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GIBBONS, EILEEN MD_00034303 APPLICATION PAGE





REVENUE REFUND

AGENCY NAME

Department of Health Medical Quality Assurance Commission

CLAIMANT

Gibbons Eileen 550 16th Ave Suite 100. Seattle, WA 98102. AGENCY USE ONLY
AGENCY NO. LOGATION DODE
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(360) 753-2844 (360) 664-8689

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

All applications must be accompanied by applicable fee (fees are non-refundable).

All applicants carefully follow all instructions in general instructions.

Licensure Examination Taken (check one):	☐ National Board		State Examination	☐ LMCC (must have I	been obtained after 1969
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(#) 721-6613 Telephone W) 320-2484	<u> </u>		1 - DOF	H Licensee Social Security Number	r - RCW 42.56
ENTER THE NUMBER AT WHICH REACHED DURING NORMAL	CH YOU CAN BE	Social Security	REQUESTED	FOR IDENTIFICATION PURPOS RY AND NOT REQUIRED FOR U	
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Medical School Univers	ity of	Washin	gton	Year of Gradu	ation <u>1994</u>
Have you previously applied for	a Washington Sta	ate License or Ij	mited license?	Yes □ No	;
List other name(s) that appear or	a documents or (cradantials V	ione.		

1	PERSONAL DATA	Yes	No	Ţ
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.		×	1
	"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.			
m	you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will ake an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing edical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license nould 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 in 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?		X	
4.	Are you currently engaged in the illegal use of controlled substances?		X	
	"Currently" means recently enough so that the use of drugs may have an ongoing impact in 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.			
f y iud	ou must answer "yes" to any of the remaining questions, provide an explanation and copies of all grants. decisions, orders, agreements and surrenders.			
5.	Have you ever been convicted, entered a plea of guilty, noto 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? (Include driving under the influence and reckless driving.)		囡	
6.	Have you ever been found in any civil, administrative, or criminal proceeding 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 of legend drugs, violated any drug laws, or proceeding to have the description of the purposes.		×	
	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 profession?		XX	
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 judgements, decisions, and agreements.		X	
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?		Ø	
9.	Have you ever been named in any civil sult or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?		X	

PERSONAL DATA QUESTIONS (Continued) 10. Have you ever had hospital privileges, medical socrevoked, suspended, restricted or denied?	ciety, other pro	fessional soc	eiety or orga	nization membershi	Yes No
Have you ever been the subject of any informal or cine?	formal discipli	nary action re	elated to the	practice of medi-	
To the best of your knowledge, are you the subject this application?	t of an investig	ation by any	licensing bo	ard as of the date o	of 🗆 💢
13. Have you ever agreed to restrict, surrender, or res	ign your practi	ce in lieu of c	or to avoid a	dverse action?	
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Sin accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.	Associate Registrar

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TRANSCRIPT OF ACADEMIC RECORD.

This transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

EXPLANATORY NOTES

AUTHENTICATION OF THIS TRANSCRIPT:

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ACADEMIC CALENDAR:

The academic year is comprised of three quarters - autumn, winter, spring - each lasting approximately eleven weeks. There is also a summer quarter.

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-); 0.0 (E); S (for undergraduates, 2.0 and above but 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 but prior to Autumn 1985 a grade less than 1.7); NS (for graduate students a grade less than 2.7).

SCHOOL OF LAW:

Letter grades: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). Prior to Autumn 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, W and HW.

SCHOOL OF MEDICINE:

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

SCHOOL OF DENTISTRY:

Effective Autumn 1992: Numeric grades: 4.0 to 0.7 (a grade of 0.0 will be assigned to any grade below 0.7), H(honors), S, NS, CR, NC,I, N, W.

Prior to Autumn 1992: Numeric 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 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

EXPLANATION OF GRADE SYMBOLS:

Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The lowest grade is 0.0 which is a failing grade. The highest grade is 4.0.

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); NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning Autumn 1990 for undergraduates only, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to Autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal): X (no grade submitted by instructor). Course titles preceded by the letter "H" designate honors courses; "W" are

writing courses; and, "B" are writing and honors courses.

