

DEFICIENCY LETTER LOG SHEET

ITEM	Calendar Date	Julian Date
Application Received		
Deficiency Letter 1	JUL 25 2000	
Deficiency Letter 2	AUG 16 2000	
Deficiency Letter 3		
Deficiency Letter 4		
Deficiency Letter 5		
Deficiency Letter 6		
Deficiency Letter 7		
Deficiency Letter 8		
Deficiency Letter 9		
Deficiency Letter 10		
Deficiency Letter 11		
Deficiency Letter 12		
Deficiency Letter 13		
Deficiency Letter 14		
Deficiency Letter 15		
Deficiency Letter 16		
Deficiency Letter 17		
Deficiency Letter 18		
Deficiency Letter 19		
Deficiency Letter 20		



100-

PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME Gittler, M.

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236

001512 07/19/2000 10000

Medical Quality Assurance Commission Physician Application Worksheet

Pending Number _____
License Number _____

Name GITTLER, MANDY Date of Birth 08/17/1972

Date Received 07/19/2000 Date Completed _____ Signature _____

\$100.00 Fee ☒ Photo ☒ Personal Data ☒ AIDS ☒ Affidavit ☒ SSN ☒ Archive File

Chronology

Missing:

☐ Temporary Permit Requested _____ Status

Complete

FSMB

AMA

ECFMG

Reinstatement

Personal Data Questions

Documentation Received

Malpractice Cases

Synopsis

Original

Complaint

Disposition

1
2
3
4

Medical School

School Code _____

☒ U.S.

☐ Canadian

☐ International

Name rush

Year of Degree 1998

☒ Transcripts

☐ Translations

Examination Type

☐ National Boards

☐ FLEX ☒ USML

☐ State Exam

☐ LMCC

☒

Post Graduate
Training Programs

Accreditation
Verified

Received

Post Graduate
Training Programs

Accreditation
Verified

Received	U OF WASHINGTON 7/98-00	Verified	Received	Verified

XXX	WA		

Approved

Signature

Date

Comments:

BACKGROUND CHECK VERIFICATION FORM
(PILOT)

- ☒ No Record on file.
- ☐ Record...no conviction...nondisclosure.
- ☐ Record...conviction...nondisclosure.
☐ Rapsheet attached.
- ☐ Record...conviction...disclosure.
☐ Rapsheet attached.
- ☐ Record...no conviction...disclosure.

COMMENTS:

Gittler, Mandy

7/20/00
Date

DR

Initial,
David Rose,
Pilot Program Operator



Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4785
(360) 236-4784

RECEIVED
JUL 19 2000
HPS

FOR OFFICE USE ONLY	
ISSUANCE DATE	
LICENSE #	39065

LICENSE #

APPLICATION FOR LICENSE TO PRACTICE MEDICINE APPLICABLE FOR MD'S ONLY

- ☐ National Boards ☐ Other State Exam ☐ LMCC (must have been obtained after 1969)
☐ FLEX Examination ☒ USMLE Examination

Please Type or Print Clearly - Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

I. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME	LAST	FIRST	MIDDLE INITIAL
GITTLER MANDY L			
ADDRESS			
1409 N. 46th St.			
CITY	STATE	ZIP	COUNTY
Seattle	WA	98103	King

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)	SOCIAL SECURITY NUMBER	
(206) 680-6025 off 206-598-2883	1 - DOH Licensee Social Security Number - ...	
GENDER	BIRTHDATE (MO/DAY/YEAR)	PLACE OF BIRTH
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	11/21/70	Chicago, IL USA

Have you previously applied for a Washington State license or limited license? ☐ Yes ☒ No

Have you ever been known under any other name(s)? ☐ Yes ☒ No

If yes, list name(s):

HEIGHT	WEIGHT
5' 1/2"	120
EYECOLOR	HAIR COLOR
Blue	Blonde
MEDICAL SCHOOL	YEAR OF GRADUATION
RUSH Medical College	1998
MEDICAL SPECIALTY	
Family Practice	



2. PERSONAL DATA QUESTIONS

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒

"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 addiction and alcoholism.

- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☒

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

If you must answer "yes" to any of the remaining questions, provide an explanation and copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

- a. the use or distribution of controlled substances or legend drugs? ☐ ☒
b. a charge of a sex offense? ☐ ☒
c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☒

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes; diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☒
b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☒
c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☒

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☒

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☒

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☒

-2. PERSONAL DATA QUESTIONS (continued):

	YES	NO
10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. EDUCATION AND EXPERIENCE

Provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 X 11 sheets if necessary.)

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (Mo/Yr)	
Medical Education (List all Medical Schools Attended)				
Rush Medical College	4	8/94	6/98	M.D.
Post-Graduate Training (List all Programs Attended)				
Roosevelt University	1	9/93	12/93	None
Loyola University	1	6/93	12/93	None

4. PROFESSIONAL EXPERIENCE

In chronological order list all professional experience received since graduation from medical school to the present.
(Exclude activities listed under other sections, identify any periods of time break of 30 days or more.)
(Attach additional 8 1/2 X 11 sheets if necessary.)

Nature of Experience or Practice	Dates of Experience	
	From (mo/yr)	To (Mo/Yr)
University of Washington Family Practice Residency	7/98	present

5. HOSPITAL PRIVILEGES

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years. (Attach additional 8 1/2 X 11 sheets if necessary.)

NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	DATES	
	Beginning (mo/yr)	Ending (mo/yr)
University of Washington and affiliates	7/98	present

6. LICENSES IN OTHER STATES

List all licenses to practice medicine in any state, Canadian province or other country. (Include whether active or inactive.)

State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License Active or Inactive	Any Limitations on License
			Examination (Date Passed)	Endorsement		

7. FIFTH PATHWAY (Foreign Trained Applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

Name and Location of Fifth Pathway Program	Name and Location of Hospital	Dates Attended	
		Beginning (mo/yr)	Ending (mo/yr)

8. AIDS AFFIDAVIT

I certify I have completed the minimum of four (4) hours of education in the prevention, transmission and treatment of AIDS. I understand I must maintain records documenting said education, for two (2) years and be prepared to submit those records to the Department of Health if requested. (WAC 246-919-380)

Mandy Gittler
APPLICANT'S SIGNATURE

4/17/00
DATE

9. APPLICANT'S ATTESTATION

I, Mandy Gittler, certify that I am the person described and identified in this application, that I have read 18.130.170 RCW and 18.130.180 RCW, of the Uniform Disciplinary Act, and that I have answered all questions in the application truthfully and completely and the documentation provided in support of the application is, to the best of my knowledge, accurate. I understand that the Department may require additional information from me prior to making a determination regarding my application.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Commission any information, files or records required by the Commission for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Commission may request a physical and mental evaluation to determine my fitness for practice.

Mandy Gittler MD
APPLICANT'S SIGNATURE

4/17/00
DATE

Official Use Only

**Washington State Records
Center**

Official Transcript
Rush University
Chicago, IL 60612-3864

Page 1 of 2

Name: Ms. Mandy Lynn Gittler
5458 S. Hyde Park Blvd.
Chicago, IL 60615

Rush I.D.#: 81411
Soc. Sec.#: 1 - DOH License...

Birthdate: 11/21/70
Sex: F

Rush Degree(s): 06/13/1998 Doctor of Medicine

Major: Medicine
Specialty: Alternative Medicine Curr.
Concentration:

RECEIVED
SEP 18 1998
Rush University

Previous Degrees through 1994							Winter 1996 (cont.)								
B.S. Univ. of Illinois at Urbana-Champaign 5/17/92							ALT 532	Psychopathology				0.00	P		
							ALT 541	Path, Pathophys, and Pharm				0.00	CC		
Fall 1994							Superblock								
ALT 451	Cellular and Molecular Biology					0.00	H								
ALT 464	Behavioral Science I					0.00	CC	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ALT 481	Medical Ethics I					0.00	CC	ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALT 511	Introduction to Patient I					0.00	CC	cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							Spring 1996								
attempt	earn	pass	gpa	hrs	gpa	pts	gpa								
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ALT 516	Introduction to Patient VI				0.00	P	
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ALT 542	Path, Pathophys and Pharm II				0.00	P	
							Winter 1995								
							attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
ALT 452	Anatomical Sciences					0.00	H	ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALT 465	Behavioral Science II					0.00	CC	cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALT 512	Introduction to Patient II					0.00	CC								
							Summer 1996								
attempt	earn	pass	gpa	hrs	gpa	pts	gpa	OBG 601	Core Clerkship: Obstetr. & Gyne.				8.00	HP	
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PED 601	Core Clerkship: Pediatrics				8.00	P	
cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00								
							attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
Spring 1995							ses	0.00	16.00	16.00	0.00	0.00	0.00	0.00	
							cum	0.00	16.00	16.00	0.00	0.00	0.00	0.00	
ALT 454	Physiology					0.00	H								
ALT 455	Intro to Pharmacology					0.00	P								
ALT 466	Behavioral Science III					0.00	P								
ALT 471	Epidemiology					0.00	P								
ALT 482	Medical Ethics II					0.00	P								
ALT 513	Introduction to Patient III					0.00	P								
							attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
							ses	0.00	8.00	8.00	0.00	0.00	0.00	0.00	
							cum	0.00	24.00	24.00	0.00	0.00	0.00	0.00	
							Winter 1997								
							MED 601	Core Clerkship: Intern. Medicine				12.00	HP		
							attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
Fall 1995							ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	
							cum	0.00	36.00	36.00	0.00	0.00	0.00	0.00	
							Spring 1997								
							FAM 601	Core Clerkship: Family Medicine				6.00	HP		
							PSY 601	Core Clerkship: Psychiatry				6.00	P		
							Winter 1996								
							attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
							ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	
							cum	0.00	48.00	48.00	0.00	0.00	0.00	0.00	
							To be continued								

Rush University

Continued on next page

Printed on 09/14/98



Rush University
Office of the Registrar
600 South Paulina Street, Suite 440
Chicago, Illinois 60612-3873 (312) 942-5681

RUSH UNIVERSITY TRANSCRIPT GUIDE

Brief History: Founded in 1837, Rush Medical College trained physicians until 1942 when the school closed during the World War II. Records for students prior to that time are held by the University of Chicago registrar. The charter was reactivated in 1969 and the Rush Medical College reopened in 1971. In 1972, the College of Nursing and Allied Health Sciences was added establishing Rush University as the educational unit of Rush-Presbyterian-SL Luke's Medical Center. The College of Nursing and the College of Health Sciences became separate colleges in 1975 and the Graduate College became a distinct academic unit in 1981.

Calendar: The academic year at Rush University is based on the quarter system. Each quarter is at least ten weeks in length. An examination period is provided at the end of each and most classes give a final examination during this period. A twelve week quarter is used in the 3rd and 4th clinical years of Rush Medical College. The Colleges of Nursing and Allied Health Sciences used a semester system during the 1973-74 school year. From 1971-74 Rush Medical College had a nineteen week Phase I; four, eleven week quarters in Phase II; and a sixty-five week minimum in Phase III.

Credit Hours: The quarter hour is the unit used by the Colleges of Nursing, Health Sciences, and the Graduate College to determine credit for courses taken. As a general rule one quarter hour represents contact time of one hour of lecture, two hours of small group discussion or three hours of laboratory or three clinical hours per week. Course credit are not calculated for Rush Medical College students. However, the number of weeks of clinical experiences appears on the academic transcript. Credit earned as an unclassified student will not necessarily apply if the unclassified student is subsequently admitted to a degree program.

Grading System

Grade	Quality	Grade Pts
A	Excellent	4.0
B	Good	3.0
C	Satisfactory for Undergraduates, but may not be acceptable at the graduate level	2.0
D	Minimal pass. (Not used at the graduate level in Nursing, the Graduate College, or in Health Systems Management)	1
F	Failure	0
P	Passing	0
N	Not Passing	0
H	Honors* (Used by Medical College Only)	0
HP	High Pass* (Used by Medical College Only in clinical courses)	0

* Rush Medical College uses honor (H), pass (P), and fail (F) grades only. Initiated with class of 1998: high pass (HP) in clinical courses for 3-4 year students.

Grade Point Average: The grade report and the transcript of the academic records show a grade point average (GPA) for each quarter in which grade points were earned and adds a cumulative GPA for all work

taken at Rush. The GPA is computed by dividing the number of grade points earned by the number of quarter hours for credit attempted for those courses. No grade points are assigned for work taken on a

pass/no pass basis and, therefore, are not computed in the overall in grade point average. Grade point averages are not included for students in the Rush Medical College since all courses are taken on an Honors/Pass/Fail system.

Courses Numbers: A three-digit course number follows the course abbreviation. It indicates the level of offering for that course as shown below:

300-399	Undergraduate - third level	500-549	Master's level - College of Nursing
400-449	Undergraduate - fourth level	550-599	Doctor of Nursing level- College of Nursing
450-499	Dual level - may be taken for undergraduate or graduate credit	600	Post Master's level residency
500-599	Graduate level	601-699	Doctoral level

Transfer Credit, Graduation, and Miscellaneous Information

Transfer Credit: With the exception of the Medical College, transfer credit accepted by Rush University is recorded in quarter hours. The total number of transfer credit is shown, but the individual courses are not shown unless they are substituting directly for a Rush University course. Transfer credit in Rush Medical College is shown as advanced standing for the degree of Doctor of Medicine.

Transcript of Academic Records: The permanent academic record included all course work taken at Rush University. External transcripts for medical students reflect the highest grade reported for each course at the time a transcript is requested. The academic record is maintained permanently in the Office of the Registrar. Copies issued to students will be stamps in red ink "Issued to Student". All copies bear the signature of the registrar or his/her designate and the seal of the Rush-Presbyterian-St. Luke's Medical Center.

Graduation Honors: Candidates for the bachelor of science who have demonstrated academic excellence are honored at commencement by the Rush University faculty. Those earning a 3.4 or better grade point average based on six quarters of residence at Rush are awarded the bachelor of science cum laude; those with a 3.6 grade point average or better, magna cum laude; and those with 3.8 grades point average or better, summa cum laude.

Grade Reports: A quarterly grade report is the student's copy only. It should not be accepted by an institution or agency in lieu of an official transcript.

Explanatory Notes: (1) Undergraduate Nursing - Seminar and Practicum. Until 1989, required baccalaureate nursing course were offered to students in an established sequential pattern with each course

building upon the previous course. The philosophy of the College of Nursing was the that basic nursing concepts can be applied to any clinical setting during any quarter of the curriculum. Students were expected to integrate the basic science principles and their nursing application into any clinical setting. Thus, the clinical practice, experience was not offered in a sequential pattern. By graduation, however, each student had gained experiences in six major clinical nursing areas: medicine, surgery, pediatrics, obstetrics, psychiatry, and community. (2) Clinical Medicine - The number of weeks of clinical experiences are reflected on the transcript and should not be interpreted as credit hours.

Revised 9/96

Official Transcript
Rush University

Page 2 of 2

Name: Ms. Mandy Lynn Gittler

Soc Sec #: 1 - DOH Licensee...

Student ID: 81411

----- Summer 1997 -----

FAM 610 Family Medicine Subinternship 4.00 HP
MED 621 Clin Endocrinology & Metabolism 4.00 HP
MED 648 HIV Prim Outpatient Care/CookCo. 4.00 P

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	60.00	60.00	0.00	0.00	0.00	0.00	0.00

----- Fall 1997 -----

MED 000 Tropical Medicine 4.00 HP
Oxcala
NEU 601 Core Clerkship: Neurology 4.00 HP
PED 672 Pediatric Respiratory Medicine 4.00 P

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	72.00	72.00	0.00	0.00	0.00	0.00	0.00

----- Winter 1998 -----

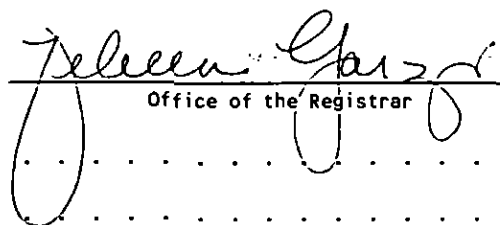
MED 615 Emergency Medicine 4.00 P
SUR 000 Surgical Selectives 4.00 P
Ophthalmology/Orthopedics

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	80.00	80.00	0.00	0.00	0.00	0.00	0.00

----- Spring 1998 -----

M3M4 Clinical Curriculum Enrollment 0.00 XX

	attempt	earn	pass	gpa	hrs	gpa	pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	80.00	80.00	0.00	0.00	0.00	0.00	0.00

 09/14/98
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Revised 9/96

Office of the Registrar • 600 S. Paulina Street, Suite 440, Chicago, IL 60612-3873 • Phone: (312) 942-5681 • Fax: (312) 942-2219

RECEIVED
AUG 15 2000

- Send transcript to: (Please PRINT!)

Health Professions Section 5

Department of Health
Medical Quality Assurance Commission
1300 SE Quince Street
P. O. Box 47866
Olympia, WA 98504-7866

Rush University I.D.#

81411

Social Security #:

1 - DOH Licensee Social Security Number - RCW 42.56....

Currently attending? Yes ☐ No ☒

Last date attended? Month 6 Yr 98

Date of Birth: Month _____ Day _____ Yr _____

Major Field of Study? Medicine

Previous Name (if any): _____

- Number of transcripts requested: _____

- When should transcript(s) be sent?

- ☐ Send immediately! (Allow 2-3 business days)
- ☐ Hold for current quarter grades
- ☐ Hold for recording of degree/certificate
- ☐ For Pick-up (Allow 2-3 business days)

- Student's Name and Address: (Please PRINT!)

Mandy L. Gittler

- Student's Signature

per letter

- Date of Request

July 31, 2000

For Office Use Only

- ☒ By letter
- ☐ In person
- ☐ Fax

7/99

Official Transcript
Rush University
Chicago, IL 60612-3864

Page 1 of 2

Name: Ms. Mandy Lynn Gittler
5458 S. Hyde Park Blvd.
Chicago, IL 60615

Rush I.D.#: 81411
Soc. Sec.#: 1 - DOH Licens...

Birthdate: 11/21/70
Sex: F

Rush Degree(s): 06/13/1998 Doctor of Medicine

Major: Medicine
Specialty: Alternate Medicine Curr.
Concentration:

----- Previous Degrees through 1994 -----							----- Winter 1996 (cont.) -----						
B.S. Univ. of Illinois at Urbana-Champaign 5/17/92							ALT 532	Psychopathology		0.00	P		
							ALT 541	Path, Pathophys, and Pharm		0.00	CC		
----- Fall 1994 -----							Superblock						
ALT 451	Cellular and Molecular Biology		0.00	H									
ALT 464	Behavioral Science I		0.00	CC	attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
ALT 481	Medical Ethics I		0.00	CC	ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALT 511	Introduction to Patient I		0.00	CC	cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
							----- Spring 1996 -----						
ses	0.00	0.00	0.00	0.00	0.00	0.00	ALT 516	Introduction to Patient VI		0.00	P		
cum	0.00	0.00	0.00	0.00	0.00	0.00	ALT 542	Path, Pathophys and Pharm II		0.00	P		
----- Winter 1995 -----							attempt	earn	pass	gpa	hrs	gpa	pts
ALT 452	Anatomical Sciences		0.00	H	ses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALT 465	Behavioral Science II		0.00	CC	cum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALT 512	Introduction to Patient II		0.00	CC									
							----- Summer 1996 -----						
attempt	earn	pass	gpa	hrs	gpa	pts	OBG 601	Core Clerkship: Obstetr. & Gyne.		8.00	HP		
ses	0.00	0.00	0.00	0.00	0.00	0.00	PED 601	Core Clerkship: Pediatrics		8.00	P		
cum	0.00	0.00	0.00	0.00	0.00	0.00							
----- Spring 1995 -----							attempt	earn	pass	gpa	hrs	gpa	pts
ALT 454	Physiology		0.00	H	ses	0.00	16.00	16.00	0.00	0.00	0.00	0.00	
ALT 455	Intro to Pharmacology		0.00	P	cum	0.00	16.00	16.00	0.00	0.00	0.00	0.00	
ALT 466	Behavioral Science III		0.00	P									
ALT 471	Epidemiology		0.00	P									
ALT 482	Medical Ethics II		0.00	P									
ALT 513	Introduction to Patient III		0.00	P									
							attempt	earn	pass	gpa	hrs	gpa	pts
attempt	earn	pass	gpa	hrs	gpa	pts	ses	0.00	8.00	8.00	0.00	0.00	0.00
ses	0.00	0.00	0.00	0.00	0.00	0.00	cum	0.00	24.00	24.00	0.00	0.00	0.00
cum	0.00	0.00	0.00	0.00	0.00	0.00							
----- Fall 1995 -----							----- Fall 1996 -----						
ALT 514	Introduction to Patient IV		0.00	CC			SUR 601	Core Clerkship: Surgery		8.00	P		
ALT 531	Neurosciences		0.00	H	attempt	earn	pass	gpa	hrs	gpa	pts	gpa	
ALT 540	General Pathology		0.00	H	ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	
					cum	0.00	36.00	36.00	0.00	0.00	0.00	0.00	
							----- Winter 1997 -----						
attempt	earn	pass	gpa	hrs	gpa	pts	MED 601	Core Clerkship: Intern. Medicine		12.00	HP		
ses	0.00	0.00	0.00	0.00	0.00	0.00							
cum	0.00	0.00	0.00	0.00	0.00	0.00							
----- Spring 1997 -----							attempt	earn	pass	gpa	hrs	gpa	pts
attempt	earn	pass	gpa	hrs	gpa	pts	FAM 601	Core Clerkship: Family Medicine		6.00	HP		
ses	0.00	0.00	0.00	0.00	0.00	0.00	PSY 601	Core Clerkship: Psychiatry		6.00	P		
cum	0.00	0.00	0.00	0.00	0.00	0.00							
----- Winter 1996 -----							attempt	earn	pass	gpa	hrs	gpa	pts
ALT 515	Introduction to Patient V		0.00	CC	ses	0.00	12.00	12.00	0.00	0.00	0.00	0.00	
----- To be continued -----							cum	0.00	48.00	48.00	0.00	0.00	0.00

Rush University

Continued on next page

Printed on 08/01/00



Rush University
Office of the Registrar
600 South Paulina Street, Suite 440
Chicago, Illinois 60612-3873 (312) 942-5681

RUSH UNIVERSITY TRANSCRIPT GUIDE

Brief History: Founded in 1837, Rush Medical College trained physicians until 1942 when the school closed during the World War II. Records for students prior to that time are held by the University of Chicago registrar. The charter was reactivated in 1969 and the Rush Medical College reopened in 1971. In 1972, the College of Nursing and Allied Health Sciences was added establishing Rush University as the educational unit of Rush-Presbyterian-St. Luke's Medical Center. The College of Nursing and the College of Health Sciences became separate colleges in 1975 and the Graduate College became a distinct academic unit in 1981.

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Grading System

Grade	Quality	Grade Pts
A	Excellent	4.0
B	Good	3.0
C	Satisfactory for Undergraduates, but may not be acceptable at the graduate level	2.0
D	Minimal pass. (Not used at the graduate level in Nursing, the Graduate College, or in Health Systems Management)	1
F	Failure	0
P	Passing	0
N	Not Passing	0
H	Honors* (Used by Medical College Only)	0
HP	High Pass* (Used by Medical College Only in clinical courses)	0

Grade	Quality	Grade Pts
W	Withdrawal prior to mid-term	0
WP	Withdrawal passing after mid-term	0
WF	Withdrawal failing after mid-term	0
WN	Withdrawal failing for course taken on a pass/no pass basis	0
K	Credit earned through proficiency examination	0
NR	Grade not reported by instructor	0
I	Incomplete	0
CC	Course continues into next quarter. Grade received at the end of series	0
XX	Participation in an ungraded course or residency	0

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pass/no pass basis and, therefore, are not computed in the overall in grade point average. Grade point averages are not included for students in the Rush Medical College since all courses are taken on an Honors/Pass/Fail system.

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Official Transcript
Rush University

Page 2 of 2

Name: Ms. Mandy Lynn Gittler

Soc Sec #:

1 - DOH Licens...

Student ID: 81411

----- Summer 1997 -----

FAM 610	Family Medicine Subinternship	4.00	HP
MED 621	Clin Endocrinology & Metabolism	4.00	HP
MED 648	HIV Prim Outpatient Care/CookCo.	4.00	P

	attempt	earn	pass	gpa hrs	gpa pts	gpa
ses	0.00	12.00	12.00	0.00	0.00	0.00
cum	0.00	60.00	60.00	0.00	0.00	0.00

----- Fall 1997 -----

MED 000	Tropical Medicine	4.00	HP
	Oxcala Mexico		
NEU 601	Core Clerkship: Neurology	4.00	HP
PED 672	Pediatric Respiratory Medicine	4.00	P

	attempt	earn	pass	gpa hrs	gpa pts	gpa
ses	0.00	12.00	12.00	0.00	0.00	0.00
cum	0.00	72.00	72.00	0.00	0.00	0.00

----- Winter 1998 -----

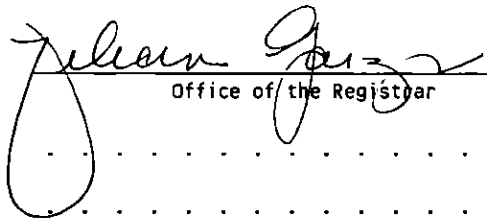
MED 615	Emergency Medicine	4.00	P
SUR 000	Surgical Selectives	4.00	P
	Ophthalmology/Orthopedics		

	attempt	earn	pass	gpa hrs	gpa pts	gpa
ses	0.00	8.00	8.00	0.00	0.00	0.00
cum	0.00	80.00	80.00	0.00	0.00	0.00

----- Spring 1998 -----

M3M4	Clinical Curriculum Enrollment	0.00	XX
------	--------------------------------	------	----

	attempt	earn	pass	gpa hrs	gpa pts	gpa
ses	0.00	0.00	0.00	0.00	0.00	0.00
cum	0.00	80.00	80.00	0.00	0.00	0.00

 08/01/00
Office of the Registrar

Official transcripts are printed on green paper. The Family Educational Rights and Privacy Act of 1974 prohibits the release of this information without the student's written consent.



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Office of the Registrar
600 South Paulina Street, Suite 440
Chicago, Illinois 60612-3873 (312) 942-5681

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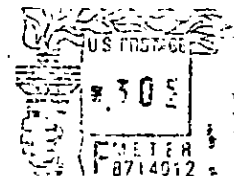
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RUSH UNIVERSITY
OFFICE OF THE REGISTRAR
600 S. PAULINA STREET, SUITE 440
CHICAGO, ILLINOIS 60612-3832

PRESORT
FIRST CLASS

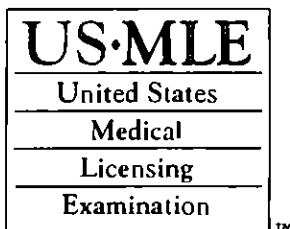


XX 08/04/00 PAL IL 600

TRANSCRIPT ENCLOSED

AUMP





UNITED STATES MEDICAL LICENSING EXAMINATION™

Federation of State Medical Boards of the U.S., Inc.
400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3855
Telephone: (817) 571-2949

WA-1

STEP 3 SCORE REPORT

* * * **MEDICAL BOARD FILE COPY** * * *

Gittler, Mandy Lynn

USMLE ID: 5-007-528-2

11012 Sandpoint Way NE
Seattle, WA 98125

Test Date: May 1999

6624

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. **Step 3** is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
217	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 207 and 18, respectively, with most scores falling between 140 and 260. A score of 177 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) [‡] for this scale is approximately five points.
87	This score is also determined by your overall performance on the examination. A score of 82 on this scale is equivalent to a score of 200 on the scale described above. A score of 75 on this scale, which is equivalent to a score of 177 on the scale described above, is recommended by USMLE to pass Step 3. The SEM [‡] for this scale is approximately one and a half points.

[‡]Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The standard error of measurement (SEM) provides an estimate of the range within which your scores might be expected to vary by chance if you were tested repeatedly using similar tests.

TO: Post Graduate Training Program Director

University of Washington - Dept. Family Med. David Losh

FACILITY NAME

4245 Roanet

Box 354775

ADDRESS

Seattle WA

98105

RECEIVED

AUG 02 2009

RE: Verification/Evaluation of Training

Health Professions Section 5

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address show below. All questions must be answered.

Mandy Gittler

APPLICANT (PRINT OR TYPE)

11/21/70

BIRTHDATE

Mandy Gittler

SIGNATURE OF APPLICANT

1. Mandy Gittler is or was engaged in post-graduate training in our program

from 6/98

BEGINNING DATE (MONTH & YEAR)

to present

ENDING DATE (MONTH & YEAR)

in the field of _____ to _____

2. Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.)

Highly competent family practice resident in third year of training. All performance evaluations have been good.

3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No If yes, please explain _____

4. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? ☐ Yes ☒ No If yes, please provide documentation. _____

5. We would appreciate any further documentation you feel would assist in the evaluation process. Thank you.

Return to:

Medical Quality Assurance Commission
1300 SE Quince Street
P O Box 47866
Olympia, WA 98504-7866
(360) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)

Signature David Losh

Title

ASSOCIATE PROFESSOR AND

Hospital

RESIDENCY PROGRAM DIRECTOR

Address

DEPARTMENT OF FAMILY MEDICINE

UNIVERSITY OF WASHINGTON

4245 Roanet Way NE Seattle WA 98105

Date

7/28/00

Telephone

206 598 2883

telnet (WA-RS6000-1)

MEDICAL BOARD
bje1303
INDIVIDUAL NAME
LAST GITTLER
FIRST MANDY
MIDDLE L

AAAAAA SSSSSS . IIIIIIIIIII
ASSESSMENT SYSTEMS, INC.
REAL SYSTEM V2.5.74
(JR,SR,III) REFERENCE # ML20006024
SOC SEC NUM 1 - DOH Licensee Social ...

07-21-00
01:34:34 PM

RESIDENCE INFORMATION
UNIVERSITY OF WASHINGTON
GRADUATE MEDICAL EDUCATION
BOX 356340
SEATTLE WA 98195-6340

PHONE: () - COUNTY: 17
() - LGL ST: WA

NOTES

+--ADDITIONAL INFORMATION--+

SEX F =	MARRIED Y =
OTHER NAME	
CORP. OFFICER	=
TRUST ACCOUNT	
BIRTH PLACE CHICAGO IL	
DATE 11-21-1970	
SCHOOL CODE 016.01	
CE UNITS 0.00 REQD BY	- -

+-----+

CURRENT STATUS: A	EXPIRATION DATE: 07-31-2001	FIRST ISSUE DATE: 06-25-1998
RENEWAL STATUS: Z	LAST ACTIVE DATE: - -	LAST RENEWAL DATE: 06-02-2000
COMPLAINTS O/C: 0/ 0	AUTHORITY: RE	

+-----+

1GO BACK 2NAM&ADDR 3EDUCATE 4LIC FUNC 5INVESTG 6 70THR DAT 8EXTD NOT

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Mailing Address:

MANDY LYNN GITTLER MD
1409 N 46TH ST
SEATTLE WA 98103

Primary Office Address:

SAME AS MAILING ADDRESS

RECEIVED
AUG 23 2000
Health Professions Section 5

Birthdate: 11/21/1970

Phone: UNKNOWN

Birthplace: CHICAGO, IL USA

Physician's Major Professional Activity: HOSPITAL BASED RESIDENTS - ALL YEARS

Self Designated Practice Specialties (SDPS):

Primary Specialty: FAMILY PRACTICE

Secondary Specialty: UNSPECIFIED

AMA membership: NON-MEMBER

Following Data Provided by the Primary Sources

Medical School:

RUSH MED COLL OF RUSH UNIV, CHICAGO IL 60612 (VERIFIED)

Year of Graduation: 1998 (VERIFIED)

Current and/or Prior Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution: UNIV OF WA SCH OF MED

State: WASHINGTON

Specialty : FAMILY PRACTICE

06/1998 - 06/2001

(BEING REVERIFIED)

Note: Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program directors. If additional information is required, please contact the program director(s).

National Board of Medical Examiners (NBME) Certification Year: NONE REPORTED TO DATE

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however*, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

License(s): State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
WASHINGTON	MD	06/25/1998	07/31/2000	ACTIVE	LIMITED	05/31/2000

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number:

Note: 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 in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

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

Specialty Board Certification(s):

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:

Certifying Board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

Effective:

Expiration:

Last Reported:

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

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

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American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the Physician Profile is intended as an instrument to assist with credentialing. Appropriate use of the Physician Masterfile data contained on this profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, residency training and board certification.

If you note any discrepancies, please mark them on a copy of the profile and fax to (312) 464-5827 or return to:

American Medical Association
Department of Data Services
515 N. State Street
Chicago, IL 60610

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

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Department of Family Medicine
Family Practice Residency Program
UWMC Roosevelt, Box 354775
4245 Roosevelt Way N.E.
Seattle, WA 98105
PH (206) 598-2883
FAX (206) 598-5769

August 3, 2000

Betty Elliott
Program Representative
State of Washington
Dept. of Health
1300 SE Quince Street
P.O. Box 47866
Olympia, WA 98504-7866

RE: Mandy Gittler, MD

Dear Ms. Elliott:

Per your written request, attached you will find a photograph of Mandy Gittler, MD. Based on our telephone conversation this morning, it is my understanding that the only other item still outstanding is the AMA form. Upon receipt of that form, Dr. Gittler's application will be received.

Please feel free to contact me if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Catherine Cooper", with a long, sweeping horizontal line extending to the right.

Catherine Cooper
Residency Manager
Family Practice Residency

cc: Dr. Gittler

RECEIVED

AUG 07 2000

Health Professions Section



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866
July 25, 2000

Mandy Gittler MD
1409 N 46th St
Seattle WA 98103

Dear Dr Gittler

This is to acknowledge receipt of your application to obtain licensure as a physician and surgeon in the state of Washington.

Your application was received on **July 19, 2000**

**Missing Items: Photo, Federation of State Medical Boards Data Bank Clearance
American Medical Association, Medical School Transcripts, USMLE
Post Graduate training**

A deficiency letter will be sent every four to five weeks until the application is considered complete. Please understand Commission staff process a considerable amount of application files at any given time. Deficiency letters are our way of notifying you what is lacking in your file. An over abundance of phone calls simply slow the process down as it diverts staff resources from application processing. We appreciate your consideration of staff resources and your patience with the process.

Depending on the complexity of the application file, the review process may take 3 to 5 working days for routine applications, an additional 14 working days for applications considered non-routine that must be reviewed by a Commission Member, or, if your application contains derogatory or disciplinary information, it may need to be reviewed by the Full Commission at a Commission meeting for final disposition, in which case the processing time will be longer.

If you have any questions, please feel free to contact me at (360) 236-4785.

Sincerely,

Betty Elliott
Program Representative

**Medical Quality Assurance Commission
Limited License Application Worksheet**

Pending Number CA5019
License Number _____

Name GITTLER, MANDY L. Date of Birth 11/21/70

Date Received 5/1/98 Date Completed _____ Signature _____

☒ 22.5 Fee ☒ Photo ☒ Personal Data ☒ AIDS ☐ Affidavit ☐ Archive File

Chronology <input type="checkbox"/> Complete	Missing: to _____ to _____ to _____	<input checked="" type="checkbox"/> Residency <input type="checkbox"/> Institution <input type="checkbox"/> Fellowship <input type="checkbox"/> City/County <input type="checkbox"/> Teaching/Research	<input type="checkbox"/> FSMB <input type="checkbox"/> AMA
--	--	--	---

Personal Data Questions	Documentation Received	Malpractice Cases	Original Complaint Disposition															
_____	_____	1 _____	<table border="1" style="width:100%"><tr><td>Synopsis</td><td>Complaint</td><td>Disposition</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Synopsis	Complaint	Disposition												
Synopsis	Complaint	Disposition																
_____	_____	2 _____																
_____	_____	3 _____																
_____	_____	4 _____																

Medical School Rush Medical College ☐ U.S. ☐ Canadian ☐ International
 Name _____ Year of Degree 98 ☒ Transcripts ☐ Translations

Examination Type ☐ National Boards ☐ FLEX ☐ USMLE ☐ State Exam ☐ LMCC ☐ Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified

Received	State Licensure	Received	Hospital Privileges

Received	Program/Employment Verification	Received	Program/Employment Verification
<u>5/1/98</u>	<u>u of wa</u>		

Approved *Susan Anthony* 9-18-98
 Signature _____ Date _____

Comments: _____

LIMITED PHYSICIAN

REVENUE SECTION

PRINT NAME Gittler, Mandy L.

LF 0252140000 00335

002369 05/18/98 22500



Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099
(360) 753-2844
(360) 664-3909

RECEIVED
MAY 18 1998
HPSD

FOR OFFICE USE ONLY	
ISSUANCE DATE	
LICENSE #	6024

LICENSE #


APPLICATION FOR LIMITED LICENSE TO PRACTICE MEDICINE APPLICABLE FOR MD'S ONLY

- ☐ Teaching-Research (2 year limit) ☒ Internship-Residency ☐ Institution
☐ Fellowship (2 Year Limit) ☐ County-City Health Department

Please Type or Print Clearly - Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

1. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME		LAST	FIRST	MIDDLE INITIAL
		GITTLER	MANDY	L.
NAME OF INSTITUTION/HEALTH DEPT/MEDICAL SCHOOL/HOSPITAL				
University of Washington School of Medicine				
ADDRESS				
Graduate Medical Education, Box 356340 -- 1959 N.E. Pacific Street Room A300				
CITY		STATE	ZIP	COUNTY
Seattle		WA	98195-6340	King
NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-919-030, it is your responsibility to maintain a current mailing address on file with the Department.				
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)		SOCIAL SECURITY NUMBER		
(773) 489-0249		1 - DOH Licensee Social Security Number...		
GENDER	BIRTHDATE (MO/DAY/YEAR)	PLACE OF BIRTH		
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	11/21/70	Chicago, IL / USA		
Have you previously applied for a Washington State license or limited license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have you ever been known under any other name(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list name(s):				
HEIGHT	WEIGHT		<div>Attach Current Photograph Here. Indicate Date Taken and Sign in Ink Across Bottom of the Photo.</div> <div>NOTE: 1. Original 2. No ink 3. Take app 4. Close 5. Instant not</div> <div>st Be: copy of - not profile photographs</div> 	
5' 1/2"	112			
EYECOLOR	HAIR COLOR			
Green	Blonde			
MEDICAL SCHOOL	YEAR OF GRADUATION			
RUSH Medical College	1998			
MEDICAL SPECIALTY				
Family Practice				

2. PERSONAL DATA QUESTIONS

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒

"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 addiction and alcoholism.

- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☒

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☒

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

If you must answer "yes" to any of the remaining questions, provide an explanation and copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

- a. the use or distribution of controlled substances or legend drugs? ☐ ☒
b. a charge of a sex offense? ☐ ☒
c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☒

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☒
b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☒
c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☒

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☒

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☒

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☒

2. PERSONAL DATA QUESTIONS (continued)

	YES	NO
10. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. EDUCATION AND EXPERIENCE

Provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 X 11 sheets if necessary.)

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (Mo/Yr)	
Medical Education (List all Medical Schools Attended) RUSH Med Col	4	9/94	6/98	M.D.
Post-Graduate Training (List all Programs Attended)				

4. PROFESSIONAL EXPERIENCE

In chronological order list all professional experience received since graduation from medical school to the present.
(Exclude activities listed under other sections, identify any periods of time break of 30 days or more.)
(Attach additional 8 1/2 X 11 sheets if necessary.)

Nature of Experience or Practice	Dates of Experience	
	From (mo/yr)	To (Mo/Yr)

5. HOSPITAL PRIVILEGES

List hospitals in the U.S. or Canada where hospital privileges have been granted within the past five (5) years. (Attach additional 8 1/2 X 11 sheets if necessary.)

NAME OF HOSPITAL (For locum tenens, enter only those of a 30 day or longer duration. See instructions regarding reports and verification.)	DATES	
	Beginning (mo/yr)	Ending (mo/yr)

6. LICENSES IN OTHER STATES

List all licenses to practice medicine in any state, Canadian province or other country. (Include whether active or inactive.)

State, County or Province	Date License Issued	License Number	Basis of Licensure		Status of License Active or Inactive?	Any Limitations on License
			Examination (Date Passed)	Endorsement		

7. FIFTH PATHWAY (Foreign Trained Applicants only) (Attach additional 8 1/2 X 11 sheets if necessary.)

Name and Location of Fifth Pathway Program	Name and Location of Hospital	Dates Attended	
		Beginning (mo/yr)	Ending (mo/yr)

8. AIDS AFFIDAVIT

I certify I have completed the minimum of four (4) hours of education in the prevention, transmission and treatment of AIDS. I understand I must maintain records documenting said education, for two (2) years and be prepared to submit those records to the Department of Health if requested. (WAC 246-919-380)

Mandy Gittler

APPLICANT'S SIGNATURE

4/8/98

DATE

9. APPLICANT'S ATTESTATION

I, Mandy Gittler, certify that I am the person described and identified in this application, that I have read 18.130.170 RCW and 18.130.180 RCW, of the Uniform Disciplinary Act, and that I have answered all questions in the application truthfully and completely and the documentation provided in support of the application is, to the best of my knowledge, accurate. I understand that the Department may require additional information from me prior to making a determination regarding my application.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Commission any information, files or records required by the Commission for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Commission may request a physical and mental evaluation to determine my fitness for practice.

Mandy Gittler

APPLICANT'S SIGNATURE

4/8/98

DATE

Official Use Only

**Washington State Records
Center**



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

June 4, 1998

Libby Sando
University of Washington
Graduate Medical Education
Box 356340
Seattle, WA 98195-6340

Dear Ms. Sando:

This letter is to acknowledge receipt of the following application(s) to obtain limited licensure as a physician in the state of Washington. According to our records, the following items or forms have not been received in order to complete the applications:

Applicant Name	Missing Items
Adams, Kristina	Medical School Transcripts
Brownstein, Alice B.	Medical School Transcripts
Ball, Adrienne	State License Verification
	American Medical Association
Bartholomew, Lynne L.	Medical School Transcripts
Boyer, Craig A.	Medical School Transcripts
	Residency Certification
Burt, Steven R.	Residency Certification
Baker, David	Medical School Transcripts
Bell, Maurice A.	Medical School Transcripts
Bollinger, William A.	Medical School Transcripts
Caldwell, Ann D.	Residency Certification
Cilento, Benjamin W.	Medical School Transcripts
Crimmins, Timothy J.	Medical School Transcripts
Costas, Kimberly E.	AIDS Affidavit
	Medical School Transcripts
Cox, Svetlana F.	Federation of State Medical Boards
	American Medical Association
	Post Graduate Training Verification
Crosson, Seth A.	Photo
	Medical School Transcripts
Davies, Laura H.	Medical School Transcripts



Ms. Sands
June 4, 1998
Page 3

Kim, Edward J.
Kott, Brian R.
Krupp, Brent M.
Lazor, Daniel A.
Lee, Linda H.
Lee, Shawn J.
Loughnane, John F.
Olivar, Stephen J.

Olsen, John C.
Smith, Andrew O.

VonFeldt, Matthew J.

Walenz, Tammara
Youssef, Ashraf S.K.
Zhong, Fang

Medical School Transcripts
Medical School Transcripts
Medical School Transcripts
Medical School Transcripts
Medical School Transcripts
Medical School Transcripts
Medical School Transcripts
Medical School Transcripts
Residency Certification
Medical School Transcripts
Medical School Transcripts
Residency Certification
Federation of State Medical Boards
American Medical Association
Medical School Transcripts
Post Graduate Training Verification
(St Luke's Hospital, 6/97-6/98)
Residency Certification
American Medical Association
American Medical Association
Photo
Medical School Transcripts

A deficiency letter will be sent every four to six weeks until the application is considered complete.

If you have any questions, please feel free to contact me at (360) 753-2287, or email me at:
amb0303@hub.doh.wa.gov.

Sincerely,



Andrea Baldonado
Program Representative

DePinto, Mario	Medical School Transcripts American Medical Association Residency Certification
DeWan, Puneet K. Dorman, John K.	Medical School Transcripts Medical School Transcripts Post Graduate Training Verification State License Verification (for NC) Hospital Privilege Verification (for Hoots Memorial Hospital)
DuBois, Ben Eames, Wendell Eaton, Keith D. Fujita, Mayumi	Medical School Transcripts Medical School Transcripts Medical School Transcripts Missing Chronology (3-83 to 2/84, 9/96 to 12/96, 5/97 to present) Federation of State Medical Boards American Medical Association Post Graduate Training Verification (for U of Colorado, 4/93-9/96; 12/96-5/97)
Fallon, Michael J.	Medical School Transcripts Post Graduate Training Verification (for Darnell Community Hospital, 7/88-6/89; University of Washington, 7/95-7/96) Hospital Privilege Verification (for Valley Hospital, 6/90-6/94; Elemendorf Hospital, 6/89-6/92) Residency Certification
Frank, Jeremiah D. Gregg, Patrick J. Gore, Julia Gittler, Mandy L. Han, Ben H.	Medical School Transcripts Medical School Transcripts Medical School Transcripts Medical School Transcripts American Medical Association Medical School Transcripts
Himaya, Paul J. Howlett, Andrew T. Hutter, Jonathan J. Hite, Pamela Johnson, Harold A. Jarell, Abel	Medical School Transcripts Medical School Transcripts Medical School Transcripts Photo Medical School Transcripts Photo Medical School Transcripts
Joson, Peter J. Kalus, Robert M. Kapoor, Vishai Kauffman, Mary Johanna Kelkar, Supriya	Medical School Transcripts Photo Medical School Transcripts Medical School Transcripts Medical School Transcripts



Washington State Department of
Health
Medical Quality Assurance Commission
1300 SE Quince Street
PO Box 47868
Olympia, WA 96504-7666
(360) 753-2844(A-L)
(360) 664-3909 (M-Z)

Medical Quality Assurance Commission Residency Certification

This is to certify that Mandy L. Gittler has been
appointed as a resident* in Family Medicine at
SERVICE
the University of Washington hospital for the period
beginning June 25, 1998. The individual responsible for this resident's
MONTH DAY YEAR
patient care activities will be David L. Gittler
(SIGNATURE) DIRECTOR OF PROGRAM

- * Resident physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.095(3) and is serving a period of post graduate clinical medical training sponsored by a college or university in this state or by a hospital accredited by this state. The term shall include individuals designated as intern or medical fellow.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

August 16, 2000

Mandy Gittler MD
1409 N 46th St
Seattle WA 98103

Dear Dr Gittler

As of this date, our records indicate the following items still have not been received. In order for us to continue processing your application we will need the following

American Medical Association

A deficiency letter will be sent every four to five weeks until the application is considered complete. Please understand Commission staff process a considerable amount of application files at any given time. Deficiency letters are our way of notifying you what is lacking in your file. An over abundance of phone calls simply slow the process down as it diverts staff resources from application processing. We appreciate your consideration of staff resources and your patience with the process.

Upon receipt of the above mentioned items, your application will be considered complete and will begin the review process.

If you have any questions, please contact me at (360) 236-4785

Sincerely,

Betty Elliott
Program Representative



Redaction Summary (8 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (8 instances)

Redacted pages:

- Page 7, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 11, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 13, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 15, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 16, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 18, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 23, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 35, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance