

APPLICATION REC'D 5/8/90 APPLICATION COMPLETE _____NAME Cate, Sara Irene DOB 9/5/575/8 FEE REC'D 5/8 PHOTO _____ AFFIDAVIT5/8 PERSONAL DATA SECTION COMPELETE

____ YES RESPONSE TO # _____, _____, _____, _____

____ DOCUMENTATION FOR AFFIRMATIVE RESPONSES REC'D

5/8 CHRONOLOGY COMPLETE

____ MISSING CHRONOLOGY _____ TO _____, _____ TO _____

TRAINING ☒ US _____ CANADA _____ OFFSHORE _____ FIFTH PATHWAY _____ FOREIGN____ ECFMG CERT 6/26 AMA PROFILE 6/19 MDB CLEARANCE5/8 AIDS EDUCATION AFFIDAVITLICENSURE MADE BY _____ FLEX ☒ NATIONAL BOARD _____ STATE EXAM _____ LMCC6/19 SCORES REC'D 78.0MEDICAL SCHOOL Univ of Washington DEGREE REC'D 6/883/27 TRANSCRIPTS REC'D _____ TRANSLATIONS REC'D _____POST-GRADUATE TRAINING _____ ONE YEAR ☒ TWO YEARS 1/27Univ of Washington 7/88 - present VERIF REC'D 7/9

____ VERIF REC'D _____

____ VERIF REC'D _____

STATE LICENSES

____ VERIF REC'D _____ VERIF REC'D _____

____ VERIF REC'D _____ VERIF REC'D _____

HOSPITAL PRIVILEGES

____ VERIF REC'D _____

____ VERIF REC'D _____

____ VERIF REC'D _____

BOARD DECISIONKate Rathbone DATE 8-7-90☒ APPROVED _____ DISAPPROVED _____



APPLICATION FOR LICENSE TO

PRACTICE MEDICINE

MAKE REMITTANCE PAYABLE TO: STATE TREASURER

FOR OFFICE USE ONLY

 CERTIFICATE NO. 27732 ISSUE DATE 8-7-90 EXPIRATION DATE 9-5-91

APPLICATION FOR LICENSURE IS MADE BY: (check one)

☒ NATIONAL BOARD WAIVER

☐ ENDORSEMENT OF STATE EXAMINATION

☐ FLEX EXAMINATION WAIVER

☐ LMCC (must have been obtained after 1969)

☐ FLEX EXAMINATION

State _____

DATE OF EXAMINATION REQUESTED (month and year) _____

FOR OFFICE USE ONLY

PROG (1)	TRANS (3)	PROF CODE (4)	PIC/CIC (5)	EXPIRATION DATE (9)	EXPT (10)	STAT (11)	TYPE (12)
LA		252-09					
KEY DATE (13)	CLASS (14)	ASSN (15)	BILLED AMOUNT (16)	SIGN	SPLIT	QRTD	

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME (20)

Cate
LASTSara
FIRSTIrene
MIDDLE

ADDRESS (21)

2410 East Calhoun

CITY (24)

Seattle

STATE (25)

WA

ZIP (28)

98112

COUNTY (27)

KING

TELEPHONE NUMBER (39)

548-4055

SOCIAL SECURITY NUMBER (40)

1 - DOH Licensee Social Security...

WHERE YOU CAN BE REACHED DURING
NORMAL BUSINESS HOURS.REQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN
IS VOLUNTARY AND IS NOT REQUIRED FOR LICENSING APPROVAL.

SEX (F or M)

F

BIRTHDATE

9 - 5 - 57
MO. DAY YR.

BIRTHPLACE

New Bedford, MASS
CITY STATE COUNTY

MEDICAL SPECIALITY

Family Medicine

MEDICAL SCHOOL

Univ. of Washington School of Medicine
NAME/COUNTRY

YEAR GRADUATED

1988HAVE YOU PREVIOUSLY APPLIED FOR A WASHINGTON STATE MEDICAL LICENSE OR
LIMITED LICENSE?☒ YES☐ NO

LIST OTHER NAME(S) THAT APPEAR ON DOCUMENTS OR CREDENTIALS _____

FOLLOW CAREFULLY ALL INSTRUCTIONS IN GENERAL INSTRUCTIONS—ALL APPLICANTS. IT IS THE
RESPONSIBILITY OF THE APPLICANT TO SUBMIT OR REQUEST TO HAVE SUBMITTED, ALL
REQUIRED SUPPORTING DOCUMENTS.

IDENTIFICATION

HEIGHT 5' 4"	WEIGHT 120
COLOR OF EYES Gray	COLOR OF HAIR light brown



PERSONAL DATA

YES

NO

1. HAVE YOU EVER HAD A LICENSE TO PRACTICE MEDICINE SUSPENDED, REVOKED, RESTRICTED OR DENIED IN ANY STATE, FEDERAL OR FOREIGN JURISDICTION? ☐ YES ☒ NO
2. HAVE YOU EVER HAD HOSPITAL PRIVILEGES, OR MEDICAL SOCIETY MEMBERSHIP REVOKED, SUSPENDED OR RESTRICTED ON GROUNDS OF UNPROFESSIONAL CONDUCT, INCOMPETENCE, NEGLIGENCE, OR UNSAFE PRACTICES? ☐ YES ☒ NO
3. HAVE YOU EVER BEEN CONVICTED OF ANY GROSS MISDEMEANOR OR FELONY RELATING TO THE PRACTICE OF MEDICINE? ☐ YES ☒ NO
4. HAVE YOU EVER BEEN THE RECIPIENT OF ANY DISCIPLINARY ACTION, INCLUDING REPRIMAND OR HAVE YOU EVER ENTERED A STIPULATED AGREEMENT OR AGREED TO DISCONTINUE AN ACT ALLEGED AS A VIOLATION OF LAW OR AN UNSAFE PRACTICE? ☐ YES ☒ NO

IF RESPONSE TO 1, 2, 3, OR 4 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF ORDERS, STIPULATIONS, AGREEMENTS, CHARGES, JUDGEMENTS, SENTENCE, FINDINGS AND NATURE OF DECISIONS. IF ON PAROLE OR PROBATION, INCLUDE A LETTER FROM THE SUPERVISING OFFICER INDICATING PROGRESS.

5. HAVE YOU EVER BEEN FOUND GUILTY OF THE VIOLATION OF ANY DRUG LAW, OR PRESCRIBING CONTROLLED SUBSTANCES FOR YOURSELF? ☐ YES ☒ NO
6. HAVE YOU EVER BEEN INVOLVED IN THE POSSESSION, USE, PRESCRIPTION FOR USE, OR DIVERSION OF CONTROLLED SUBSTANCES OR LEGEND DRUGS IN ANY OTHER THAN FOR LEGITIMATE OR THERAPEUTIC PURPOSES? ☐ YES ☒ NO
7. HAVE YOU EVER VOLUNTARILY SUBMITTED OR BEEN REQUIRED TO SUBMIT FOR TREATMENT FOR ALCOHOL DEPENDENCY? ☐ YES ☒ NO

IF RESPONSE TO 5, 6 OR 7 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF CHARGES, SENTENCE, ORDER, STIPULATION AND/OR DISPOSITION. ALSO INCLUDE LETTERS FROM THE TREATING PROFESSIONAL AND/OR INSTITUTION STATING DETAILS OF CONDITION OR ADDICTION, TREATMENT AND PROGNOSIS.

8. HAVE YOU EVER RECEIVED TREATMENT FOR A MENTAL ILLNESS? ☐ YES ☒ NO
9. HAVE YOU EVER BEEN RELEASED FROM OR RESTRICTED IN A MEDICAL PROGRAM BECAUSE OF A MENTAL CONDITION OR ILLNESS? ☐ YES ☒ NO

IF RESPONSE TO 8 OR 9 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF DIAGNOSIS, TREATMENT, OR PROGNOSIS ALONG WITH LETTERS FROM ANY TREATING PHYSICIAN AND/OR PROFESSIONAL STATING DETAILS OF CONDITION AND PROGNOSIS.

10. HAVE YOU EVER VOLUNTARILY GIVEN UP PRIVILEGES, A LICENSE TO PRACTICE, OR AGREED TO RESTRICT YOUR PRACTICE IN LIEU OF OR TO AVOID FORMAL ACTION? (IF YES, PROVIDE A NOTARIZED STATEMENT OF EXPLANATION) ☐ YES ☒ NO
11. HAVE YOU BEEN NAMED IN ANY MALPRACTICE SUITS ALLEGING YOUR INCOMPETENCE OR NEGLIGENCE IN THE PRACTICE OF MEDICINE? IF YES, INCLUDE THE NATURE OF THE CASE, DATE, AND SUMMARIZE CARE GIVEN. ENCLOSE A COPY OF THE ORIGINAL COMPLAINT AND SETTLEMENT OR FINAL DISPOSITION. IF PENDING, INDICATE THE STATUS. ☐ YES ☒ NO

FAILURE TO GIVE COMPLETE AND TRUE INFORMATION CONSTITUTES CAUSE FOR DENIAL OF YOUR APPLICATION FOR LICENSURE

5/8/90
436

SARA CATE
RUSSELL MAIER
2410 E CALHOUN ST 328-1375
SEATTLE, WA 98112

0864

4/18 '90

98-8102/3251

Pay to the order of State of Washington Dept of Licensing \$ 325.00
Three hundred twenty-five and no/100 dollars



WASHINGTON STATE
EMPLOYEES CREDIT UNION
1410 N.E. 40th, Seattle, WA 98105

for _____

[Signature]

2 - Personal Information - Bank Account and Credit/Debit Card Information - RC...