SPECIAL SYMBOLS:

A grade followed by an I indicates 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. Beginning Winter 1983, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once, /R for a graduate student indicates the student repeated a course not eligible to be repeated for grade or credit, and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit. Beginning Autumn 1987, /R for undergraduates designates a language course initially taken in high school and repeated but not allowed credit and not included in the grade point average.

LOWEST PASSING GRADE:

Undergraduates, 0.7; Graduate students, 1.7.

EXPLANATION OF GRADE 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 grade for courses 500 and above and for undergraduate 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.

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.

ACCREDITATION:

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UNIVERSITY OF WASHINGTON

ACADEMIC TRANSCRIPT

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Letter grades: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). Prior to Autumn 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, W and HW.

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

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Associate Registrar

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STLY OF WA	SENGTO BD O	FINEDICAL	EXAMINERS .			OF S	THENUNIVER	SITY OF WASH	HINGTON:	

UNIVERSITY OF WASHINGTON Office of the Registrar PD-10 Seattle, Washington 98195 (206) 543-5378



TRANSCRIPT OF ACADEMIC RECORD.
This transcript is an academic record of all coursework completed at the University of Washington-Seattle, Bothell and Tacoma.

EXPLANATORY NOTES

AUTHENTICATION OF THIS TRANSCRIPT:

A transcript is official when it bears the facsimile signature of the Registrar, the University of Washington Seal, and the production date. The background of this transcript is purple and the Registrar's signature is black. Further authentication can be obtained by calling the UW Transcript Office at (206) 543-5759. If photocopied, the word COPY will appear in the background. Alterations to the transcript will result in brown stains and/or white areas.

ACADEMIC CALENDAR:

The academic year is comprised of three quarters - autumn, winter, spring - each lasting approximately eleven weeks. There is also a summer quarter.

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-); 0.0 (E); S (for undergraduates, 2.0 and above but 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 but prior to Autumn 1985 a grade less than 1.7); NS (for graduate students a grade less than 2.7).

SCHOOL OF LAW:

Letter grades: DS (Distinguished); H (Honors); P (Pass); LP (Low Pass); CR (Credit); NC (No Credit); I (Incomplete); N (satisfactory without grade); W (Withdrawal); HW (Hardship Withdrawal). Prior to Autumn 1990, numeric grades-credit awarded for grades 4.0 through 2.3; letter grades-CR, NC, I, N, *W, W and HW.

SCHOOL OF MEDICINE:

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

SCHOOL OF DENTISTRY:

Effective Autumn 1992: Numeric grades: 4.0 to 0.7 (a grade of 0.0 will be assigned to any grade below 0.7). H(honors), S, NS, CR, NC,I, N, W.

Prior to Autumn 1992: Numeric 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 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

EXPLANATION OF GRADE SYMBOLS:

Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The lowest grade is 0.0 which is a failing grade. The highest grade is 4.0.

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); NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning Autumn 1990 for undergraduates only. W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to Autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter "H" designate honors courses; "W" are

writing courses; and, "B" are writing and honors courses.

SPECIAL SYMBOLS:

A grade followed by an I indicates 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. Beginning Winter 1983, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once, /R for a graduate student indicates the student repeated a course not eligible to be repeated for grade or credit, and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit. Beginning Autumn 1987, /R for undergraduates designates a language course initially taken in high school and repeated but not allowed credit and not included in the grade point average.

LOWEST PASSING GRADE:

Undergraduates, 0.7; Graduate students, 1.7.

EXPLANATION OF GRADE 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 grade for courses 500 and above and for undergraduate 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.

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.

ACCREDITATION:

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

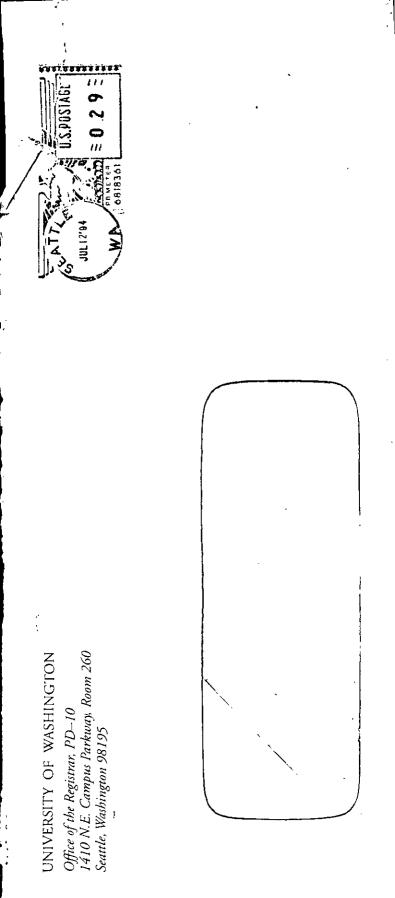
This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without the written consent of the student concerned.

UoW 1592 (Rev. 1/94)

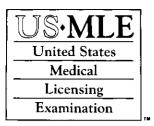
TO TEST FOR AUTHENTICITY: The face of this document has a purple background and the name of the institution appears in small print. Apply fresh liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

UNIVERSITY OF WASHINGTON • UNIVERSITY OF WASHINGTON TRANSCRIPT • UNIVERSITY OF WASHINGTON • UNIVERSITY

ADDITIONAL TEST: When photocopied, the word COPY appears prominently across the face of the entire document. A black and white document is not an original and should not be accepted as an official institutional document. This transcript cannot be released to a third party without the written consent of the student. This is an accordance with the Family Educational Rights and Privacy Act of 1974. If you have additional questions about this document, please contact our office at (206) 543-5759.



GIBBONS, EILEEN MD 00034303 APPLICATION PAGE 10



UNITED STATES MEDICAL LICENSING EXAMINATION™

The 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 * * *

Gibbons, Eileen Frances

USMLE ID:

4-003-208-8

3304 S Morgan St Seattle, WA 98118

Test Date:

June 1995

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaces 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.

P	Α	S	S

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.

187

This score is determined by your overall performance on the examination. The score scale is defined to have a mean of 200 and a standard deviation of 20 based on the projected performance of recent graduates from medical schools accredited by the Liaison Committee on Medical Education (LCME). Most examinees receive a score between 140 and 260. The standard error of measurement (SEM)‡ for a USMLE three-digit scale is usually in the range of 4 to 5 points.

78

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 represents the minimum pass score recommended by USMLE to pass Step 3 and is equivalent to the score printed below. The SEM ‡ for a USMLE two-digit scale is usually in the area of 1 point.

The three-digit score recommended to pass Step 3:

176

‡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.

480JJ051



TO: Post-Graduate Training Program Director

MD

Sam Callison, m.D	<u>}. </u>
FACILITY NAME	2 100
550-16th Alf. Suik	
Seattle, 104-98122	PerriueD
tE: Verification/Evaluation of Training	OCT 23 1996
erification and evaluation of the post-graduate	e in the State of Washington and before my application can be reviewed? a e training performed in your institution is required. I am authorizing the release of nation and returning it, at your earliest convenience, directly to the address his matter.
Eileen Gibbons	3-26-62 BIRTHDATE
PPLICAND (PRINT OR TYPE)	BIRTHDATE
Tailing Likeon	nd
GNATURE OF APPLICANT	·
Eileen Gibbons	is or was engaged in post-graduate training in our program
to 1-25-94	
from 6-25-94 UEGINNING DATE in the field of Family Pract	to 6 - 30 - 9 +
in the field of Family Prac	1176
	·
. Was the participant ever restricted, suspe	ended, terminated or requested to voluntarily resign his/her participation in the
program? 🗌 Yes 💢 No If yes, plea	ase explain
. Is there anything in the participant's file wi	hich would indicate he/she would be unable to safely practice medicine?
☐ Yes ☐ No If yes, please provide	de documentation.
• • • •	ntation you feel would assist in the evaluation process. Thank you.
Return to:	$() \cap ()$
Medical Quality Assurance Commission	Signature
1300 SE Quince Street	
P O Box 47866	Title ves they touctor
Olympia, WA 98504-7866 206-664-8689 or 753-2844	Hospital Providence Hospital
The second secon	Address 550 16 m we
(Seal)	Seattle, WA. 98/22

Date_

DOH 657-034 (Rev. 5/17/04)

10-22-96

LIA HEALTHCARE

Seattle, WA 98122 550 16th Avenue, Suite 100 Medalia HealthCare LLC Family Medical Center

✗ Family Medical Center

Medical Quality Assurance Commission 1800 SE Quince St. 992 th xe

Providence and Franciscan Health Systemを担じの4/ア会会の Olympia, WA. 98504- 7866





Sam Cullison	•
FACILITY NAME	-
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ADDRESS	-
	-
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Verification/Evaluation of Training	·
ation and evaluation of the post-graduate traingular appreciate you providing the information below. All questions must be answere	2-21-12
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URE OF APPLICANT	
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1.01	
BEGINNING DATE (MONTH & YEAR)	ENDING DATE (MONTH & YEAR)
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Seattle, WA 98122 550 16th Avenue, Suite 100 Family Medical Center Medalia HealthCare LLC

MEDALIA HEALTHCARE Family Medical Center

medical Quality Assurance Commission

1300 S.E. Quince Street

Olympia, w.A. 998 th 209 98504 - 7866

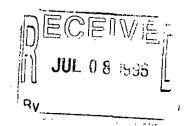
Providence and Franciscan Health Systems

APPLICATION OF THE PARTY OF THE

DCR#7 SEATTLE PEDC, WAS FOUND 307-09-96







Complete the identifying information below and submit to:

Federation of State Medical Boards 400 Fuller Wiser Road Euless, Texas 76039-3855

	Euless, Texas 76039-3855
Attention:	Barbara Rains Board Inquiry Specialist
•	
	Department of Health Medical Quality Assurance Commission 1300 SE Quince Street P.O. Box 47866 Olympia, WA 98504-7866
Date:	
Dear Ms. Ra	ains:
on the lower my license(ng for licensure to practice medicine in the State of Washington. Please indicate r portion of this letter if there is any previous or pending disciplinary action against (s) and send this information directly to Washington State Medical Quality Commission. Thank you for your assistance.
NAME:	Eilern Gibbons
SSN: _	1 - DOH Licensee Social Security Number - RCW 42.56
MEDICA	AL SCHOOL OF GRADUATION: Univ. of Washingto
	F GRADUATION: 1994
BIRTHD	ATE: 3-26-62
DECDO	Nee.

WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

JUL 1 2 1996

JAMES R. WINN, M.D.
EXECUTIVE VICE-PASSIDENT

DOH 657-072 (Rev. 05/96))

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 Address:

EILEEN F GIBBONS MD 3304 S MORGAN ST

SEATTLE WA 98118 USA

Phone: UNKNOWN **Birthdate:** 03/26/1962

Birthplace: DALLAS TX USA

Physician's Major Professional Activity: RESIDENT

Self Designated Practice Specialties (SDPS):

Primary:

FAMILY PRACTICE

Secondary:

UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources -

Medical School:

UNIV OF WA SCH OF MED, SEATTLE WA 98195

Year of Graduation: 1994

Current and/or Prior Medical Training or Fellowship:

Institution: PROVIDENCE-SEATTLE MED CTR

RESIDENT

State: WASHINGTON

(VERIFIED)

Specialty: FAMILY PRACTICE

07/01/1994 - 06/30/1997

Note:

Additional information on physicians in graduate medical training is not solicited, nor is it received from the residency program directors. If you feel additional information may be

available, contact the program director(s).

National Board Certification Year:

NONE REPORTED TO DATE

ECFMG Certfication:

Number

Certificate Date

Status

NONE REPORTED TO DATE

Page 1 of 2

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 unless otherwise agreed to in writing by the AMA. 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.

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

As of

NONE REPORTED TO DATE

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:

Primary Board: NONE REPORTED TO DATE

Effective:

Expires:

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective:

Expires:

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY HCFA.

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 ADMINSTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

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

Page 2 of 2

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 unless otherwise agreed to in writing by the AMA. 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.

Board of Medical Examiners

Limited Physician Application Worksheet

	bons, Ei	leen						DATE AP	PLICATION RECEIVED
3-20 DATE OF BI								DATE APP	UCATION COMPLETED
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CASE 2 NAME:			- -			<u>:</u> j	<u>.</u> 		ECFMG
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STAFF DECISION									
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COMMENTS									
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ML4654



PROVIDENCE MEDICAL CARE CENTERS

P.O. BOX 34280 SEATTLE, WASHINGTON 98124-1280 A DIVISION OF PROVIDENCE MEDICAL CENTER

June 25, 1995

State of Washington
Department of Licensing
Division of Professional Licensing
1300 S.E. Quince St.
P.O. Box 47866
Olympia, WA 98504-7866

To Whom It May Concern:

This is to certify that <u>Eileen F. Gibbons, M.D.</u> has successfully completed one year of postgraduate medical training in the Providence Family Practice Residency Program from 6/25/94 to 6/26/95. Providence Residency Program is accredited by the ACGME.

Sincerely,

Samuel W. Cullison, M.D.

Director

approved
11/1/96
for Temp

DATE	TELEPHONE LOG	INITIALS
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June 8, 1994

State of Washington
Department of Health
Board of Medical Examiners
1300 S.E. Quince Street
P.O. Box 47866
Olympia, Washington 98504-7866

RECEIVED

JUN 1 4 1994

HEALTH PROFESSIONS SECTION 5

Office of the Dean

Mailstop SC-64 A-300 Health Sciences Center Seattle, WA 98195 Phone: (206) 543-1060 Fax: (206) 543-3639

To Whom It May Concern:

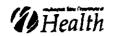
This letter is to certify that Eileen Gibbons graduated on June 10, 1994 from the University of Washington School of Medicine with the degree of Doctor of Medicine after successful completion of all the requirements. This is also to certify that at least seventeen hours of AIDS education have been completed while in the medical school curriculum.

Sincerely

Alneira Mallony
Patricia Mallory

Registrar

PM/bhs



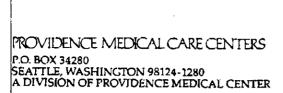
1300 SE Quince St. Otympia, WA 98504 206-753-2999 or 753-2205

Board of Medical Examiners Residency Certification

This is to certify thatEileen Gibbons	has been
appointed as a resident in Family Practice	at
theProvidence Family Medical Center	hospital for the period
beginning June 25, 1994 . The individual responsible MONTH DAY .YEAR	e for this resident's patient care activities
will be Sections sections	· · · · · · · · · · · · · · · · · · ·
 Kevin Murray, M.D., Acting Director Residents physician means an individual who has graduated from a school of medical forth in RCW 18.71.055 and is serving a period of postgraduate clinical medical train in this state or by a hospital accredited by this state. The term shall include individual fellow. 	ing sponsored by a college or university
(Hospital Seal)	

DOH 657-057 (Play, 3/91)





12-12-1994 11:43AM



FACSIMILE TRANSMISSION COVER SHEET

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Board of Medical Examiners Residency Certification

This is to certify thatEileen Gibbons	has been
appointed as a resident* inFamily Practice	at
theProvidence Family Medical Center	hospital for the period
beginning June 25, 1994 . The individual responsible for the month DAY YEAR	is resident's patient care activities
Will be (SIGNATURE) DIRECTOR OF PROGRAM Kevin Murray, M.D., Acting Director	

Residents 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)

Department of Health Board of Medical Examiners 1300 SE Quince Street P.O. Box 47866 Olympia, WA 98504-7866



Date: 6/10/24

Dear Ms. Rains:

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) and send this information directly to Washington State Medical Board. Thank you for your assistance.

NAME:	Eileen	Gibbons	

SSN: 1 - DOH Licensee Social Security Number - RCW 4...

MEDICAL SCHOOL OF GRADUATION: Univ of Washington

YEAR OF GRADUATION: 1994

BIRTHDATE: 3-26-62

RESPONSE:

DEC 1 9 1994

WE RAYE NO UNFAYORABLE INFURMATION REGARDING THE ABOVE NAMED PHYSICIAN

DEC 1 4 1994

James R. Winn, M.D.

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



DEPARTMENT OF HEALTH

Medical Quality Assurance Commission

1300 SE Quince St, M.S. 7866, Olympia, WA 98504-7866 • (360) 753-2287

January 26, 1995

Eileen F. Gibbons, MD 550 - 16th Avenue Suite 100 Seattle, WA 98102

Dear Dr. Gibbons:

This is to acknowledge receipt of your application to obtain licensure as a physician and surgeon in the state of Washington. According to our records the following items have not been received to complete your application:

Missing Chronology, 7/94-Present

A deficiency letter will be sent every four to six weeks until the application is considered complete. Depending on the complexity of the application file, the review process may take from five to ten working days. If your application contains negative information, it will require a review by a Commission Member and a presentation at the following Commission meeting for final disposition.

If you have any questions, please feel free to contact me at (206) 753-2844.

Sincerely,

Carolynn Bradley,

Licensing Representative



DEPARTMENT OF HEALTH

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

August 6, 1996

Eileen Gibbons, MD 3304 South Morgan St Seattle, WA 98118

Dear Dr Gibbons

This is to acknowledge receipt of your application to obtain licensure as a physician and surgeon in the state of Washington. According to our records the following items have not been received to complete your application:

AMERICAN MEDICAL ASSOCIATION PROFILE POST GRADUATE TRAINING PROVIDENCE 6/94-97

A deficiency letter will be sent every four to six weeks until the application is considered complete. Depending on the complexity of the application file, the review process may take from five to ten working days. If your application contains negative information, it will be reviewed at the next Commission meeting for final disposition.

If you have any questions, please feel free to contact me at (360) 753-2844.

Sincerely,

Betty Elliott, Program Representative



DEPARTMENT OF HEALTH

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

October 21, 1996

Eileen Gibbons, MD 3304 South Morgan St Seattle, WA 98118

Dear Dr Gibbons

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 documents:

Post Graduate Training Providence 6/94-97

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) 753-2844.

Sincerely,

Betty Elliott

Program Reprsentative



LIMITED LICENSE TO PRACTICE MEDICINE Applicable for MD's Only

MEDICAL LINIT DEC 1 2 1994

RECEIVED

Applicable for MD's Only

HE 2000 (B)	
FOR OFFICE USE ONLY	
CERTIFICATE NO. MLZODO 4064 ISSUE DATE 6-25-94 EXPIRAT	TION DATE 7-31-95
155- 2- (0-95) Limited license application is made in conjunction with employment in: (check one)	
Elithited ricerise application is made in conjunction with employment in. (check one)	· ·
Institutional **	
Fellowship - 2 year limit County-City Health Department	
Internship-Residency	
PLEASE TYPE OR PRINT CLEARLY	·
Annicante Name 61880NS EILEE	T.
Applicant's Name LAST FIRST	MIDDLE INITIAL
Name of Institution/Health Dept/Medical School/Hospital Providence Medical Address 550 - 16th Ave. Suite 100	al Center
city Seattle State WA	ZIP 9810Z
(Home) 325-4577 721-0613 Telephone No. (Work) 2-320-2464 Social Security Number REQUESTED FOR IDE	ENTIFICATION PURPOSES ONLY. ENTERING SSN NOT REQUIRED FOR LICENSING APPROVAL.
Sex (F or M) F Birthdate 3 - 26 - 62 MONTH DAY YEAR	
Birthplace Dallus, Texas U-5.A. CITY STATE COUNTRY	•
Medical specialty Family Practice	
Medical School Attended Univ. of Washington, U.S.A. Year of C	Graduation
List other name(s) that may appear on documents or credentialsNA	
Have you previously applied for a Washington State Medical License or limited license? Yes	₩ No

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.

DOH 657-056 (Rev. 5/93) Page 1 of 4

LICENSES IN OTHER STATES/COUNTRIES

SIGNATURE

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

STATE, COUNTRY	NTRY DATE_		BASIS OF LICENSURE		STATUS OF	ANY LIMITATIONS ON LICENSE	
OR PROVINCE	LICENSE NUMBER ISSUED		EXAMINATION (DATE PASSED) ,	ENDORSEMENT	LICENSE ACTIVE/ INACTIVE)		
(none)		-					
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<u></u>		L <u>-</u>	<u> </u>		L		

AID'	SA	FFI	DΔ۱	/IT

I certify I have completed the minimum of four (4) hours of education	in the prevention, transmission and treatment of AIDS. I under-
stand I must maintain records documenting said education, for two (2) years and be prepared to submit those records to the Depart-
ment if requested. (WAC 246-917-060)	
Eilen Silbons	6/10/94

APPLICANT'S ATTESTATION	
EILGEN GIBBONS	, state that I am the person described and identified in this
(PRINT OR TYPE FULL NAME OF APPLICANT)	

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 this 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 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.

SIGNATURE OF APPLICANT

6/10/94

DATE

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EDUCATION AND EXPERIENCE						ys graph
n the spaces below, provide a chronolo	gical listing of y	your educational pre	eparation and	d post-gr		onai 8 1/2 x 11 sheet if necess
SCHOOLS ATTENDED-LOCATION IF	NUMBER OF	ATTE	NDANCE			
OTHER THAN U.S., QUOTE NAMES OF	YEARS	ENTRANCE LE		/ING		DEGREE OBTAINED
CHOOLS IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH.	ATTENDED	DATE MOJYR.	DA* MO./			S IN ORIGINAL LANGUA NSLATE TO ENGLISH
Medical Education (List all Medical Schools Attended)						· .
Univ-of-Washington	5	9 89	6/qu		m.D.	
Post-Graduate Training (List all programs attended)						· ·
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xclude Activities Listed Under Other Sections.) (Identi	ify Any Periods Of Ti	me Break Of 30 Days or Mo			(Attach additional 8	/2 x 11 sheet if necessary)
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IDENTIFICATION

COLOR OF EYES

COLOR OF HAIR

PERSONAL DATA				
1.	Have you ever had a license to practice medicine suspended, revoked, restricted or denied or voluntarily surrendered a physicians license in any state, federal or foreign jurisdiction?		X	
2.	Have you ever had hospital privileges, or medical society membership revoked, suspended, restricted or denied on grounds of unprofessional conduct, incompetence, negligence, or unsafe practices?		X	
3.	Have you ever been convicted of any gross misdemeanor or felony relating to the practice of medicine?		Ø	
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?		\boxtimes	
5.	Have you ever been notified that any information pertaining to you been submitted to the National Data Bank?		X	
6.	Have you ever been denied a DEA registration number or been issued a restricted DEA registration or voluntarily surrendered a DEA registration?		N	
7.	To the best of your knowledge, are you the subject of an investigation by any licensing board as of the date of this application?		X	
8.	Have you ever agreed to restrict your practice in lieu of or to avoid formal action?		\boxtimes	
ser	esponse to 1-8 is affirmative, attach certified copies of orders, stipulations, agreements, charges, judgements attences, findings and nature of decisions. If on parole or probation, include a letter from the supervising officer icating progress.			
9,	Have you ever been found guilty of the violation of any drug law, or prescribing controlled substances for yourself or been found guilty of a traffic citation involving drug or alcohol?	<u> </u>	ሾ	
10.	Have you ever been involved in the possession, use, prescription for use, or diversion of controlled substances or legend drugs in any other way than for legitimate or therapeutic purposes?		X	
11.	Have you ever submitted or been required to submit for treatment for alcohol dependency?		Ø	
dis	esponse to 9 through 11 is affirmative, attach copies of charges, sentences, orders, stipulation and/or positions. Also include letters from the treating professional and/or institution stating details of condition or diction, treatment and prognosis.			
12.	Have you ever received treatment for a mental illness?		Ø	
13.	Have you ever been released from or restricted in a medical program because of a mental condition or illness?		Ø	
14	Are you currently afflicted with a mental or physical condition which impairs or restricts your ability to practice with reasonable skill and safety?		×	
ins fro	esponse to 12 through 14 is affirmative, attach copies of letters from treating professional, program and/or titutions describing diagnosis, treatment and prognosis. This information is treated as confidential and exempt m public disclosure unless formal disciplinary action is taken against your application on the basis of a mental physical condition impairing your ability to practice with reasonable skill and safety.			
15.	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		Ø	

Failure To Give Complete And True Information Constitutes Cause For Denial Of Your Application For Licensure

RCW 18.130.180(2)

B Return with check or money order to ensure proper credit of your license application fee. FLimited Physician

BILEEN

618 BONS

NAME (Please Print)

Revenue Section

P.O. Box 1099

Olympia, Washington 98507-1099

Money Order

Check

46-01-9

DATE

Please note amount enclosed, and return with your application. \$ 23500

1A 0252140000 00336

* Free until B-day.

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Application File_436696_pdf-r.pdf redacted on: 12/18/2014 11:54

Redaction Summary (6 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (6 instances)

₹

Page 6, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 10, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 12, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 14, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 22, 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