
HONOR MACNAUGHTON, MD

National Fellowship Director



LINDA PRINE, MD

Fellowship Director



ZAHRA VIRANI, MD

Assistant Fellowship Director



LICENSE NO  
125.066950

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

EXPIRES  
06/22/2018

STARTED: 06/23/2015

LICENSED MEDICAL TEMPORARY

Entitles Licensee to perform only such acts as may be prescribed by, and incidental to, such program of FAMILY MEDICINE

SARAH MARIE VALLIERE DO  
MCGAW MED CTR-NORTHWESTERN  
DEPT OF GME  
240 E HURON STE 1-203  
CHICAGO, IL 60611



*Bryan A. Schneider*

BRYAN A SCHNEIDER  
SECRETARY

*Jay Stewart*

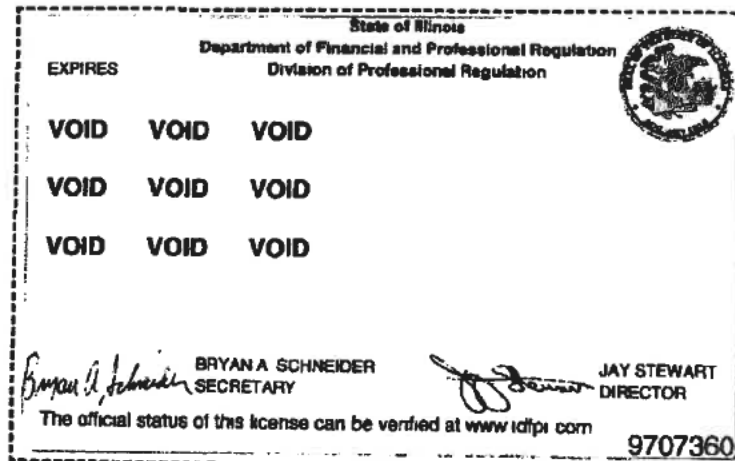
JAY STEWART  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

9707360

Cut on Dotted Line ✂

For further reference, the Department is now providing a personal customer identification "Contact Number" which you may use in lieu of your social security number or FEIN number when contacting the Department. Your number is: [REDACTED]



EXPIRES

State of Illinois  
Department of Financial and Professional Regulation  
Division of Professional Regulation



VOID VOID VOID

VOID VOID VOID

VOID VOID VOID

*Bryan A. Schneider*

BRYAN A SCHNEIDER  
SECRETARY

*Jay Stewart*

JAY STEWART  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

9707360

Cut on Dotted Line ✂



**ALL-PURPOSE ACKNOWLEDGMENT**

State/Commonwealth of FLORIDA )

City  County of Palm Beach )

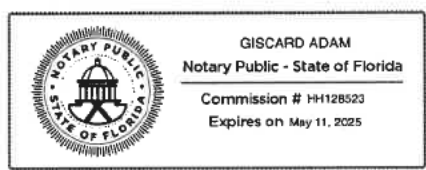
On 01/10/2022 before me, Giscard Adam  
*Date* *Notary Name*

personally appeared Caitlin Elizabeth Weber  
*Name(s) of Signer(s)*

- personally known to me -- OR --
- proved to me on the basis of the oath of \_\_\_\_\_ -- OR --  
*Name of Credible Witness*
- proved to me on the basis of satisfactory evidence: driver license  
*Type of ID Presented*

to be the individual(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and by proper authority, and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) or entity upon behalf of which the individual(s) acted, executed the instrument for the purposes and consideration therein stated.

WITNESS my hand and official seal.



Notary Public Signature: Giscard Adam

Notary Name: Giscard Adam

Notary Commission Number: HH128523

Notary Commission Expires: 05/11/2025

*Notarized online using audio-video communication*

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: Postgraduate Training Verification

Document Date: 01/10/2022 Number of Pages (w/ certificate): 2

Signer(s) Other Than Named Above: N/A

**Capacity(ies) Claimed by Signer(s)**  
Signer's Name: Caitlin Elizabeth Weber

**Capacity(ies) Claimed by Signer(s)**  
Signer's Name: \_\_\_\_\_

- Corporate Officer Title: \_\_\_\_\_
- Partner –  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian of Conservator
- Other: \_\_\_\_\_

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Signer Is Representing: Themselves

Signer Is Representing: \_\_\_\_\_



# American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust . . . Setting the Standards in Family Medicine

December 22, 2021

To Whom It May Concern:

This letter verifies Sarah Marie Valliere, D.O. (NPI: [REDACTED]) is currently certified with the American Board of Family Medicine (ABFM).

**Family Medicine Certification History:**

Jul 01, 2018 - \* Certification Number: 1071677672

\* Certification is continuous as long as Family Medicine Certification Requirements are maintained.

**Family Medicine Certification Requirements:**

**Current Status:** ☀ Meeting Requirements

**Current Clinical Status:** **Clinically Active**

**Clinical Status History:**

Jul 01, 2018 - Clinically Active

Initial display of clinical status began June 2018 and history is only shown for certified periods.

Beginning in 2011 certification by the American Board of Family Medicine is maintained through successful completion of the Family Medicine Certification process. The Family Medicine Certification process is a continuous process that requires being in compliance with Guidelines for Professionalism Licensure and Personal Conduct including maintaining a currently valid, full, and unrestricted license to practice medicine in the United States or Canada, completing certification activities in a timely fashion, and performing successfully on the examination every ten years. Failure to maintain any of these requirements will result in the loss of certification status with the ABFM. Based upon the continuous nature of Family Medicine Certification, no end date for certification is presented above.

The ABFM website serves as primary source verification. Details of the Family Medicine Certification process are available online at [www.theabfm.org](http://www.theabfm.org).

Sincerely,

Mary McIntosh

Verification Coordinator and Candidate Assistant



# American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust . . . Setting the Standards in Family Medicine

ID: 173939

June 2018

Sarah Marie Valliere, D.O.

Chicago, IL 60647

Dear Doctor Valliere:

CONGRATULATIONS! We are pleased to announce that you have passed the 2018 Family Medicine Certification Examination given by the American Board of Family Medicine. You may obtain a detailed analysis of your performance via a link in your Physician Portfolio. As of April 13, 2018, you have successfully completed the certification examination requirement for becoming a certified Diplomate of the American Board of Family Medicine. Certification is contingent upon meeting continuous certification requirements.

After achieving certification status, you will begin the continuous certification process for family physicians, which replaces the previous recertification process. With this continuous process, your certificate has no expiration date, but instead is valid for as long as you successfully meet the certification requirements. In general, you now have a 10-year examination requirement, and you have three years to complete each Stage of your other certification requirements.

Each 3-year Stage will have the same requirements:

- 50 certification points (acquired by completion of activities) per 3-year Stage
  - Minimum of one (1) Knowledge Self-Assessment Activity (10 points)
  - Minimum of one (1) Performance Improvement Activity (most are 20 points)
  - Additional Self-Assessment or Performance Improvement activity to reach minimum 50 points
- Completion of 150 CME Credits
- Maintain a currently valid, full, unrestricted license to practice medicine in the United States or Canada, and comply with the ABFM Guidelines for Professionalism, Licensure and Personal Conduct.

This letter does not reflect verification, only the results of your Family Medicine Certification Examination. Once you are certified, you will be able to access your certification verification letter at the ABFM website: [www.theabfm.org](http://www.theabfm.org).

Since all communication with you is done electronically, it is very important that we always have your current and valid email address. You can update this information on our website at [www.theabfm.org](http://www.theabfm.org). If you need assistance, please call the Support Center toll-free at 877-223-7437.

Our best wishes for your continued success.

Sincerely,

James C. Puffer, M.D.

President and Chief Executive Officer



# American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust . . . Setting the Standards in Family Medicine

February 12, 2019

To Whom It May Concern:

This letter verifies Sarah Marie Valliere, D.O. (NPI: [REDACTED]) is currently certified with the American Board of Family Medicine (ABFM).

## Family Medicine Certification History:

Jul 01, 2018 - \*

Certification Number: [REDACTED]

\* Certification is continuous as long as Family Medicine Certification Requirements are maintained.

## Family Medicine Certification Requirements:

Current Status:



Meeting Requirements

Current Clinical Status:

Clinically Active

Clinical Status History:

Jul 01, 2018 -

Clinically Active

Initial display of clinical status began June 2018 and history is only shown for certified periods.

Beginning in 2011 certification by the American Board of Family Medicine is maintained through successful completion of the Family Medicine Certification process. The Family Medicine Certification process is a continuous process that requires being in compliance with Guidelines for Professionalism Licensure and Personal Conduct including maintaining a currently valid, full, and unrestricted license to practice medicine in the United States or Canada, completing certification activities in a timely fashion, and performing successfully on the examination every ten years. Failure to maintain any of these requirements will result in the loss of certification status with the ABFM. Based upon the continuous nature of Family Medicine Certification, no end date for certification is presented above.

The ABFM website serves as primary source verification. Details of the Family Medicine Certification process are available online at [www.theabfm.org](http://www.theabfm.org)

Sincerely,

Jodi Johns

Records Department