0864

INTERCHECKS INC. - FIRST BLOOM

EDUCATION AND EXPERIENCE

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training. (ATTACH ADDITIONAL 8 1/2 x 11 SHEET 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	ATTENDANCE				DIPLOMA OR DEGREE OBTAINED QUOTE TITLES IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH
		ENTRANCE		LEAVING		
		CLASS/ GRADE	DATE MO./YR.	CLS/GRD CMPLT.	DATE MO./YR.	
Medical Education (List all Medical Schools Attended)						
Univ. of Wash. School of Medicine	4	freshman	9/84	senior	6/88	Medical Doctor
Post-Graduate Training (List all programs attended)						
Univ. of Michigan School of Public Health	2	1st year	9/81	2nd year	6/83	Masters of Public Health

IN CHRONOLOGICAL ORDER LIST ALL PROFESSIONAL EXPERIENCE RECEIVED SINCE GRADUATION FROM MEDICAL SCHOOL TO THE PRESENT. (EXCLUDE ACTIVITIES LISTED UNDER OTHER SECTIONS.) (ATTACH ADDITIONAL 8 1/2 x 11 SHEET IF NECESSARY)

INDICATE NATURE OF EXPERIENCE OR PRACTICE	INCLUSIVE DATES OF EXPERIENCE	
	BEGINNING MO./YR.	ENDING MO./YR.
University of Washington Family Medicine Residency program. I will have completed 2 out of 3 years of this program by 6/90	7/1/88 ^{PR}	6/90

FIFTH PATHWAY

(ATTACH ADDITIONAL 8 1/2 x 11 SHEET IF NECESSARY)

NAME AND LOCATION OF MEDICAL SCHOOL	NAME AND LOCATION OF HOSPITAL	INCLUSIVE DATES ATTENDED

PLEASE LIST HOSPITALS WHERE PRIVILEGES HAVE BEEN GRANTED WITHIN THE PAST FIVE (5) YEARS.

(FOR LOCUM TENENS, ENTER ONLY THOSE OF A 30 DAY OR LONGER DURATION. SEE INSTRUCTIONS REGARDING REPORTS AND VERIFICATION.) (ATTACH ADDITIONAL 8 1/2 x 11 SHEET IF NECESSARY.)



NOTE: IF ADDITIONAL 8 1/2 x 11 SHEET(S) ATTACHED, PLEASE LABEL AS TO SUBJECT, i.e., FIFTH PATHWAY.

LICENSES IN OTHER STATES/COUNTRIES

List all licenses to practice medicine obtained in other states or provinces of Canada. (Include whether active or inactive).

STATE, COUNTRY OR PROVINCE	DATE LICENSE ISSUED	NUMBER	BASIS OF LICENSURE		STATUS OF LICENSE ACTIVE/INACTIVE	ANY LIMITATIONS ON LICENSE
			EXAMINATION (DATE PASSED)	ENDORSEMENT		

AFFIDAVIT

I, Sara Irene Cate, being first duly sworn, depose and say that
PRINT OR TYPE FULL NAME OF APPLICANT

I am the person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of Washington; that I am the person named in the documents presented in support of this application; that I am the lawful holder of a medical diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentations.

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 Board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Board may request a physical or mental evaluation to determine my fitness for practice.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice in the State of Washington

Applicant's Signature Sara Irene Cate

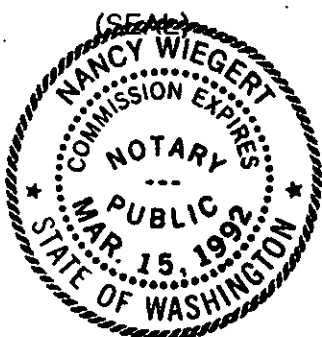
Subscribed and sworn to before me this 15th

day of March, 1990

Nancy Wiegert

Notary Public for the state of Washington

Residing at Seattle





STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98504 • (206) 753-6918

**CERTIFICATION OF COMPLETION
AIDS EDUCATION AND TRAINING**

APPLICANT: Please complete the form below in full, attach a copy of the certificate of attendance and return to:

Department of Licensing
Professional Licensing Division
P.O. Box 9649
Olympia, WA 98504

PLEASE PRINT OR TYPE
Applicant Name Cate Sara Irene
LAST FIRST MIDDLE
Street Address 2410 East Calhoun
City Seattle State WA ZIP 98112
Date of Birth 9 1 5 1 57
Profession for which I am now applying _____

I certify that I have received 4 hours of AIDS education and training through University
ORGANIZATION, COLLEGE, UNIVERSITY, ETC.
of Washington Family Medicine on Between dates 7/89 - present
DATE

which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations, and have attached a certificate of attendance.

I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

Sara Cate M.D. 3/16/90
SIGNATURE DATE



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98504 • (206) 753-6918

**VERIFICATION OF AIDS EDUCATION
CURRICULUM CONTENT**

APPLICANT: Please complete top portion and forward to college, university, etc. If your name has changed since attending, please include the one under which your records are filed.

PLEASE PRINT OR TYPE

Applicant Name

LAST

FIRST

MIDDLE

Date of Birth

9 / 5 / 87

Social Security Number

1 - DOH Licensee Social Security Number - RCW 42...

TO ASSIST THE SCHOOL IN LOCATING YOUR RECORDS

Profession for which I am applying

REGISTRAR, DEPARTMENT HEAD: The above applicant is required to provide verification of AIDS Education and Training for a minimum of 4 hours in the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality and psychosocial issues to include special population considerations. The training must have been received after January 1, 1987. Please complete the form below and return to:

Department of Licensing
Professional Licensing
P.O. Box 9649
Olympia, WA 98504

Thank you for your assistance.

PLEASE PRINT OR TYPE

Applicant Name

LAST

FIRST

MIDDLE

Dates of AIDS education and training

Contact hours

I certify that the above individual received the stated hours in the topics outlined for AIDS education and training while enrolled in this program and that the requirement was met after January 1, 1987.

Name

Title

School/Program

In State Of

Date

SCHOOL SEAL



UNIVERSITY OF WASHINGTON ACADEMIC TRANSCRIPT

Office of the Registrar
260 Schmitz Hall, PD-10
Seattle, Wa 98195
MAR 27 1990

MAR 26 1990
B.C.V.D.

STUDENT NAME
CATE, SARA IRENE

STUDENT NUMBER
7925941

CLASSIFICATION
4TH YR PROF

SOC SEC NO
1-DOH Licensee
COLLEGE/MAJOR
MEDICINE/
MEDICINE

BIRTHDATE
09/05/57

HIGH SCHOOL
SAMMAMISH HIGH SCH
WASHINGTON RESIDENCY
RESIDENT

HS GRAD
06/10/75
SEX
FEMALE

DATE PRINTED
03/22/90
TRA1010

PAGE
1
CONTROL
180

CURRENT STATUS
NO LONGER ENROLLED (LAST QTR SPRING 1988)

STUDENT AUTHORIZES RELEASE OF DIRECTORY INFORMATION

COURSE TITLE CREDITS GRADE
UNIVERSITY OF WASHINGTON DEGREES EARNED:
DOCTOR OF MEDICINE
SPRING 1988 (06/11/88)
UW: 259.5 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 0.00
THESIS/COMMENT:
"MEDICAL THESIS HONORS 1988"

SUMMARY OF TRANSFER CREDIT
SWARTHMORE COLLEGE 0.0 BA 1979
TRANSFER CREDIT ACCEPTED: 0.0

ENGL 353 AMER LIT LATER 19C NONMAT 6
PHYS 114 GENERAL PHYSICS 5.0 3.3
PHYS 115 GENERAL PHYSICS 4.0 3.9
PHYS 117 GENERAL PHYSICS LAB 4.0 3.2
PHYS 118 GENERAL PHYSICS LAB 1.0 CR
QTR ATTEMPTED: 15.0 EARNED: 15.0 GPA: 3.45

RUSS 402 WINTER 1980 NONMAT 6
PHYS 116 ADVANCED RUSS 5.0 3.0
PHYS 119 GENERAL PHYSICS 4.0 2.7
QTR ATTEMPTED: 10.0 EARNED: 10.0 GPA: 2.87

RUSS 381 SUMMER 1980 RUSS 5
RUSS 382 PHONETICS LENINGRAD 2.0 4.0
RUSS 383 SYNTAX LENINGRAD 2.0 4.0
RUSS 384 CONV LENINGRAD 4.0 4.0
QTR ATTEMPTED: 12.0 EARNED: 12.0 GPA: 4.00

HUBIO 510 AUTUMN 1984 MED 11
HUBIO 511 P-ANAT(MICRO) 3.0 S
HUBIO 512 GROSS ANAT&EMBRY 3.5 S
HUBIO 513 P-MECH CELL PHYSIOL 5.0 S
HUBIO 514 P-INTRO CLIN MED 1.0 S
HUBIO 515 P-BIOCHEM 4.0 S
HUBIO 516 P-THE AGES OF MAN 3.0 S
BI HS 511 P-CELL BIOLOGY 2.0 S
QTR ATTEMPTED: 22.5 EARNED: 22.5 GPA: 0.00

HUBIO 520 WINTER 1985 MED 11
HUBIO 521 P-CELL&TISS RESPONS 6.0 S
HUBIO 522 P-HIS INF DIS&CHEM 6.0 S
HUBIO 524 P-INTRO CLIN MED 1.0 S
HUBIO 525 P-BIOCHEM 2.0 S
QTR ATTEMPTED: 18.5 EARNED: 18.5 GPA: 0.00

COURSE TITLE CREDITS GRADE
SPRING 1985 MED 11
HUBIO 530 P-EPIDEMIOLOGY 2.0 S
HUBIO 531 P-HEAD NECK & ENT 5.0 S
HUBIO 532 P-NERVOUS SYSTEM 6.0 S
HUBIO 533 P-SYS HU BEHAV I 3.0 S
HUBIO 535 P-INTRO CLIN MED 4.0 S
FAMED 501 P-INT FAM MED PCPT 2.5 S
QTR ATTEMPTED: 22.5 EARNED: 22.5 GPA: 0.00

FAMED 520 AUTUMN 1985 MED 12
HUBIO 540 P-CNT CLKSHP FAMED 3.0 H
HUBIO 542 P-CV RESPIRATRY SYS 9.5 S
HUBIO 543 P-INTRO CLIN MED 2.5 S
HUBIO 544 P-PRIN PHARM I 4.0 S
HUBIO 545 P-ENDOCRINE SYSTEM 2.5 S
QTR ATTEMPTED: 25.0 EARNED: 25.0 GPA: 0.00

FAMED 521 WINTER 1986 MED 12
HUBIO 550 P-CONT CLKSHP FAMED 3.0 H
HUBIO 551 P-INTRO CLIN MED 3.5 S
HUBIO 553 P-G I SYSTEM 4.0 S
HUBIO 554 P-MUSCULOSKELETAL 4.5 S
HUBIO 555 P-GENETICS 2.5 H
HUBIO 556 P-MED HLTH & SOC 3.5 S
QTR ATTEMPTED: 23.0 EARNED: 23.0 GPA: 0.00

FAMED 522 SPRING 1986 MED 12
HUBIO 560 P-CONT CLKSHP FAMED 2.0 H
HUBIO 561 P-INTRO CLIN MED 5.0 S
HUBIO 562 P-HEMATOLOGY 3.0 S
HUBIO 563 P-URINARY SYSTEM 4.0 S
HUBIO 564 P-SYST HU BEHAV II 3.0 S
HUBIO 566 P-PRIN OF PHARM II 3.0 S
QTR ATTEMPTED: 22.0 EARNED: 22.0 GPA: 0.00

MED 665 SUMMER 1986 MED 12
QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00

PEDS 663 AUTUMN 1986 MED 13
OB GY 670 P-PED GEN CLKSHIP 12.0 S
QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00

PBSCI 665 WINTER 1987 MED 13
SURG 665 P-CLIN CLERKSHIPS 12.0 H
QTR ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00

*** CONTINUED ON PAGE 2 ***

RECIPIENT

STATE OF WASHINGTON
BOARD OF MEDICAL EXAMINERS
P O BOX 1099
OLYMPIA, WA 98507

THIS IS AN OFFICIAL TRANSCRIPT ONLY IF SIGNED
BY THE REGISTRAR AND EMBOSSED WITH THE SEAL
OF THE UNIVERSITY OF WASHINGTON.

IT MAY NOT BE RELEASED TO ANOTHER PARTY WITHOUT
CONSENT OF THE STUDENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND — NOT A WHITE BACKGROUND
AN EXPLANATION OF GRADE POINT EQUIVALENTS AND SYMBOLS APPEARS ON THE BACK OF THIS DOCUMENT.

This document is printed on safety paper and is official if it bears the University of Washington seal with the Registrar's signature. The face of the transcript is blue colored. If the transcript is copied, the word "VOID" will appear in shadow outline on the face. Use of ink eradicator or eraser will be evident and eliminate colored background.

EXPLANATION OF SYMBOLS: The University of Washington is on the quarter system. Grades are numeric, the value being 4.0, 3.9, and decreasing by 1/10 to 0.7. The number 0.0 is a failing grade. 4.0 is the highest grade and 0.0 is the lowest. Letter grades: I, incomplete; N, satisfactory without grade; S, passing grade for courses taken on a satisfactory/not-satisfactory basis; NS-, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, credit awarded in a course offered on a credit/no credit basis only; NC, credit not awarded in a course offered on a credit/no credit basis only; W, withdrawal during the first four weeks of the quarter or official withdrawal from the University; "W", peremptory drop made during the fifth through the tenth week of the quarter; HW, hardship withdrawal; X, no grade submitted. Course titles preceded by the letter "H" are honors courses.

NUMERIC GRADE POINT EQUIVALENTS: 4.0-3.9, A; 3.8-3.5, A-; 3.4-3.2, B+; 3.1-2.9, B; 2.8-2.5, B-; 2.4-2.2, C+; 2.1-1.9, C; 1.8-1.5, C-; 1.4-1.2, D+; 1.1-0.9, D; 0.8-0.7, D-; 0.6-0.0, E; S, for undergraduates 2.0 and above (prior to Autumn 1985 1.7 and above); S, for graduate students 2.7 and above; NS, for undergraduates a grade less than 2.0 (prior to Autumn 1985 a grade less than 1.7); NS, for graduate students a grade less than 2.7.

Lowest passing grade for graduate students: 1.7.

Lowest passing grade for undergraduates: 0.7.

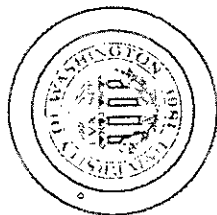
SCHOOL OF LAW: Numerical grades: credit awarded for grades of 4.0 through 2.3. Letter grades: CR, NC, I, N, "W", HW.

SCHOOL OF MEDICINE: Letter grades: H (Honors), S, NS, CR, NC, I, N.

SCHOOL OF DENTISTRY: Numerical grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7 (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to Spring Quarter 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SPECIAL SYMBOLS

Grades followed by a /I indicate an incomplete was initially awarded but a final grade has been received. Prior to Winter 1983 /R indicates course was repeated and only the last grade will count in grade point average. Effective Winter 1983 /D R for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once.



EXPLANATION OF SYMBOLS USED PRIOR TO SUMMER QUARTER 1976: A, honor; B, good; C, medium; D, poor (low pass); E, fail or unofficial withdrawal; EW, failing work at time of official withdrawal after the first fifteen calendar days of the quarter; PW, passing work at time of withdrawal after the first fifteen calendar days of the quarter; S, passing for courses 500 and above and for undergraduate courses taken on a satisfactory/not-satisfactory basis; NS, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, courses offered or taken on a credit/no credit basis where credit is awarded; NC, courses offered or taken on a credit/ no credit basis where credit is not awarded.

COURSE LEVEL: Lower division, 100-299; upper division, 300-499; graduate, 500 and above.

GRADE AND CREDIT SUMMARIES

The grade and credit summaries for undergraduate students reflect all courses completed and attempted at the University prior to the degree. Graduate student summaries reflect only courses taken while the student was enrolled as a graduate student in the final graduate major.

TRANSCRIPTS

Most student records were converted to a new transcript system in Winter Quarter 1983. You may receive two types of transcripts. The new transcripts are vertically printed and courses and grades supersede the horizontally printed record.

The University of Washington is accredited by the
Northwest Association of Schools and Colleges.

This educational record is subject to the
Educational Rights and Privacy Act of 1974, as
amended. It is furnished for official use only
and may not be released to or accessed by out-
side agencies or third parties without the
written consent of the student concerned.



UNIVERSITY OF WASHINGTON ACADEMIC TRANSCRIPT

Office of the Registrar
260 Schmitz Hall, PD-10
Seattle, Wa 98195

STUDENT NAME
CATE, SARA IRENE

STUDENT NUMBER
7925941

CLASSIFICATION
4TH YR PROF

SOC SEC NO
1 - DOH Licensee...

COLLEGE/MAJOR
MEDICINE/
MEDICINE

BIRTHDATE
09/05/57

HIGH SCHOOL
SAMMAMISH HIGH SCH

WASHINGTON RESIDENCY
RESIDENT

CURRENT STATUS

NO LONGER ENROLLED (LAST QTR SPRING 1988)

HS GRAD
06/10/75

SEX
FEMALE

DATE PRINTED
03/22/90

PAGE
2

CONTROL
TRA1010

CONTROL
180

STUDENT AUTHORIZES RELEASE OF DIRECTORY INFORMATION

COURSE	TITLE	CREDITS	GRADE
SPRING 1987			
EPI 600	INDEPNONT STDY/RSCH	10.0	CR
MED 682	P-CL CARD&ELECTROCA	8.0	H
REHAB 685	P-CHR DIS & DISABIL	4.0	S
QTR ATTEMPTED: 12.0 EARNED: 12.0 GPA: 0.00			
SUMMER 1987			
FAMED 653	P-CLCLK FAMED ANCH	8.0	S
FAMED 671	P-ADV PRCEP U S	6.0	S
SURG 684	P-TRAUMA&EMERG CARE	8.0	S
QTR ATTEMPTED: 22.0 EARNED: 22.0 GPA: 0.00			
AUTUMN 1987			
CONJ 680	P-ALC TREATMENT	4.0	S
OTOL 680	P-OTOLARYN CLKSHIP	8.0	S
QTR ATTEMPTED: 12.0 EARNED: 12.0 GPA: 0.00			
WINTER 1988			
CONJ 699	P-CLIN CLERKSHIPS	4.0	W
QTR ATTEMPTED: 0.0 EARNED: 0.0 GPA: 0.00			
WITHDREW 02/23/88			
SPRING 1988			
RADGY 693	P-INTRO CLIN RAD	8.0	S
QTR ATTEMPTED: 8.0 EARNED: 8.0 GPA: 0.00			

----- DEGREE EARNED 06/11/88 -----
DOCTOR OF MEDICINE
UW 259.5 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 0.00

CUMULATIVE CREDIT SUMMARY:

UW CREDITS ATTEMPTED 259.5 UW CREDITS EARNED 259.5
UW GRADED ATTEMPTED: 0.0 EXTENSION CREDITS 0.0
UW GRADED EARNED: 0.0 TRANSFER CREDITS 0.0
UW GRADE POINTS: 0.0
UW GRADE POINT AVG: 0.00 CREDITS EARNED 259.5

***** END OF RECORD *****

RECIPIENT

STATE OF WASHINGTON
BOARD OF MEDICAL EXAMINERS
P O BOX 1099
OLYMPIA, WA 98507

THIS IS AN OFFICIAL TRANSCRIPT ONLY IF SIGNED
BY THE REGISTRAR AND EMBOSSED WITH THE SEAL
OF THE UNIVERSITY OF WASHINGTON.

IT MAY NOT BE RELEASED TO ANOTHER PARTY WITHOUT
CONSENT OF THE STUDENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND — NOT A WHITE BACKGROUND
AN EXPLANATION OF GRADE POINT EQUIVALENTS AND SYMBOLS APPEARS ON THE BACK OF THIS DOCUMENT.



This document is printed on safety paper and is official if it bears the University of Washington seal with the Registrar's signature. The face of the transcript is blue colored. If the transcript is copied, the word "VOID" will appear in shadow outline on the face. Use of ink eradiator or eraser will be evident and eliminate colored background.

EXPLANATION OF SYMBOLS: The University of Washington is on the quarter system. Grades are numeric, the value being 4.0, 3.9, and decreasing by 1/10 to 0.7. The number 0.0 is a failing grade. 4.0 is the highest grade and 0.0 is the lowest. Letter grades: I, Incomplete; N, satisfactory without grade; S, passing grade for courses taken on a satisfactory/not-satisfactory basis; NS, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, credit awarded in a course offered on a credit/no credit basis only; NC, credit not awarded in a course offered on a credit/no credit basis only; W, withdrawal during the first four weeks of the quarter or official withdrawal from the University; *W, peremptory drop made during the fifth through the tenth week of the quarter; HW, hardship withdrawal; X, no grade submitted. Course titles preceded by the letter "H" are honors courses.

NUMERIC GRADE POINT EQUIVALENTS: 4.0-3.9, A; 3.8-3.5, A-; 3.4-3.2, B+; 3.1-2.9, B; 2.8-2.5, B-; 2.4-2.2, C+; 2.1-1.9, C; 1.8-1.5, C-; 1.4-1.2, D+; 1.1-0.9, D; 0.8-0.7, D-; 0.6-0.0, E; S, for undergraduates 2.0 and above (prior to Autumn 1985 1.7 and above); S, for graduate students 2.7 and above; NS, for undergraduates a grade less than 2.0 (prior to Autumn 1985 a grade less than 1.7); NS, for graduate students a grade less than 2.7.

Lowest passing grade for graduate students: 1.7.
Lowest passing grade for undergraduates: 0.7.

SCHOOL OF LAW: Numerical grades: credit awarded for grades of 4.0 through 2.3. Letter grades: CR, NC, I, N, *W, W, HW.

SCHOOL OF MEDICINE: Letter grades: H (Honors), S, NS, CR, NC, I, N.

SCHOOL OF DENTISTRY: Numerical grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7 (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to Spring Quarter 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SPECIAL SYMBOLS

Grades followed by a /I indicate an Incomplete was initially awarded but a final grade has been received. Prior to Winter 1983 /R indicates course was repeated and only the last grade will count in grade point average. Effective Winter 1983 /D R for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once.

EXPLANATION OF SYMBOLS USED PRIOR TO SUMMER QUARTER 1976:
A, honor; B, good; C, medium; D, poor (low pass); E, fail or unofficial withdrawal; EW, failing work at time of official withdrawal after the first fifteen calendar days of the quarter; PW, passing work at time of withdrawal after the first fifteen calendar days of the quarter; S, passing for courses 500 and above and for undergraduate courses taken on a satisfactory/not-satisfactory basis; NS, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, courses offered or taken on a credit/no credit basis where credit is awarded; NC, courses offered or taken on a credit/ no credit basis where credit is not awarded.

COURSE LEVEL: Lower division, 100-299; upper division, 300-499; graduate, 500 and above.

GRADE AND CREDIT SUMMARIES

The grade and credit summaries for undergraduate students reflect all courses completed and attempted at the University prior to the degree. Graduate student summaries reflect only courses taken while the student was enrolled as a graduate student in the final graduate major.

TRANSCRIPTS

Most student records were converted to a new transcript system in Winter Quarter 1983. You may receive two types of transcripts. The new transcripts are vertically printed and courses and grades supersede the horizontally printed record.

The University of Washington is accredited by the
Northwest Association of Schools and Colleges.

This educational record is subject to the
Educational Rights and Privacy Act of 1974, as
amended. It is furnished for official use only
and may not be released to or accessed by out-
side agencies or third parties without the
written consent of the student concerned.



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98507 (206) 753-2205

TO: Medical Post-Graduate Training Program Director
RE: Verification/Evaluation of Training

MEDICAL EX
JUL 27 1990
RCVD

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 shown below. Thank you for your attention to this matter.

// Sara I. Cate

September 5, 1957

Applicant (Please print or type)

(Birthdate)

Sara I. Cate
Signature of Applicant

TO: Board of Medical Examiners
P.O. Box 1099
Olympia, WA 98507-1099

- The above individual is or was engaged in post-graduate training in our program from June 25, 1988 *Beginning Date*
TO present *Ending Date*, in the field of Family Medicine.
- Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.) excellent resident, outstanding conduct and competence
- Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? YES _____ NO XX. If yes, please explain: _____
- Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? YES _____ NO XX. If yes, please provide documentation.
- We would appreciate any other documentation which you feel would assist us in the evaluation process.

Thank you.

NAME [Signature]
TITLE Assistant Professor and Director
Family Medicine Residency
HOSPITAL University of Washington Medical Center
(Please type or print)
ADDRESS Department of Family Medicine RF-30
University of Washington
Seattle, WA 98195
DATE 7/18/90

ENDORSEMENT OF CERTIFICATION

MEDICAL EXAMINER'S
MAR 28 1990
RCVD

NATIONAL BOARD OF MEDICAL EXAMINERS

OF THE

UNITED STATES OF AMERICA

Sara Irene Gate, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby
declared a Diplomate of the National Board of Medical Examiners.

Attest L. THOMPSON BOWLES, M.D., PH.D.

Chairman of the Board

SEAL ROBERT L. VOLLE, PH.D.

President of the Board

Philadelphia, Pa.

07/01/89

Certificate # 357670

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from U WASHINGTON SCH MEDICINE in JUNE 1988 and whose birth date is 09/05/1957. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<u>PART I passed 06/86</u>		
Anatomy	430	76
Physiology	345	71
Biochemistry	375	73
Pathology	450	77
Microbiology	335	70
Pharmacology	415	75
Behavioral Sciences	550	84
TOTAL TEST (Minimum Passing Score 380/75)	390	75
<u>PART II passed 09/87</u>		
Medicine	405	77
Surgery	380	76
Obstetrics and Gynecology	475	81
Public Health and Preventive Medicine	555	85
Pediatrics	485	81
Psychiatry	490	82
TOTAL TEST (Minimum Passing Score 290/75)	455	80
<u>PART III passed 03/89</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	470	81
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		78

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



Secretary for Certification

SEAL

03/22/90

Date

NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104
ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA Sara Irene Cate, M.D. having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.	
Attest L. THOMPSON BOWLES, M.D., PH.D. Chairman of the Board	SEAL ROBERT L. VOLLE, PH.D. President of the Board
Philadelphia, Pa. 07/01/89	Certificate # 357670

MEDICAL

RCVD

MEDICAL EXAMINER'S
JUN 19 1990

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from U WASHINGTON SCH MEDICINE in JUNE 1988 and whose birth date is 09/05/1957. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<u>PART I passed 06/86</u>		
Anatomy	430	76
Physiology	345	71
Biochemistry	375	73
Pathology	450	77
Microbiology	335	70
Pharmacology	415	75
Behavioral Sciences	550	84
TOTAL TEST (Minimum Passing Score 380/75)	390	75
<u>PART II passed 09/87</u>		
Medicine	405	77
Surgery	380	76
Obstetrics and Gynecology	475	81
Public Health and Preventive Medicine	555	85
Pediatrics	485	81
Psychiatry	490	82
TOTAL TEST (Minimum Passing Score 290/75)	455	80
<u>PART III passed 03/89</u>		
A General Test of Clinical Competence	470	81
TOTAL TEST (Minimum Passing Score 290/75)		
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		78

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

Melanie Valente

Secretary for Certification

SEAL

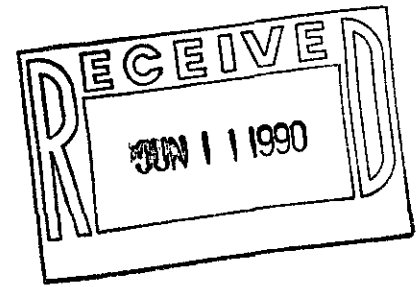
06/12/90

Date

TO THE APPLICANT

Complete the identifying information below and submit to:

**Federation of State Medical Boards
2630 West Freeway, Suite 138
Fort Worth, Texas 76102**



MEDICAL EXAMINER'S

JUN 19 1990

RCVD

**Attention: Teresa Hubbard
Coordinator of Disciplinary Data Bank**

**Department of Health
Board of Medical Examiners
P.O. Box 1099
Olympia, WA 98507-1099**

Date: 6/5/90

Dear Ms. Hubbard:

I am applying for licensure to practice medicine in the State of Washington. Please indicate on the lower portion of this letter if there is any previous or pending disciplinary action against my license(s) in any state(s) and send this information directly to Washington State Medical Board. Thank you for your assistance.

NAME:

Sara Cate

SSN #:

1 - DOH Licensee Social Security Number - RCW 42.56.3...

(S.S. # LACKS ONE DIGIT) 05404

MEDICAL SCHOOL OF GRADUATION:

Univ. of Washington

YEAR OF GRADUATION:

6/88

BIRTHDATE:

9-5-57

RESPONSE:

**WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN**

JUN 11 1990

James R. Winn, M.D.

**JAMES R. WINN, M.D.
EXECUTIVE VICE-PRESIDENT**

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

MEDICAL EXAMINER'S
JUN 26 1990
RCVD

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 06-15-90
TIME: 10:03 PM

NAME: CATE, SARA IRENE, M.D.
ADDRESS: UNIVERSITY HOSP-DEPT FAM-PR
SEATTLE WA 98195
BIRTHPLACE: NEW BEDFORD, MA
BIRTHDATE: 09/05/57
MEMBER OF AMA: NOT MEMBER
MEDICAL SCHOOL
UNIV OF WASHINGTON SCH OF MED, SEATTLE WA 98195
YEAR OF GRADUATION: 1988
LICENSES (INITIAL YEAR GRANTED BY STATE):
NONE REPORTED TO DATE
NATIONAL BOARD CERTIFICATION: 1989
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE
PHYSICIAN'S PROFESSIONAL ACTIVITIES: RESIDENT
SELF DESIGNATED SPECIALTIES
PRIMARY: FAMILY PRACTICE
SECONDARY: UNSPECIFIED
TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: INTERN
HOSPITAL: UNIVERSITY HOSP SEATTLE WA 98195
DATES OF TRAINING: 07/88-06/89 -- (CONFIRMED)
SPECIALTY: FAMILY PRACTICE
SPECIALTY: UNSPECIFIED

PREVIOUS MEDICAL TRAINING: NONE REPORTED TO DATE
FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES:
AMERICAN ACADEMY OF FAMILY PHYSICIANS

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1990 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. ***AMA FILES CHECKED

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; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT 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.

3014
100-100000
MEDICAL BOARD



FOR VALIDATION ONLY 02G-070-252-0009

APPLICATION FOR LICENSE TO

PRACTICE MEDICINE

4771	000	050	050990	325.00
------	-----	-----	--------	--------

MAKE REMITTANCE PAYABLE TO: STATE TREASURER

MAY 10 1990
RCVD

FOR OFFICE USE ONLY

CERTIFICATE NO. _____ ISSUE DATE _____ EXPIRATION DATE _____

APPLICATION FOR LICENSURE IS MADE BY: (check one)

☐ FLEX EXAMINATION WAIVER

☒ NATIONAL BOARD WAIVER

☐ LMCC (must have been obtained after 1969)

☐ ENDORSEMENT OF STATE EXAMINATION

FLEX EXAMINATION

State _____ DATE OF EXAMINATION REQUESTED (month and year) _____

FOR OFFICE USE ONLY

PROG (1)	TRANS (3)	PROF CODE (4)	PIC/CIC (5)		EXPIRATION DATE (9)	EXPT (10)	STAT (11)	TYPE (12)
LA		252-09						
KEY DATE (13)	CLASS (14)	ASSN (15)	BILLED AMOUNT (16)	SIGN	SPLIT	ORTD		

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME (20) Ute Jara Irene
LAST FIRST MIDDLE

ADDRESS (21) 2410 East Calhoun

CITY (24) Seattle STATE (25) WA ZIP (26) 98112 COUNTY (27) KING

TELEPHONE NUMBER (39) 548-4055 SOCIAL SECURITY NUMBER (40) 1 - DOH Licensee Social Security ...

WHERE YOU CAN BE REACHED DURING
NORMAL BUSINESS HOURS.

SOCIAL SECURITY NUMBER (40) 1 - DOH Licensee Social Security ...

REQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN IS VOLUNTARY AND IS NOT REQUIRED FOR LICENSING APPROVAL.

SEX (F or M) F BIRTHDATE 9 - 5 - 57
MO DAY YR

BIRTHPLACE New Bedford, Mass
CITY STATE COUNTY

MEDICAL SPECIALITY Family Medicine

MEDICAL SCHOOL Univ. of Washington School of
NAME/COUNTRY

FOR OFFICE USE ONLY	
EXAM DATE (42)	<input type="text"/>
VOTER DIST. (46)	<input type="text"/>
GRAD.	
YR./SCH. (48)	<input type="text"/>

YEAR GRADUATED 1988

HAVE YOU PREVIOUSLY APPLIED FOR A WASHINGTON STATE MEDICAL LICENSE OR LIMITED LICENSE? ☒ YES ☐ NO

LIST OTHER NAME(S) THAT APPEAR ON DOCUMENTS OR CREDENTIALS_____

FOLLOW CAREFULLY ALL INSTRUCTIONS IN GENERAL INSTRUCTIONS—ALL APPLICANTS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT OR REQUEST TO HAVE SUBMITTED, ALL REQUIRED SUPPORTING DOCUMENTS.

KRISTINE M. GEBBIE
Secretary



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Board of Medical Examiners

P.O. Box 1099 • MS: EY-17 • Olympia, Washington 98507-1099 • (206) 753-2844

May 28, 1990

Sara Irene Cate, M.D.
2410 East Calhoun
Seattle, Washington 98112

Dear Dr. Cate:

This is to acknowledge receipt of your application to practice medicine in the State of Washington. According to our records the following items have not been received for your application file:

AMA Profile

MDB Clearance

National Board Scores

Postgraduate Training Evaluation/Verification:

Statement of Postgraduate Training for 7/88 - 6/89 (not listed on application)

University of Washington, 7/89 - 6/90 (cannot be submitted until 6/90 when postgraduate training is completed)

Upon receipt of the above mentioned items, your application will be considered complete and will be forwarded to a Board member for review.

If you have any additional questions, please feel free to contact this office.

Sincerely,

Donna Bernal
Program Representative
(206) 753-2205



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98504 • (206) 753-6918

MEDICAL EXAMINER'S
JUL 09 1990
RCVD

TO: Medical Post-Graduate Training Program Director
RE: Verification/Evaluation of Training

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 shown below. Thank you for your attention to this matter.

Sara Irene Cate

Applicant (Please print or type)

9-5-57

(Birthdate)

Sara I. Cate

Signature of Applicant

TO: Department of Licensing
Division of Professional Licensing
Health Care Licensing
P.O. Box 9649
Olympia, WA 98504

1. The above individual is or was engaged in post-graduate training in our program from 7/1/89
Beginning Date
TO 6/31/91, In the field of Family Medicine
Ending Date

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

3. Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? YES _____ NO XX . 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 XX . If yes, please provide documentation.

5. We would appreciate any other documentation which you feel would assist us in the evaluation process.

Thank you:

SIGNED

DATE July 2, 1990

NAME

TITLE Family Medicine Residency Director

HOSPITAL University of Washington Medical Cent

(Please type or print)

ADDRESS Department of Family Medicine RF-30
University of Washington Medical Ctr
Seattle, WA 98195

DATE April 30, 1990

James Nugro, M.D.
7726
Family Medicine



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98504 • (206) 753-6918

TO: Medical Post-Graduate Training Program Director
RE: Verification/Evaluation of Training

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 shown below. Thank you for your attention to this matter.

Sara Irene Cate

Applicant (Please print or type)

9-5-57

(Birthdate)

Sara I. Cate

Signature of Applicant

TO: Department of Licensing
Division of Professional Licensing
Health Care Licensing
P.O. Box 9649
Olympia, WA 98504

- The above individual is or was engaged in post-graduate training in our program from 7/1/89 Beginning Date
TO 6/31/91 Ending Date, In the field of Family Medicine.
- Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.) Excellent performance and competence; highest standards of conduct.
- Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? YES _____ NO XX . If yes, please explain: _____
- Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? YES _____ NO XX . If yes, please provide documentation.
- We would appreciate any other documentation which you feel would assist us in the evaluation process.

Thank you.

NAME James Nuovo, M.D.
7726
Family Medicine
TITLE Family Medicine Residency Director
HOSPITAL University of Washington Medical Center
(Please type or print)
ADDRESS Department of Family Medicine RF-30
University of Washington Medical Ctr.
Seattle, WA 98195
DATE April 30, 1990



UNIVERSITY OF WASHINGTON ACADEMIC TRANSCRIPT

Office of the Registrar
260 Schmitz Hall, PD-10
Seattle, Wa 98195

STUDENT NAME: CATE, SARA IRENE
STUDENT NUMBER: 7925941
CLASSIFICATION: 4TH YR PROF
HIGH SCHOOL: SAMMAMISH HIGH SCH
WASHINGTON RESIDENCY: RESIDENT
CURRENT STATUS: NO LONGER ENROLLED (LAST QTR SPRING 1988)
HS GRAD: 06/10/75
SEX: FEMALE
DATE PRINTED: 06/28/88
PAGE: 219
STUDENT AUTHORIZES RELEASE OF DIRECTORY INFORMATION

COURSE	TITLE	CREDITS	GRADE
SUMMARY OF TRANSFER CREDIT:			
SWARTHMORE COLLEGE		0.0	BA 1979
TRANSFER CREDIT ACCEPTED:		0.0	

AUTUMN 1979			
ENGL	353 AMER LIT LATER 19C	5.0	3.3
PHYS	114 GENERAL PHYSICS	4.0	3.9
PHYS	115 GENERAL PHYSICS	4.0	3.2
PHYS	117 GENERAL PHYSICS LAB	1.0	CR
PHYS	118 GENERAL PHYSICS LAB	1.0	CR
QTR	ATTEMPTED: 15.0 EARNED:	15.0	GPA: 3.45
WINTER 1980			
RUSS	402 ADVANCED RUSS	5.0	3.0
PHYS	116 GENERAL PHYSICS	4.0	2.7
PHYS	119 GENERAL PHYSICS LAB	1.0	CR
QTR	ATTEMPTED: 10.0 EARNED:	10.0	GPA: 2.87
SUMMER 1980			
RUSS	381 PHONETICS LENINGRAD	2.0	4.0
RUSS	382 SYNTAX LENINGRAD	2.0	4.0
RUSS	383 CONV LENINGRAD	4.0	4.0
RUSS	384 SOV CULT LENINGRAD	4.0	4.0
QTR	ATTEMPTED: 12.0 EARNED:	12.0	GPA: 4.00
AUTUMN 1984			
HUBIO	510 P-ANAT(MICRO)	3.0	S
HUBIO	511 GROSS ANAT&EMBRY	3.5	S
HUBIO	512 P-MECH CELL PHYSIOL	5.0	S
HUBIO	513 P-INTRO CLIN MED	1.0	S
HUBIO	514 P-BIOCHEM	4.0	S
HUBIO	515 P-THE AGES OF MAN	3.0	S
HUBIO	516 P-CELL BIOLOGY	2.0	S
BI HS	511 P-TOP BIOMED ETHICS	1.0	S
QTR	ATTEMPTED: 22.5 EARNED:	22.5	GPA: 0.00
WINTER 1985			
HUBIO	520 P-CELL&TISS RESPON	6.0	S
HUBIO	521 P-HIS INF DIS&CHEM	6.0	S
HUBIO	522 P-INTRO CLIN MED	1.0	S
HUBIO	524 P-BIOCHEM	2.0	S
HUBIO	525 P-GROSS ANAT &EMBRY	3.5	S
QTR	ATTEMPTED: 18.5 EARNED:	18.5	GPA: 0.00
SPRING 1985			
HUBIO	530 P-EPIDEMIOLGY	2.0	S
HUBIO	531 P-HEAD, NECK & ENT	5.0	S
HUBIO	532 P-NERVOUS SYSTEM	6.0	S
HUBIO	533 P-SYS HU BEHAV I	3.0	S
HUBIO	535 P-INTRO CLIN MED	4.0	S
FAMED	501 P-INT FAM MED PRCP	2.5	S
QTR	ATTEMPTED: 22.5 EARNED:	22.5	GPA: 0.00

COURSE	TITLE	CREDITS	GRADE
AUTUMN 1985			
FAMED	520 P-CNT CLKSH FAMED	3.0	H
HUBIO	540 P-CV-RESPIRATRY SYS	9.5	S
HUBIO	542 P-INTRO CLIN MED	2.5	S
HUBIO	543 P-PRIN PHARM I	4.0	S
HUBIO	544 P-ENDOCRINE SYSTEM	2.5	S
HUBIO	545 P-REPRODUC BIOL	3.5	S
QTR	ATTEMPTED: 25.0 EARNED:	25.0	GPA: 0.00
WINTER 1986			
FAMED	521 P-CNT CLKSH FAMED	3.0	H
HUBIO	550 P-INTRO CLIN MED	3.5	S
HUBIO	551 P-G I SYSTEM	4.0	S
HUBIO	553 P-MUSCULOSKELETAL	4.5	S
HUBIO	554 P-GENETICS	2.5	H
HUBIO	555 P-MED HLTH & SOC	3.5	S
HUBIO	556 P-SKIN SYSTEM	2.0	S
QTR	ATTEMPTED: 23.0 EARNED:	23.0	GPA: 0.00
SPRING 1986			
FAMED	522 P-CNT CLKSH FAMED	2.0	H
HUBIO	560 P-INTRO CLIN MED	5.0	S
HUBIO	561 P-HEMATOLOGY	3.0	S
HUBIO	562 P-URINARY SYSTEM	4.0	S
HUBIO	563 P-SYST HU BEHAV II	3.0	S
HUBIO	564 P-PRIN OF PHARM II	3.0	S
HUBIO	566 P-SYSTEMIC PATH	2.0	S
QTR	ATTEMPTED: 22.0 EARNED:	22.0	GPA: 0.00
SUMMER 1986			
MED	665 P-CL CLERKSHIPS	24.0	S
QTR	ATTEMPTED: 24.0 EARNED:	24.0	GPA: 0.00
AUTUMN 1986			
PEDS	663 P-PED GEN CLKSHIP	12.0	S
OB GY	670 P-OB GY CLERK GH	12.0	S
QTR	ATTEMPTED: 24.0 EARNED:	24.0	GPA: 0.00
WINTER 1987			
PBSCI	665 P-CLIN CLERKSHIPS	12.0	H
SURG	665 P-CLIN CLERKSHIP	12.0	S
QTR	ATTEMPTED: 24.0 EARNED:	24.0	GPA: 0.00
SPRING 1987			
EPI	600 INDEPNDNT STDY/RSCH	10.0	CR
MED	682 P-CL CARD&ELECTROCA	8.0	H
REHAB	685 P-CHR DIS & DISABIL	4.0	S
QTR	ATTEMPTED: 12.0 EARNED:	12.0	GPA: 0.00
SUMMER 1987			
FAMED	653 P-CLCLK FAMED ANCH	8.0	S
FAMED	671 P-ADV PRCP U S	6.0	S
SURG	684 P-TRAUMA&EMERG CARE	8.0	S
QTR	ATTEMPTED: 22.0 EARNED:	22.0	GPA: 0.00

*** CONTINUED ON PAGE 2 ***

RECIPIENT

STATE OF WASHINGTON
DEPT. OF LICENSING
P.O. BOX 9649
OLYMPIA, WA 98504

THIS IS AN OFFICIAL TRANSCRIPT ONLY IF SIGNED
BY THE REGISTRAR AND EMBOSSED WITH THE SEAL
OF THE UNIVERSITY OF WASHINGTON.

IT MAY NOT BE RELEASED TO ANOTHER PARTY WITHOUT
CONSENT OF THE STUDENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND — NOT A WHITE BACKGROUND
AN EXPLANATION OF GRADE POINT EQUIVALENTS AND SYMBOLS APPEARS ON THE BACK OF THIS DOCUMENT.

This document is printed on safety paper and is official if it bears the University of Washington seal with the Registrar's signature. The face of the transcript is blue colored. If the transcript is copied, the word "VOID" will appear in shadow outline on the face. Use of ink eradiator or eraser will be evident and eliminate colored background.

EXPLANATION OF SYMBOLS: The University of Washington is on the quarter system. Grades are numeric, the value being 4.0, 3.9, and decreasing by 1/10 to 0.7. The number 0.0 is a failing grade. 4.0 is the highest grade and 0.0 is the lowest. Letter grades: I, incomplete; N, satisfactory without grade; S, passing grade for courses taken on a satisfactory/not-satisfactory basis; NS-, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, credit awarded in a course offered on a credit/no credit basis only; NC, credit not awarded in a course offered on a credit/no credit basis only; W, withdrawal during the first four weeks of the quarter or official withdrawal from the University; *W, peremptory drop made during the fifth through the tenth week of the quarter; HW, hardship withdrawal; X, no grade submitted. Course titles preceded by the letter "H" are honors courses.

NUMERIC GRADE POINT EQUIVALENTS: 4.0-3.9, A; 3.8-3.5, A-; 3.4-3.2, B+; 3.1-2.9, B; 2.8-2.5, B-; 2.4-2.2, C-; 2.1-1.9, C; 1.8-1.5, C-; 1.4-1.2, D+; 1.1-0.9, D; 0.8-0.7, D-; 0.6-0.0, E; S, for undergraduates 2.0 and above (prior to Autumn 1985 1.7 and above); S, for graduate students 2.7 and above; NS, for undergraduates a grade less than 2.0 (prior to Autumn 1985 a grade less than 1.7); NS, for graduate students a grade less than 2.7.

Lowest passing grade for graduate students: 1.7.
Lowest passing grade for undergraduates: 0.7.

SCHOOL OF LAW: Numerical grades: credit awarded for grades of 4.0 through 2.3. Letter grades: CR, NC, I, N, *W, W, HW.

SCHOOL OF MEDICINE: Letter grades: H (Honors), S, NS, CR, NC, I, N.

SCHOOL OF DENTISTRY: Numerical grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7 (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to Spring Quarter 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SPECIAL SYMBOLS

Grades followed by a /I indicate an incomplete was initially awarded but a final grade has been received. Prior to Winter 1983 /R indicates course was repeated and only the last grade will count in grade point average. Effective Winter 1983 /D R for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once.



TRANSCRIPT OF ACADEMIC RECORD

EXPLANATION OF SYMBOLS USED PRIOR TO SUMMER QUARTER 1976:

A, honor; B, good; C, medium; D, poor (low pass); E, fail or unofficial withdrawal; EW, failing work at time of official withdrawal after the first fifteen calendar days of the quarter; PW, passing work at time of withdrawal after the first fifteen calendar days of the quarter; S, passing for courses 500 and above and for undergraduate courses taken on a satisfactory/not-satisfactory basis; NS, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, courses offered or taken on a credit/no credit basis where credit is awarded; NC, courses offered or taken on a credit/ no credit basis where credit is not awarded.

COURSE LEVEL: Lower division, 100-299; upper division, 300-499; graduate, 500 and above.

GRADE AND CREDIT SUMMARIES

The grade and credit summaries for undergraduate students reflect all courses completed and attempted at the University prior to the degree. Graduate student summaries reflect only courses taken while the student was enrolled as a graduate student in the final graduate major.

TRANSCRIPTS

Most student records were converted to a new transcript system in Winter Quarter 1983. You may receive two types of transcripts. The new transcripts are vertically printed and courses and grades supersede the horizontally printed record.

The University of Washington is accredited by the Northwest Association of Schools and Colleges.

This educational record is subject to the Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.



UNIVERSITY OF WASHINGTON ACADEMIC TRANSCRIPT

Office of the Registrar
260 Schmitz Hall, PD-10
Seattle, Wa 98195

STUDENT NAME
CATE, SARA IRENE

STUDENT NUMBER
7925941

CLASSIFICATION
4TH YR: PROF

DOB: SEP MD
1-DOH License...
COLLEGE/MAJOR
MEDICINE/
MEDICINE

BIRTHDATE
09/05/57

HIGH SCHOOL
SAMMAMISH-HIGH SCH

WASHINGTON RESIDENCY
RESIDENT

CURRENT STATUS
NO LONGER ENROLLED (LAST QTR SPRING 1988)

HS GRAD
06/10/75

SEX
FEMALE

DATE PRINTED
06/28/88

PAGE
2

CONTROL
219

STUDENT AUTHORIZES RELEASE OF DIRECTORY INFORMATION

COURSE	TITLE	CREDITS	GRADE
CONJ 680	AUTUMN 1987	MED	14
OTOL 680	P-ALC TREATMENT	4.0	S
OTOL 680	NO DESCRIPTION	8.0	S
QTR	ATTEMPTED: 12.0 EARNED: 12.0	GPA: 0.00	
CONJ 699	WINTER 1988	MED	14
QTR	P-CLIN CLERKSHIPS	4.0	W
QTR	ATTEMPTED: 0.0 EARNED: 0.0	GPA: 0.00	

WITHDREW 02/23/88

CONJ 699	SPRING 1988	MED	14
QTR	P-CLIN CLKSHPS	8.0	X
QTR	ATTEMPTED: 0.0 EARNED: 0.0	GPA: 0.00	

CUMULATIVE CREDIT SUMMARY:

UW CREDITS ATTEMPTED	251.5	UW CREDITS EARNED	251.5
UW GRADED ATTEMPTED	0.0	EXTENSION CREDITS	0.0
UW GRADED EARNED	0.0	TRANSFER CREDITS	0.0
UW GRADE POINTS	0.0		
UW GRADE POINT AVG	0.00	CREDITS EARNED	251.5

***** END OF RECORD *****

COURSE	TITLE	CREDITS	GRADE
--------	-------	---------	-------

RECIPIENT

STATE OF WASHINGTON
DEPT. OF LICENSING
P.O. BOX 9649
OLYMPIA, WA 98504

THIS IS AN OFFICIAL TRANSCRIPT ONLY IF SIGNED
BY THE REGISTRAR AND EMBOSSED WITH THE SEAL
OF THE UNIVERSITY OF WASHINGTON.

IT MAY NOT BE RELEASED TO ANOTHER PARTY WITHOUT
CONSENT OF THE STUDENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND — NOT A WHITE BACKGROUND
AN EXPLANATION OF GRADE POINT EQUIVALENTS AND SYMBOLS APPEARS ON THE BACK OF THIS DOCUMENT.

This document is printed on safety paper and is official if it bears the University of Washington seal with the Registrar's signature. The face of the transcript is blue colored. If the transcript is copied, the word "VOID" will appear in shadow outline on the face. Use of ink eradicator or eraser will be evident and eliminate colored background.

EXPLANATION OF SYMBOLS: The University of Washington is on the quarter system. Grades are numeric, the value being 4.0, 3.9, and decreasing by 1/10 to 0.7. The number 0.0 is a failing grade. 4.0 is the highest grade and 0.0 is the lowest. Letter grades: I, Incomplete; N, satisfactory without grade; S, passing grade for courses taken on a satisfactory/not-satisfactory basis; NS, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, credit awarded in a course offered on a credit/no credit basis only; NC, credit not awarded in a course offered on a credit/no credit basis only; W, withdrawal during the first four weeks of the quarter or official withdrawal from the University; "W", peremptory drop made during the fifth through the tenth week of the quarter; HW, hardship withdrawal; X, no grade submitted. Course titles preceded by the letter "H" are honors courses.

NUMERIC GRADE POINT EQUIVALENTS: 4.0-3.9, A; 3.8-3.5, A-; 3.4-3.2, B+; 3.1-2.9, B; 2.8-2.5, B-; 2.4-2.2, C+; 2.1-1.9, C; 1.8-1.5, C-; 1.4-1.2, D+; 1.1-0.9, D; 0.8-0.7, D-; 0.6-0.0, E; S, for undergraduates 2.0 and above (prior to Autumn 1985 1.7 and above); S, for graduate students 2.7 and above; NS, for undergraduates a grade less than 2.0 (prior to Autumn 1985 a grade less than 1.7); NS, for graduate students a grade less than 2.7.

Lowest passing grade for graduate students: 1.7.

Lowest passing grade for undergraduates: 0.7.

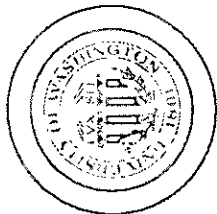
SCHOOL OF LAW: Numerical grades: credit awarded for grades of 4.0 through 2.3. Letter grades: CR, NC, I, N, "W, W, HW.

SCHOOL OF MEDICINE: Letter grades: H (Honors), S, NS, CR, NC, I, N.

SCHOOL OF DENTISTRY: Numerical grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7 (good); 2.3, 2.0 (low pass), 0.0 (failure). Prior to Spring Quarter 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

SPECIAL SYMBOLS

Grades followed by a /I indicate an Incomplete was initially awarded but a final grade has been received. Prior to Winter 1983 /R indicates course was repeated and only the last grade will count in grade point average. Effective Winter 1983 /D R for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once.



EXPLANATION OF SYMBOLS USED PRIOR TO SUMMER QUARTER 1976:

A, honor; B, good; C, medium; D, poor (low pass); E, fail or unofficial withdrawal; EW, failing work at time of official withdrawal after the first fifteen calendar days of the quarter; PW, passing work at time of withdrawal after the first fifteen calendar days of the quarter; S, passing for courses 500 and above and for undergraduate courses taken on a satisfactory/not-satisfactory basis; NS, not-satisfactory grade for courses taken on a satisfactory/not-satisfactory basis; CR, courses offered or taken on a credit/no credit basis where credit is awarded; NC, courses offered or taken on a credit/ no credit basis where credit is not awarded.

COURSE LEVEL: Lower division, 100-299; upper division, 300-499; graduate, 500 and above.

GRADE AND CREDIT SUMMARIES

The grade and credit summaries for undergraduate students reflect all courses completed and attempted at the University prior to the degree. Graduate student summaries reflect only courses taken while the student was enrolled as a graduate student in the final graduate major.

TRANSCRIPTS

Most student records were converted to a new transcript system in Winter Quarter 1983. You may receive two types of transcripts. The new transcripts are vertically printed and courses and grades supersede the horizontally printed record.

The University of Washington is accredited by the Northwest Association of Schools and Colleges.

This educational record is subject to the Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.



0021 000 656 070629

95.00

STATE OF WASHINGTON

DEPARTMENT OF LICENSING
P.O. Box 9649, Olympia, Washington 98504CERTIFICATION OF RESIDENCY

This is to certify that Sara I. Cate, M.D. has been
appointed as a resident* in Department of Family Medicine at
Service
the University of Washington Affiliated hospital for the period
beginning July 01, 1989. The individual
Mo Day Year

responsible for this resident's patient care activities will be

Sam C. Eggen
Director of Program
(Signature)

*Resident physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.055 and is serving a period of postgraduate 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.

HOSPITAL SEAL

MED-657-57
(R/01/78)

STATE OF WASHINGTON

DIVISION OF PROFESSIONAL LICENSING

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS LICENSED AS PROVIDED BY LAW AS A

LIMITED PHYSICIAN - RESIDENT

REF # CA-TE-S-I4390E
UNIVERSITY OF WASHINGTON
CATE, SARA IRENE
UNIVERSITY OF WASHINGTON
MEDICAL DIRECTORS OFFICE
MAIL STOP RD-30
SEATTLE WA 98195

DIRECTOR

NUMBER	ISSUED DATE	EXPIRATION DATE
252-14 FILE # 0002604	06-24-88	06-30-89

BILLFOLD COPY OF YOUR LICENSE

STATE OF WASHINGTON

REF # CA-TE-S-I4390E
LIMITED PHYSICIAN CLASS R
UNIVERSITY OF WASHINGTON
CATE, SARA IRENE
UNIVERSITY OF WASHINGTON
MEDICAL DIRECTORS OFFICE
MAIL STOP RD-30
SEATTLE WA 98195

DIRECTOR

NUMBER	Expiration Date
252-14 FILE # 0002604	06-30-89

MEDICAL BOARD WORKSHEET
"LIMITED LICENSE"

#2604

DOB 9/5/57

~~☑~~ FEE REC'D ~~☑~~ PHOTO ~~☑~~ AFFADAVIT

~~CHRONOLGY~~ missing _____ to _____

☒ VERIFICATION OF EMPLOYMENT (dates) 6-24-88 to _____

[] STATE CLEARANCE _____, _____, _____, _____

[]

[] STATE LICENSE

approved BZV disapproved _____ date _____



APPLICATION FOR LIMITED LICENSE TO PRACTICE MEDICINE

8899 000 070 051388

135.00

Limited license application is made in conjunction with employment in: (Check one)

- ☐ Institution
 ☐ County-City Health Dept.
 ☒ Internship-Residency
 ☐ Visiting Faculty
- ☐ Fellowship
 ☐ Teaching-Research
 ☐ Visiting Fellow

FOR OFFICE USE ONLY							
PROG (1)	TRANS (3)	PROF CODE (4)	PIC/CIC (5)	EXPIRATION DATE (9)	EXPT (10)	STAT (11)	TYPE (12)
LA		25214	CA-TE-*S-I4390E	0 00-00-00			
KEY DATE (13)		CLASS (1)		IGN		SPLIT	
		CATE, SARA IRENE				QTRD	

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME (20) Cate Sara Irene

Last First Middle

ADDRESS (21) University of Washington

(INSTITUTION) Medical Director's Office

RD-30

Seattle, WA 98195

CITY (24) King COUNTY (27) King

APPLICANT'S TELEPHONE NO. (39) 328-1375 / 455-4048 APPLICANT'S SOCIAL SECURITY NO. (40) 1-DOH Licensee Social Security Nu...

(Enter the number at which you can be reached during normal business hours)

(Requested for identification purposes only. Entering SSN is voluntary and is not mandatory for licensing approval.)

SEX (F or M) F DATE OF BIRTH 09/05/57

Mo. Day Year

MEDICAL SPECIALTY Family Medicine

INSTITUTION/HEALTH DEPT./MEDICAL SCHOOL/HOSPITAL:

(DBA-38) Dept of Family Medicine RF-30

School of Medicine, University of Washington, Seattle, WA 98195

INSTRUCTIONAL OR FELLOWSHIP PROGRAM: _____

MEDICAL SCHOOL ATTENDED: University of Washington School of Medicine

YEAR OF GRADUATION 1988

FOLLOW CAREFULLY ALL INSTRUCTIONS IN GENERAL INSTRUCTIONS—ALL APPLICANTS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT OR REQUEST TO HAVE SUBMITTED, ALL REQUIRED SUPPORTING DOCUMENTS.

IDENTIFICATION

HEIGHT 5' 4"	WEIGHT 120 lbs
COLOR OF EYES Grey/Blue	COLOR OF HAIR blond



NOTICE TO APPLICANTS: ALL PERSONS LICENSED UNDER THIS SECTION SHALL BE SUBJECT TO THE JURISDICTION OF THE MEDICAL DISCIPLINARY BOARD TO THE SAME EXTENT AS OTHER MEMBERS OF THE MEDICAL PROFESSION, IN ACCORDANCE WITH CHAPTERS 18.72 AND 18.130 RCW.

PERSONAL DATA

YES

NO

1. HAVE YOU EVER HAD A LICENSE TO PRACTICE MEDICINE SUSPENDED, REVOKED, RESTRICTED OR DENIED IN ANY STATE, FEDERAL OR FOREIGN JURISDICTION? ☐ YES ☒ NO
2. HAVE YOU EVER HAD HOSPITAL PRIVILEGES, OR MEDICAL SOCIETY MEMBERSHIP REVOKED, SUSPENDED OR RESTRICTED ON GROUNDS OF UNPROFESSIONAL CONDUCT, INCOMPETENCE, NEGLIGENCE, OR UNSAFE PRACTICES? ☐ YES ☒ NO
3. HAVE YOU EVER BEEN CONVICTED OF ANY GROSS MISDEMEANOR OR FELONY RELATING TO THE PRACTICE OF MEDICINE? ☐ YES ☒ NO
4. HAVE YOU EVER BEEN THE RECIPIENT OF ANY DISCIPLINARY ACTION, INCLUDING REPRIMAND OR HAVE YOU EVER ENTERED A STIPULATED AGREEMENT OR AGREED TO DISCONTINUE AN ACT ALLEGED AS A VIOLATION OF LAW OR AN UNSAFE PRACTICE? ☐ YES ☒ NO

IF RESPONSE TO 1, 2, 3, OR 4 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF ORDERS, STIPULATIONS, AGREEMENTS, CHARGES, JUDGEMENTS, SENTENCE, FINDINGS AND NATURE OF DECISIONS. IF ON PAROLE OR PROBATION, INCLUDE A LETTER FROM THE SUPERVISING OFFICER INDICATING PROGRESS.

5. HAVE YOU EVER BEEN FOUND GUILTY OF THE VIOLATION OF ANY DRUG LAW, OR PRESCRIBING CONTROLLED SUBSTANCES FOR YOURSELF? ☐ YES ☒ NO
6. HAVE YOU EVER BEEN INVOLVED IN THE POSSESSION, USE, PRESCRIPTION FOR USE, OR DIVERSION OF CONTROLLED SUBSTANCES OR LEGEND DRUGS IN ANY OTHER THAN FOR LEGITIMATE OR THERAPEUTIC PURPOSES? ☐ YES ☒ NO
7. HAVE YOU EVER VOLUNTARILY SUBMITTED OR BEEN REQUIRED TO SUBMIT FOR TREATMENT FOR ALCOHOL DEPENDENCY? ☐ YES ☒ NO

IF RESPONSE TO 5, 6 OR 7 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF CHARGES, SENTENCE, ORDER, STIPULATION AND/OR DISPOSITION. ALSO INCLUDE LETTERS FROM THE TREATING PROFESSIONAL AND/OR INSTITUTION STATING DETAILS OF CONDITION OR ADDICTION, TREATMENT AND PROGNOSIS.

8. HAVE YOU EVER RECEIVED TREATMENT FOR A MENTAL ILLNESS? ☐ YES ☒ NO
9. HAVE YOU EVER BEEN RELEASED FROM OR RESTRICTED IN A MEDICAL PROGRAM BECAUSE OF A MENTAL CONDITION OR ILLNESS? ☐ YES ☒ NO

IF RESPONSE TO 8 OR 9 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF DIAGNOSIS, TREATMENT, OR PROGNOSIS ALONG WITH LETTERS FROM ANY TREATING PHYSICIAN AND/OR PROFESSIONAL STATING DETAILS OF CONDITION AND PROGNOSIS.

10. HAVE YOU EVER VOLUNTARILY GIVEN UP PRIVILEGES, A LICENSE TO PRACTICE, OR AGREED TO RESTRICT YOUR PRACTICE IN LIEU OF OR TO AVOID FORMAL ACTION? (IF YES, PROVIDE A NOTARIZED STATEMENT OF EXPLANATION) ☐ YES ☒ NO
11. HAVE YOU BEEN NAMED IN ANY MALPRACTICE SUITS ALLEGING YOUR INCOMPETENCE OR NEGLIGENCE IN THE PRACTICE OF MEDICINE? IF YES, INCLUDE THE NATURE OF THE CASE, DATE, AND SUMMARIZE CARE GIVEN. ENCLOSE A COPY OF THE ORIGINAL COMPLAINT AND SETTLEMENT OR FINAL DISPOSITION. IF PENDING, INDICATE THE STATUS. ☐ YES ☒ NO

FAILURE TO GIVE COMPLETE AND TRUE INFORMATION CONSTITUTES CAUSE FOR DENIAL OF YOUR APPLICATION FOR LICENSURE

EDUCATION

(ATTACH ADDITIONAL 8 1/2 x 11
SHEET IF NECESSARY)

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training.

SCHOOLS ATTENDED—LOCATION IF OTHER THAN U.S., QUOTE NAMES OF SCHOOLS IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH.	NUMBER OF YEARS ATTENDED	ATTENDANCE				DIPLOMA OR DEGREE OBTAINED QUOTE TITLES IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH
		ENTRANCE		LEAVING		
		CLASS/ GRADE	DATE MO./YR.	CLS/GRD CMPLT.	DATE MO./YR.	
Medical Education (List all Medical Schools Attended)						
University of Washington School of Medicine	4	Freshmen	9/84	Senior	6/88	M.D.
Post-Graduate Training (List all programs attended)						
University of Michigan School of Public Health	2	First	9/81	2nd	6/83	MPH

PREVIOUS LICENSURE

Specifically list licenses granted to practice medicine in location of applicant's origin.

STATE OR OTHER	PROFESSION	CERTIFICATE		PERMANENT OR TEMPORARY	LICENSE RECEIVED BY		CURRENTLY IN FORCE
		YEAR	NO.	EXAMINATION	OTHER		

PROFESSIONAL TRAINING AND EXPERIENCE

List in chronological order all professional education and experience. Include college, university, medical or osteopathic school, and ALL periods of time from the date of graduation from medical school to the present whether or not engaged in activities related to medicine. (attach additional 8 1/2 x 11 sheet if necessary)

From Month, Day, Year	To Month, Day, Year	Name and Location of Institution, Place of Practice or Other	Degree or Certificate and Date Received, or Nature of Experience or Specialty
9/5/75	6/1/79	Swarthmore College, Swarthmore PA	B.A., 6/79
6/78	8/78	Middlebury College, Middlebury VT	None
9/79	8/80	Univ. of Wash., Seattle, WA	Post-grad. Ed.
9/81	6/83	Univ. of Mich., Ann Arbor, MI	MPH, 6/83
9/84	6/88	Univ. of Wash. School of Med., Seattle WA	M.D., 6/88

PLEASE LIST HOSPITALS WHERE PRIVILEGES HAVE BEEN GRANTED WITHIN THE PAST FIVE (5) YEARS.

(FOR LOCUM TENENS, ENTER ONLY THOSE OF A 30 DAY OR LONGER DURATION. SEE INSTRUCTIONS REGARDING REPORTS AND VERIFICATION.) (ATTACH ADDITIONAL 8½x11 SHEET IF NECESSARY.)

NOTE: IF ADDITIONAL 8½x11 SHEET(S) ATTACHED, PLEASE LABEL AS TO SUBJECT, i.e., FIFTH PATHWAY.

AFFIDAVIT

I, Sara Irene Cate, being first duly sworn, depose and say that
PRINT OR TYPE FULL NAME OF APPLICANT

I am the person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of Washington; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentations.

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 Board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice in the State of Washington

Signature of applicant: Sara I. Cate

(SEAL)

Subscribed and sworn to before me

this 11 day of APRIL, 1988

[Signature]
Notary Public for WASH.

My commission expires: 8-10-91



STATE OF WASHINGTON

DEPARTMENT OF LICENSING
P.O. Box 9649, Olympia, Washington 98504

CERTIFICATION OF RESIDENCY

This is to certify that SARA I. CATE has been
appointed as a resident* in FAMILY MEDICINE at
Service
the UNIVERSITY hospital for the period
beginning June 24, 1988. The individual
Mo Day Year

responsible for this resident's patient care activities will be

Sam C. Eggen
Director of Program
(Signature)

*Resident physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.055 and is serving a period of postgraduate 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.

HOSPITAL SEAL

MED-657-57
(R/01/78)

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

*School of Medicine
Office of the Dean*

June 11, 1988

Division of Professional Licensing
P. O. Box 9649
Olympia, Washington 98504

To Whom It May Concern:

This letter will certify that Sara Irene Cate graduated from this institution with the degree Doctor of Medicine after the successful completion of all requirements on June 11, 1988.

Sincerely,



Bettina Acosta
Registrar, School of Medicine
University of Washington

BA/tlf

SEAL

Redaction Summary (10 redactions)

2 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (9 instances)
- 2 -- "Personal Information - Bank Account and Credit/Debit Card Information - RCW 42.56.230(5)" (1 instance)

8

Page 2, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 4, Personal Information - Bank Account and Credit/Debit Card Information - RCW 42.56.230(5), 1 instance
Page 8, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 9, 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 16, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 19, 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 25, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 30, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance