

Board of Medical Examiners

Physician Application Worksheet

NAME Dickinson, Katherine
DATE OF BIRTH 5-29-59

6-4-96
DATE APPLICATION RECEIVED
10/22/96
DATE APPLICATION COMPLETED

Fee Photo Aide Personal Data Affidavit

Temporary Permit Fee Issue Date _____ Expiration Date _____

Positive Data Questions 15 _____ Documentation Received _____

Chronology Completed Missing Dates _____ to _____ to _____ to _____

MALPRACTICE CASE	SYNOPSIS	CURRENT COMPLAINT	DISPOSITION	
CASE 1 NAME: <u>M'Curdy</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9/96 FDS
CASE 2 NAME: <u>Hanson</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9/96 AMA
CASE 3 NAME: <u>Hatcher</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ECFMG
CASE 4 NAME: _____				<input type="checkbox"/> REINSTATEMENT

Medical School U.S. Canadian International Fifth Pathway

MEDICAL SCHOOL NAME George Washington Transcript Translations YEAR OF DEGREE 1985

Examination Type National Board FLEX USMLE State Exam LMCC Scores Received 6/96

POSTGRADUATE TRAINING PROGRAM 82-86-87

<u>9/96</u>	<u>U. ARIZONA</u>	<u>7/85-6/88</u>	

STATE LICENSURE

<u>9/96</u>	<u>AZ</u>					

HOSPITAL PRIVILEGES

<u>9/96</u>	<u>MT. GRAHAM</u>		

STAFF DECISION
 APPROVED
 DISAPPROVED

LICENSURE
[Signature]
SIGNATURE
17 Nov 1996
DATE

COMMENTS:

MEDICAL QUALITY ASSURANCE COMMISSION

STAFF MEDICAL CONSULTANT REVIEW

DATE SUBMITTED:

11/4/96

MANAGER NAME::

FILE NAME:

Dickenson, Katherine

MANAGER COMMENTS:

APPROVED

✓

DISAPPROVED

SIGNATURE

Boyer

DATE

11-4-96

CONSULTANT COMMENTS:

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

DEPOSIT CREDIT

Physician & Surgeon

Katherine E. Dickinson - Potteet MD

5/27/96

NAME (Please Print)

DATE

Revenue Section



Washington State Department of

Health

P.O. Box 1099

Olympia, Washington 98507-1099

<input type="checkbox"/>	Check	<input type="checkbox"/>	Money Order
\$	325		
Please note amount enclosed, and return with your application.			

1A 0252090000 00237

001760 06/04/96 32500

MD APPLICATION REVIEW

Dickinson, Katherine

- Completed Worksheet
- Telephone Communication Log
- Application Fee
- Reinstatement Affidavit, if applicable
- Application (4 pages)
 - Photo
 - Complete Chronology
 - AIDS Affidavit
 - Applicant's Attestation
 - Personal Data information 1-14, if applicable
 - Malpractice information, if applicable; 1. Synopsis, 2. Original Complaint, & 3. Final Disposition, for each case
- Medical School Transcripts (must show MD degree and graduation date)
 - Official translations, if applicable
- Examination Scores
- Post Graduate Training Verifications
- State License Verifications
- Hospital Privilege Verifications
- Federation of State Medical Boards Data Bank Clearance (FDB)
- American Medical Association Profile (AMA) (double check state licenses and post graduate training)
- ECFMG Certification, if applicable; must be "indefinite" status

11/4/96
Date Completed

Katherine Weber
Initial Reviewer Signature



P.O. Box 1099
Olympia, WA 98507-1099

RECEIVED
JUN 04 1996
HEALTH PROFESSIONS SECTION 5

**APPLICATION FOR LICENSE TO
PRACTICE MEDICINE
APPLICABLE FOR M.D.'s ONLY**

FOR OFFICE USE ONLY

CERTIFICATE NO. MD00034326 ISSUE DATE 11-18-96 EXPIRATION DATE 5-29-97

Licensure Examination taken:

- National board
- State examination
- LMCC (must have been obtained after 1969)
- FLEX examination
- USMLE examination

PLEASE TYPE OR PRINT CLEARLY

Applicant's Name Dickinson, Katherine E.
LAST FIRST MIDDLE INITIAL

Mailing Address 8780 South Raven Ridge Road

City Safford State Az ZIP 85546 Gravata USA

Telephone No. 520 428 1377 Social Security Number [Redacted]
ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS. REQUEST FOR SOCIAL SECURITY NUMBER IS VOLUNTARY AND NOT REQUIRED FOR LICENSING APPROVAL.

Home Address Same as above
STREET CITY STATE ZIP

Congressional District _____

Sex (F or M) F Birthdate 5/29/59 Birthplace Seattle WA King
MONTH DAY YEAR CITY STATE COUNTY

Medical specialty Family Practice

Medical school George Washington USA Year of Graduation 1985
NAME/COUNTRY

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 Katherine E. Dickinson-Poteet

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.

PERSONAL DATA

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you ever been convicted of any gross misdemeanor or felony relating to the practice of medicine? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you ever been notified that any information pertaining to you been submitted to the National Data Bank? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever been denied a DEA registration number or been issued a restricted DEA registration or voluntarily surrendered a DEA registration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have you ever agreed to restrict your practice in lieu of or to avoid formal action? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If response to 1-8 is affirmative, attach certified copies of orders, stipulations, agreements, charges, judgements sentences, findings and nature of decisions. If on parole or probation, include a letter from the supervising officer indicating 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?? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Within the last two years have you 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Have you ever submitted or been required to submit for treatment for alcohol dependency? | <input type="checkbox"/> | <input type="checkbox"/> |

If response to 9 through 10 is affirmative, attach copies of charges, sentences, orders, stipulation and/or dispositions. Also include letters from the treating professional and/or institution stating details of condition or addiction, treatment and prognosis.

- | | | |
|--|--------------------------|--------------------------|
| 12. Have you ever received treatment for a mental illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been released from or restricted in a medical program because of a mental condition or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you currently afflicted with a mental or physical condition which impairs or restricts your ability to practice with reasonable skill and safety? | <input type="checkbox"/> | <input type="checkbox"/> |

~~If response to 12 through 14 is affirmative, attach copies of letters from treating professional, program and/or institutions describing diagnosis, treatment and prognosis. This information is treated as confidential and exempt from public disclosure unless formal disciplinary action is taken against your application on the basis of a mental or 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

**Failure To Give Complete And True Information Constitutes Cause For Denial
Of Your Application For Licensure
RCW 18.130.180(2)**

IDENTIFICATION

HEIGHT 5'6"	WEIGHT 220 lbs
COLOR OF EYES hazel	COLOR OF HAIR brown



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 DATE MO./YR.	LEAVING DATE MO./YR.	
Medical Education (List all Medical Schools Attended)				
George Washington University	4	8/81	5/85	MD
Post-Graduate Training (List all programs attended)				
University of Arizona Affiliated Hospitals	3	7/85	6/88	residency certificate

In Chronological Order List All Professional Experience Received Since Graduation From Medical School To The Present. (Exclude Activities Listed Under Other Sections.) (Identify Any Periods Of Time Break Of 90 Days Or More.) (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.
private practice- Gila Valley Clinic Safford Az	7/88	present

LICENSES IN OTHER STATES/COUNTRIES

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

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

List U.S. or Canadian Hospitals Where Privileges Have Been Granted Within The Past Five (5) Years. (Attach additional 8 1/2 x 11 sheet if nec.)

(FOR LOCUM TENENS, ENTER ONLY THOSE OF A 30 DAY OR LONGER DURATION. SEE INSTRUCTIONS REGARDING REPORTS AND VERIFICATION.)	BEGINNING DATE	ENDING DATE
Mount Graham Community Hospital	7/88	present

FIFTH PATHWAY (Foreign Trained Applicants Only)

(Attach additional 8 1/2 x 11 sheet if necessary)

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

AIDS AFFIDAVIT

I certify I have completed the minimum of four (4) hours of education in the prevention, transmission and treatment of AIDS. I understand I must maintain records documenting said education, for two (2) years and be prepared to submit those records to the Department if requested. (WAC 246-917-060)

Katherine E. Dickinson

SIGNATURE

5/27/96

DATE

APPLICANT'S ATTESTATION

Katherine E. Dickinson

(PRINT OR TYPE FULL NAME OF APPLICANT)

, state that I am the person described and identified in this

application, that I have read 18.130.170 RCW and 18.130.180 RCW of the Uniform Disciplinary Act, and that I have answered all questions in 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.

Katherine E. Dickinson

SIGNATURE OF APPLICANT

5/27/96

DATE

PERSONAL DATA

Yes No

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

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

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

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

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

JUL 29 1996 FIVED 5

- 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?

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

"Currently" means recently enough so that the use of drugs may have an ongoing impact 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.

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

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

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

- 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 or legend drugs, violated any drug laws, or prescribed controlled substances for yourself?
b. committed any act involving moral turpitude, dishonesty or corruption?
c. violated any state or federal law or rule regulating the practice of a health care profession?

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

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

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

PERSONAL DATA QUESTIONS (Continued)

Yes No

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

APPLICANT'S ATTESTATION

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

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

APPLICANT'S SIGNATURE Katherine E. Dickinson DATE 7/20/96

Re #9 - you received the relevant information with my original application.
KED.

Addendum to application for licensure in Washington State:
Katherine E. Dickinson-Poteet, M.D.

question # 15-information about malpractice suits:

McCurdy vs Mount Graham Community Hospital et al:
filed 8-9-93. A woman died in the hospital of complications of myocardial infarction. Three physicians were named as defendants, including myself. I did not ever provide any care for the patient and was dismissed from the suit on 11-14-94.

Hanson (Moncur) vs Safford Care Center et al:
filed 6-29-94. A woman was admitted to the facility and placed in physical restraints by nursing staff without a physicians order allowing the restraints. She then died of asphyxiation in the restraints. A wrongful death suit was filed against the nursing home and myself as the attending physician. The case is still pending.

Thatcher vs Gila Valley Clinic et al: filed 9-16-94.
A woman was treated in an emergency room by a physician assistant for a wound on her arm, and sustained permanent injury of some kind. I was originally named in the suit because I was one of the P.A.'s supervising physicians. However, this was an error because I was not supervising the P.A. in that setting- she was moonlighting under another M.D.'s supervision. I was dismissed from the suit in 1995.

KKDP.

1 TOM SLUTES, ESQ., Pima Co. No. 53540
2 MARY BETH JOUBLANC, ESQ., Pima Co. No. 64586
3 Slutes, Sakrison, Even,
4 Grant & Pelander, P.C.
5 33 North Stone, Suite 1100
6 Tucson, Arizona 85701
7 602 624-6691



E

IDA

Attorneys for: Defendants SMITH, THARP, DICKINSON, AND
GILA VALLEY CLINIC, P.C.

10 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
11 IN AND FOR THE COUNTY OF GRAHAM

12 HERMAN McCURDY, surviving)
13 spouse of MARVELLA McCURDY and)
14 personal representative of her)
15 estate; BILLY GLENN McCURDY,)
16 MARGARET E. McCURDY HACKWORTH,)
17 WILMA E. McCURDY, and BOBBY)
18 WAYNE McCURDY, surviving)
19 children of MARVELLA McCURDY,)
20 deceased,)

NO: 14557

STIPULATION AND ORDER FOR
DISMISSAL WITH PREJUDICE
DEFENDANT KATHERINE DICKINSON,
M.D.

Plaintiffs,)

vs.)

19 MT. GRAHAM COMMUNITY HOSPITAL,)
20 INC., an Arizona Corporation;)
21 GILA VALLEY CLINIC, P.C., an)
22 Arizona Corporation, et al.,)

(Judge: Welker)

Defendants.)

23 STIPULATION BY PARTIES

24 The parties, through their counsel, stipulate that DEFENDANT
25 KATHERINE DICKINSON, M.D., was not negligent and did not in any
26 way contribute to or participate in any events in which the
27 plaintiffs have alleged negligence in the care of Mrs. Flossie
28 McCurdy on January 25-26, 1993.

ATTORNEYS AT LAW
33 NORTH STONE AVENUE
TUCSON, ARIZONA 85701-1489
TELEPHONE (602) 624-6691

1 The parties further agree that this stipulation pertains
2 only to DEFENDANT KATHERINE DICKINSON, M.D., and does not effect
3 the plaintiffs' claims against Defendants Mt. Graham Hospital,
4 Gila Valley Clinic, Smith, or Tharp.

5
6 DATED this 26th day of October, 1994.

7
8 SLUTES, SAKRISON, EVEN, GRANT &
9 PELANDER, P.C.

10 BY: Mary Beth Joubert
11 Mary Beth Joubert
12 Attorneys for Defendants Gila
13 Valley Clinic, P. C., Katherine
14 Dickinson, M.D., Lynn E. Smith,
15 M.D., and Susan J. Tharp, M.D.

16 DICKERSON, BUTLER, RABB & RODRIGUEZ,
17 P.C.
18 BY: Lloyd L. Rabb, III
19 Attorneys for the Plaintiffs

20 CHANDLER, TULLAR, UDALL & REDHAIR, P.C.
21 BY: Jack Redhair
22 Jack Redhair
23 Attorneys for Defendant Mt. Graham
24 Community Hospital, Inc

25
26
27
28
• • •
• • •

ATTORNEYS AT LAW
33 NORTH STONE AVENUE
TUCSON, ARIZONA 85701-1489
TELEPHONE: (602) 624-6691

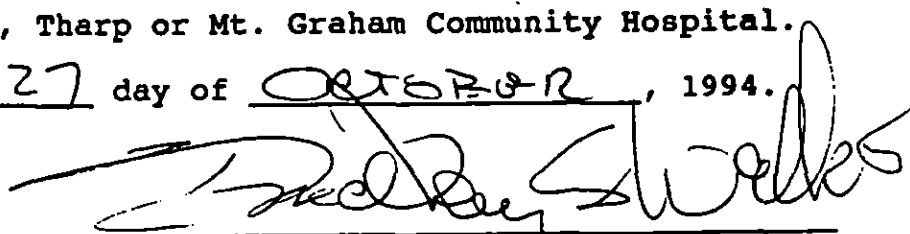
ORDER

Upon Stipulation;

IT IS HEREBY ORDERED dismissing all claims of independent negligence and vicarious liability against DEFENDANT KATHERINE DICKINSON, M.D., with prejudice. Each party to bear its own costs and attorneys' fees.

This order pertains only to DEFENDANT KATHERINE DICKINSON, M.D., and does not effect the plaintiffs' claims against Defendants Smith, Tharp or Mt. Graham Community Hospital.

DATED this 27 day of OCTOBER, 1994.



HON. DUDLEY S. WELKER
JUDGE, GRAHAM COUNTY SUPERIOR COURT

Conformed copy
mailed _____ to:

Lloyd L. Rabb, III, Esq.
DICKERSON, BUTLER, RABB & RODRIGUEZ, P.C.
3320 N. Campbell, Suite 150
Tucson, AZ 85719
Attorneys for Plaintiffs

Jack Redhair, Esq.
CHANDLER, TULLAR, UDALL & REDHAIR
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Tucson, Arizona 85701-1415

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TUCSON, ARIZONA 85701-1489
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COPY
AUG - 9 1993
JAMES N. CORBETT
CLERK, SUPERIOR COURT

DICKERSON, BUTLER, RABB & RODRIGUEZ, P.C.
Attorneys at Law
3320 N. Campbell, Suite 150
Tucson, AZ 85719
(602) 888-6740

Lloyd L. Rabb, III
PCC: 46260; State Bar No. 011056
Attorneys for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF PIMA

296426

HERMAN McCURDY, surviving)
spouse of MARVELLA McCURDY)
and personal representative)
of her estate; BILLY GLENN)
McCURDY, MARGARET E. McCURDY)
HACKWORTH, WILMA E. McCURDY,)
and BOBBY WAYNE McCURDY,)
surviving children of)
MARVELLA McCURDY, deceased,)
Plaintiffs,)

No.)
COMPLAINT)
(Medical Malpractice and)
Wrongful Death)

vs.)

*Assigned To:
Judge Tinney*

MT. GRAHAM COMMUNITY HOSPITAL,)
INC., an Arizona Corporation;)
GILA VALLEY CLINIC, P.C., an)
Arizona Corporation; LYNN)
SMITH M.D., individually and)
in his capacity as an M.D. and)
JANE DOE SMITH, his wife;)
SUSAN J. THARP, individually)
and in her capacity as an M.D.)
and JOHN DOE THARP her)
husband; KATHERINE DICKINSON,)
individually and in her)
capacity as and M.D., and JOHN)
DOE DICKINSON her husband;)
JOHN DOES and JANE DOES, M.D.,)
1-10; JOHN DOES and JANE DOES)
SPOUSES 1-10; ABC CORPORATIONS)
1-10; XYZ SOLE PROPRIETOR-)
SHIPS and PARTNERSHIPS 1-10;)
Defendants.)

Assigned to:

LAW OFFICES OF
DICKERSON, BUTLER, RABB & RODRIGUEZ, P.C.

1 Plaintiffs, by and through their attorneys, DICKERSON,
2 BUTLER, RABB & RODRIGUEZ, P.C., and JACOB & FISHBEIN, and for their
3 cause of action against the Defendants, allege as follows:

4 I

5 Plaintiff HERMAN McCURDY is a resident of Graham County,
6 Arizona, and have been at all times herein alleged; and that all
7 events hereinafter set forth occurred in Graham County, Arizona.
8 The minimum jurisdictional amount established for filing this
9 action is satisfied.

10 II

11 That Plaintiffs are the surviving spouse and children of
12 MARVELLA McCURDY who died January 26, 1993.

13 III

14 At all times complained of herein, Defendants KATHERINE
15 DICKINSON M.D. and SUSAN J. THARP, M.D. were acting in their
16 individual capacities as medical doctors and as agents and/or
17 employees of Defendant, MT. GRAHAM COMMUNITY HOSPITAL, INC.
18 Defendant MT. GRAHAM COMMUNITY HOSPITAL, INC. is liable for the
19 negligent acts of Defendants, KATHERINE DICKINSON, M.D. and SUSAN
20 J. THARP, M.D. under the theory of Respondeat Superior.

21 IV

22 At all times complained of herein, Defendants KATHERINE
23 DICKINSON, M.D., LYNN SMITH, M.D. and SUSAN J. THARP, M.D., were
24 acting on behalf of themselves and their marital communities with
25 JOHN DOE DICKINSON, JANE DOE SMITH and JOHN DOE THARP,
26 respectively, and that the fictitiously named JOHN DOES and JANE

1 DOES were acting on behalf of themselves and their marital
2 communities.

3
4 V

5 The fictitious individual defendants, fictitious corporate
6 defendants, and fictitious sole proprietorships and partnerships
7 are persons or entities which may be liable to Plaintiff for the
8 acts of negligence alleged herein by virtue of their own
9 independent negligence in causing such acts, the doctrine of
10 respondeat superior, and/or principles of agency, but whose true
11 names and identities are unknown to Plaintiffs at this time. When
12 their true names are ascertained, they will be substituted in these
13 pleadings.

14 VI

15 On or about January 25, 1993, Plaintiff MARVELLA McCURDY
16 sought treatment at MT. GRAHAM COMMUNITY HOSPITAL, INC. for a
17 medical complaint. At said time and place, Defendant KATHERINE
18 DICKINSON, M.D. and agents and/or employees of MT. GRAHAM COMMUNITY
19 HOSPITAL, INC., were negligent in their care and treatment of
20 Plaintiff, MARVELLA McCURDY, in that they failed to timely diagnose
21 and treat Plaintiff's myocardial infarction and that said
22 negligence caused or contributed to the wrongful death of Plaintiff
23 MARVELLA McCURDY.

24 VII

25 On or about January 26, 1993, Plaintiff MARVELLA McCURDY
26 sought treatment at MT. GRAHAM COMMUNITY HOSPITAL, INC. for a
medical complaint. At said time and place, Defendants LYNN SMITH,
M.D., SUSAN J. THARP, M.D. and agents and/or employees of MT.

1 GRAHAM COMMUNITY HOSPITAL, INC., were negligent in their care and
2 treatment of Plaintiff, MARVELLA MCCURDY, in that they failed to
3 timely diagnose and treat Plaintiff's myocardial infarction and
4 that said negligence caused or contributed to the wrongful death
5 of Plaintiff MARVELLA MCCURDY.

6 VIII

7 At all times complained of herein, Defendant LYNN SMITH, M.D.
8 was acting in his individual capacity as an M.D. and as an agent
9 or employee of Defendant GILA VALLEY MEDICAL CLINIC, P.C. and/or
10 MT. GRAHAM COMMUNITY HOSPITAL, INC.

11 IX

12 On or about January 26, 1993, Plaintiff MARVELLA MCCURDY
13 sought treatment at GILA VALLEY CLINIC, P.C. for a medical
14 complaint. At said time and place, Defendant LYNN SMITH, M.D. and
15 agents and/or employees of GILA VALLEY CLINIC, P.C., were
16 negligent in their care and treatment of Plaintiff, MARVELLA
17 MCCURDY, in that they failed to timely diagnose and treat
18 Plaintiff's myocardial infarction, and that said negligence caused
19 or contributed to the wrongful death of Plaintiff, MARVELLA
20 MCCURDY.

21 X

22 As a result of the negligence of the Defendants, and each of
23 them, Plaintiffs have suffered damages which include, but are not
24 limited to, medical expenses, grief, pain, suffering, anxiety and
25 the loss of society and companionship of their loved one, MARVELLA
26 MCCURDY.

1 WHEREFORE, Plaintiffs pray that judgment be entered in favor
2 of Plaintiffs and against the Defendant, and each of them, in an
3 amount which is reasonable and just compensation to the Plaintiffs
4 for their damages, for costs incurred herein, and for such other
5 and further relief as the court deems just and equitable.
6

7
8 RESPECTFULLY SUBMITTED this 6th day of August, 1993.

9 DICKERSON, BUTLER, RABB
10 & RODRIGUEZ, P.C.

11
12 By: 

13 Lloyd L. Rabb, III
14 Attorneys for Plaintiff
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LAW OFFICES OF
DICKERSON, BUTLER, RABB & RODRIGUEZ, P.C.

6/29/94

1 Sarah J. Showard, Esq.
2 JACOBY & MEYERS LAW OFFICES
3 2601 North Campbell Avenue, #201
4 Tucson, Arizona 85719
5 (602) 881-9472

6 PCC #64614 State Bar #012350
7 Attorneys for Plaintiff

8 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
9
10 IN AND FOR THE COUNTY OF GRAHAM

11 JOHN MONCUR, surviving child)
12 of Mathilda Hanson, deceased,)

13 Plaintiff,)

14 vs.)

15 Case No.)

16 SAFFORD CARE CENTER;)
17 KATHERINE DICKINSON, M.D., and)
18 JOHN DOE DICKINSON, wife and)
19 husband; JOHN DOES and JANE)
20 DOES I-X; and XYZ COMPANIES)
21 I-X, persons, sole)
22 proprietorships, partnerships,)
23 and corporations,)

24 COMPLAINT (Medical Malpractice/
25 Wrongful Death)

26 Defendants.)
27)
28)

29 The Plaintiff, by and through his attorneys undersigned,
30 for his complaint, states:

- 31 1. Venue and jurisdiction are proper.
- 32 2. All acts complained of herein occurred in the
33 furtherance of Defendants DICKINSON'S and JOHN DOES' and JANE DOES'
34 marital community.
- 35 3. Defendant SAFFORD CARE CENTER is a licensed medical
36 care facility authorized to do and doing business in the State of
37 Arizona.
- 38 4. Defendant KATHERINE DICKINSON, M.D., was a duly
39 licensed physician practicing within the State of Arizona.

1 5. Defendants JOHN DOES and JANE DOES 1-X and XYZ
2 COMPANIES I-X are corporations, business entities, persons, agents,
3 servants, or employees whose true names are not known to Plaintiff
4 at the present time.

5 6. Plaintiff JOHN MONCUR is a single man and is the only
6 surviving child of the deceased, Mathilda Hanson.

7 7. On or about June 23, 1993, decedent Mathilda Hanson
8 was admitted to Defendant SAFFORD CARE CENTER. In return for
9 valuable consideration, Defendant SAFFORD CARE CENTER undertook and
10 represented that they would protect and care for decedent Mathilda
11 Hanson. Defendant SAFFORD CARE CENTER represented that it would, in
12 a careful, competent, and skillful manner, render all necessary
13 attention and employ all facilities for the proper care and treatment
14 of decedent Mathilda Hanson. Plaintiff, relying upon those
15 representations of Defendant SAFFORD CARE CENTER, placed decedent
16 Mathilda Hanson under the care, control, and management of Defendant
17 SAFFORD CARE CENTER.

18 8. Decedent Mathilda Hanson, while a patient at Defendant
19 SAFFORD CARE CENTER, became a patient of Defendant KATHERINE
20 DICKINSON, M.D. In return for payment of valuable consideration,
21 Defendant KATHERINE DICKINSON, M.D., agreed to undertake the care,
22 management, and supervision of decedent Mathilda Hanson.

23 9. Defendants negligently and carelessly performed the
24 duties of protection and care which they had undertaken toward
25 decedent Mathilda Hanson. In so performing, Defendants failed to
26 conform to the standards of practice customarily recognized in the
27
28

1 State of Arizona and other similar communities throughout the United
2 States so as to cause the death of decedent Mathilda Hanson.

3 10. As a direct and proximate result of Defendants'
4 negligence, Plaintiff JOHN MONCUR, as the sole surviving child of the
5 deceased, Mathilda Hanson, is entitled to recover for his losses for
6 the wrongful death of his mother, including but not limited to his
7 loss of love, affection, companionship, care, protection, and
8 guidance since the death and in the future; his pain, grief, sorrow,
9 anguish, stress, and mental suffering already experienced and
10 reasonably probable to be experienced in the future; income and
11 services that have already been lost as a result of the death and are
12 reasonably probable to be lost in the future; reasonable expenses of
13 funeral and burial; and reasonable expenses of necessary medical care
14 and services rendered to the deceased, Mathilda Hanson.

15 11. The acts and omissions of Defendants were intentional,
16 outrageous, unlawful, and unreasonable and constitute an intentional,
17 malicious, and conscious disregard for decedent Mathilda Hanson's
18 health, welfare, and safety, thereby entitling Plaintiff to an award
19 of punitive damages.

20 WHEREFORE, Plaintiff requests the following relief:

21 1. Judgment in Plaintiff's favor and against Defendants
22 sufficient to compensate Plaintiff for his losses.

23 2. Legal costs.

24 3. Punitive damages in an amount sufficient to deter
25 conduct such as the Defendants' in the future.

26 4. Such further relief as the Court may deem just and
27 equitable.

28

Weyt, Surjer, MacBan & Olson

A Professional Association

Attorneys at Law

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CRISTINA M. CHAIT
MICHAEL W. CAPP
CATHERINE M. WOODS

* ARIZONA CERTIFIED SPECIALIST, INJURY & WRONGFUL DEATH LITIGATION

January 31, 1996

PERSONAL AND CONFIDENTIAL

Katherine E. Dickinson, M.D.
2016 W. 16th St.
Safford, AZ 85546

**Re: Hanson (Moncur) v. Dickinson
Our File No. 1005-570**

Dear Katherine:

We recently had oral argument in this matter on the issue of whether the case should be dismissed because plaintiff failed to substitute a personal representative in a timely fashion following the death of [2 - Healthcare Informati...]. The Court ruled that everyone is subject to making mistakes and that under the applicable legal standard some leniency should be shown. Therefore, he has given plaintiff until March 2 to substitute a personal representative into the lawsuit in place of [2 - Healthcare Inform...].

The Court further ordered that we will have oral argument on the motions for partial summary judgment on Friday, March 22, 1996. As to you, there is really little or nothing for the Court to decide at this point. Plaintiff has acknowledged that loss of consortium is not a valid claim against you and that the sole damages is in the amount of the funeral expenses in the approximate sum of \$2,300. There is no claim against you for punitive damages.

However, there is a claim for punitive damages against Safford Care Center, and that will be the crucial issue decided on the motion for partial summary judgment. In the final resolution, I anticipate that the lawsuit will be left with the only claim against either you or Safford Care Center being the out-of-pocket expense for funeral costs as outlined above. I am hopeful that the insurance carrier for Safford Care Center will pay for the funeral expenses or at least enter into a compromised settlement for the funeral expenses so the entire lawsuit can be dismissed.

Katherine E. Dickinson, M.D.
January 31, 1996
Page 2

The \$2,300 sum is certainly a very trivial amount in view of the money that would be spent to take this matter to trial. However, there is really no way for MICA to settle the case because if you were to give your settlement authorization and even \$1 was paid on your behalf in settlement, that would require a report to the National Practitioner Data Bank. I suspect you want to avoid that. Thus, we will need to wait and see whether we can count on Safford Care Center to get this case settled. I will, of course, keep you apprised as to all further developments.

Very truly yours,



Daniel P. Jantsch
For the Firm

DPJ:sj

Weyl, Guryer, MacBain & Olson

A Professional Association

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* ARIZONA CERTIFIED SPECIALIST, INJURY & WRONGFUL DEATH LITIGATION

May 4, 1996

PERSONAL AND CONFIDENTIAL

Katherine E. Dickinson, M.D.
2016 W. 16th St.
Safford, AZ 85546

**Re: Thatcher v. Dickinson, et al.
Our File No. 1005-585**

Dear Katherine:

As you know, plaintiffs dismissed you from this action without prejudice, meaning you could possibly be brought back into this case. However, upon my review of the file, it appears the time has passed for plaintiffs to bring you back into this case. Therefore, we will plan on closing our file within the next few days. **Please be advised that this file will be sent to storage and will be calendared for shredding three (3) years from the date of closure, unless you request otherwise.**

If there is anything else you need, please do not hesitate to give me a call. It was a pleasure working with you on this matter.

Very truly yours,



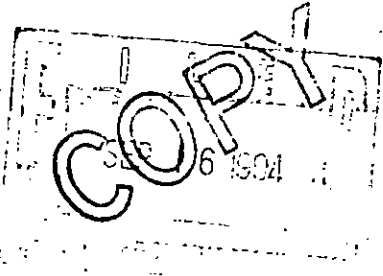
Daniel P. Jantsch
For the Firm

DPJ:sj

LAW OFFICE OF
MICHAEL E. LARKIN

Please reply to:
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Arizona State Bar No. 009497
Attorney for Plaintiff



IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF GRAHAM

LETTISHA THATCHER, in her own)
right; ALEXA JANE THATCHER,)
a minor, by and through her mother)
and next friend, LETTISHA)
THATCHER,)

Plaintiffs,)

v.)

GILA VALLEY CLINIC, P.C., a)
professional corporation; LISA)
PROSOSKI, P.A. and JOHN DOE)
PROSOSKI, wife and husband;)
KATHERINE DICKINSON, M.D. and)
JOHN DOE DICKINSON, wife and)
husband; JOGESWAR RATH, M.D.)
and JANE DOE RATH, husband and)
wife; MT. GRAHAM COMMUNITY)
HOSPITAL, INC., an Arizona)
corporation; JOHN DOES and JANE)
DOES 1-3; ABC CORPORATIONS 1-4,)

Defendants.)

NO. 14783

COMPLAINT

(Tort Non-Motor Vehicle)
(Medical Malpractice)
(Jury Requested)

COMES NOW the Plaintiffs, LETTISHA THATCHER and ALEXA JANE

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THATCHER, by and through their attorney, MICHAEL E. LARKIN, and for their Complaint against GILA VALLEY CLINIC, P.C., a professional corporation, LISA PROSOSKI, P.A. and JOHN DOE PROSOSKI, wife and husband, and KATHERINE DICKINSON, M.D. and JOHN DOE DICKINSON, wife and husband, JOGESWAR RATH, M.D. and JANE DOE RATH, husband and wife, MT. GRAHAM COMMUNITY HOSPITAL, INC., an Arizona corporation, alleges as follows:

I

At all pertinent times LETTISHA THATCHER and ALEXA JANE THATCHER were and are residents and citizens of Graham County, Arizona. Plaintiffs hereby exercises their rights under Rule I Uniform Rules of Procedure, Medical Review Panel: "Review Panel Waived."

II.

At all pertinent times LISA PROSOSKI, P.A. and JOHN DOE PROSOSKI, wife and husband, KATHERINE DICKINSON, M.D. and JOHN DOE DICKINSON, wife and husband, JOGESWAR RATH, M.D. and JANE DOE RATH, husband and wife, were and are residents of Graham County, Arizona, and each caused an event to occur in Graham County out of which the cause of action arose. Defendants, and each of them, are licensed health care providers practicing in the State of Arizona and residing in Graham County, Arizona. Further, MT. GRAHAM COMMUNITY HOSPITAL, INC. is an Arizona corporation licensed to do business in the State of Arizona, and GILA VALLEY CLINIC, P.C. is a professional corporation licensed to do business in the State

1
2 of Arizona and caused an event to occur in Graham County out of which the cause of
3 action arose.

4 III.

5 Defendants JOHN DOES AND JANE DOES 1 through 3 are residents of
6 the State of Arizona and the events referred to occurred in the State of Arizona out of
7 which this cause of action arose, whose true names are not known at present but will be
8 submitted when discovered; that ABC CORPORATIONS 1 through 4 are corporations
9 doing business in the State of Arizona or caused an event to occur in the State of Arizona
10 out of which this cause of action arose whose true names are not known to Plaintiff at
11 present but which will be substituted when discovered.

12 IV.

13 In Safford, Arizona on August 13, 1993 the Plaintiff, LETTISHA
14 THATCHER was under the professional care of the Defendants and each of them. At
15 that time and place and thereafter she was injured as a direct and proximate result of the
16 negligence of the Defendants and each of them.

17 V.

18 The defendants and each of them owed a duty of reasonable care for the
19 health and welfare of the plaintiff but in the care and treatment rendered the Plaintiff
20 failed to exercise that degree of care, skill and diligence required of prudent health care
21 providers in their profession and specialty in the State of Arizona in the same or similar
22 circumstances.
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VI.

The failure of the Defendants and each of them to exercise that degree of care, skill and diligence required of prudent health care providers in the same or similar circumstances in the State of Arizona was a proximate cause of serious and permanent injuries which the Plaintiff has sustained; as a result of the negligence of the Defendants, the Plaintiff has incurred diverse medical and hospital expenses; she has been disabled and she will in the future continue to be disabled and will require the expenditure of further sums for health care; Plaintiff's injuries are permanent, painful and disabling.

VII.

Plaintiff, ALEXA JANE THATCHER has a loss of society, care, affection, and support as a result of the defendants and each of their negligence.

WHEREFORE, Plaintiff prays judgment against the Defendants, and each of them, in the excess of the jurisdictional limit of the Superior Courts of the State of Arizona which will justly and fairly compensate Plaintiff for their injuries together with prejudgment interest for the medical expenses, lost earnings, taxable costs and for such other and further relief as the Court deems just.

DATED this 14th day of September, 1994.

LAW OFFICES OF MICHAEL E. LARKIN
Attorney for Plaintiff



Michael E. Larkin

Student No: 1 - DOH Licensee ...
Date of Birth: 29-MAY-59

Date Issued: 14-OCT-1996

Record of: Katherine Ellen Dickinson

Page: 1

Student Level: Medicine Issued To: Washington State Department of Health
Admit Term: Fall 1981

Current College(s): School of Med & Health Sc
Current Major(s): Medicine

Degree Awarded: M D 24-MAY-85
Major: Medicine

SUBJ NO	COURSE TITLE	CRDT	GRD	PTS	SUBJ NO	COURSE TITLE	CRDT	GRD	PTS
GEORGE WASHINGTON UNIVERSITY CREDIT:									
Fall 1981					Summer 1983				
School of Med & Health Sc					HCS 301 Clerkship In Primary Care 8.00 H 0.00				
Medicine					Ehrs 8.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
ANAT 213 R-Gross Anatomy 6.00 P 0.00					CUM 115.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
ANAT 214 R-Microscopic Anatomy 3.00 P 0.00					Fall 1983				
ANAT 215 R-Human Developmental Anatomy 1.00 P 0.00					MED 305 R-Inpatient Clerkship 10.00 H 0.00				
BIOC 201 R-Medical Biochemistry 8.00 P 0.00					PCHI 302 R-Clinical Clerkship 10.00 P 0.00				
Ehrs 18.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					Ehrs 20.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
CUM 18.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					CUM 135.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
Spring 1982					Spring 1984				
BIOC 240 Nutrition 2.00 P 0.00					CH&D 303 R-Pediatric Clerkship 10.00 P 0.00				
HCS 230 R-Emergency Medicine I 2.00 P 0.00					OB&G 303 R-Clinical Ob&Gyn 10.00 H 0.00				
HCS 231 Emergency Medicine II 1.00 P 0.00					SURG 303 R-Clinical Clerkship 10.00 P 0.00				
HCS 232 How To Read Clinical Literatr 1.00 P 0.00					Ehrs 30.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
IDIS 212 R-Neurobiology 3.00 P 0.00					CUM 165.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
MICR 201 R-Medical Microbiology 8.00 P 0.00					Summer 1984				
PCHI 252 R-Psych&Socl Facts-Medcl Pra 3.00 P 0.00					ANES 302 Clinical Clerkship 3.00 P 0.00				
PHYL 201 R-Physiology 8.00 P 0.00					EMED 302 Emergency Medicine 3.00 P 0.00				
Ehrs 28.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					NEUR 380 Clinical Neurology 5.00 H 0.00				
CUM 46.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					Ehrs 11.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
Fall 1982					CUM 176.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
HCS 369 R-Issues In Health Care 2.00 H 0.00					Fall 1984				
IDIS 301 R-Intro-Clinical Medicine 16.00 IP 0.00					HCS 390 Extramural Hcs Elective 5.00 H 0.00				
PATH 201 R-Pathology 8.00 IP 0.00					MED 390 Extramural Int Med Elective 5.00 H 0.00				
PCHI 301 R-Psychopathlg&Concept Model 2.00 P 0.00					MED 391 Extramural Int Med Elective 5.00 H 0.00				
PHAR 201 R-Pharmacology 6.00 P 0.00					Ehrs 15.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
Ehrs 34.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					CUM 191.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
CUM 80.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					Spring 1985				
Spring 1983					CH&D 362 Clin Ped-A.I.-General Medicin 5.00 H 0.00				
IDIS 301 R-Intro To Clinicl Medicine 16.00 P 0.00					CH&D 387 Chronically Ill Child & Famil 3.00 H 0.00				
MED 201 Diagnostc Studies-Clinical Me 1.00 P 0.00					CH&D 401 Pediatric Otolaryngology 5.00 H 0.00				
PATH 201 R-Pathology 8.00 P 0.00					HCS 504 Medical Law-Attending Physicia 3.00 P 0.00				
PHAR 202 R-Pharmacology 2.00 P 0.00					MED 332 A.I. In Medicine 5.00 P 0.00				
Ehrs 27.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					MED 413 Gastroenterol. & Hepatolgy 5.00 P 0.00				
CUM 107.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00					MED 499 Clin Electrocardiography 1.00 P 0.00				
***** CONTINUED ON NEXT COLUMN *****					Ehrs 27.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
					CUM 218.00 GPA-Hrs 0.00 Pts 0.00 GPA 0.00				
					***** CONTINUED ON PAGE 2 *****				

OFFICIAL TRANSCRIPTS BEAR THE EMBOSSED UNIVERSITY SEAL AND THE REGISTRAR'S SIGNATURE

TRANSCRIPT GUIDE PRINTED ON REVERSE

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TRANSFER CREDIT

Transfer courses listed on your transcript are bonafide courses and are assigned as advanced standing. However, whether or not these courses fulfill degree requirements is determined by individual school criteria.

EXPLANATION OF COURSE NUMBERING SYSTEM

All colleges, schools, and divisions except the National Law Center and the M.D. Program in the School of Medicine and Health Sciences

- 001 to 100 Designed for freshman and sophomore students. Open to juniors and seniors with approval. Used by graduate students to make up undergraduate prerequisites. Not for graduate credit.
- 101 to 200 Designed for junior and senior students. With appropriate approval, specified courses may be taken for graduate credit by completing additional work.
- 201 to 300 Primarily for graduate students. Open to qualified seniors with approval of instructor and department chair. In SBPM, open only to seniors with a GPA of 3.00 or better as well as approval of department chair and dean.
- 301 to 400 School of Education and Human Development—Designed primarily for graduate students.
 School of Engineering and Applied Science—Designed primarily for graduate students.
 Graduate School of Arts and Sciences—Limited to graduate students, primarily for doctoral students.
 School of Business and Public Management—Limited to doctoral students.
- 701 & 721 The 701 (General studies) courses explore topics not encompassed in the normal offerings of the department, often utilizing insights and methods of other disciplines. The 721 (Interdisciplinary Studies) courses are upper-level courses involving faculty from two or more departments, investigating a theme, topic, or issue of mutual academic interest.
- 751 The 751 number is used to list courses sponsored jointly by two or more schools.
- 770s Numbers in the 770s designate courses offered by distinguished University Professors, the content usually spans several disciplines.

The National Law Center

Before June 1, 1968:

- 101 to 200 Required courses for first-year students.
- 201 to 300 Required and elective courses for Bachelor of Laws or Juris Doctor curriculum. Open to master's candidates with approval.
- 301 to 400 Advanced courses. Primarily for master's candidates. Open to LL.B. or J.D. candidates with approval.

After June 1, 1968:

- 201 to 299 Required courses for J.D. candidates
- 300 to 499 Designed for second- and third-year J.D. candidates. Open to master's candidates only with special permission.
- 500 to 622 Designed for advanced law degree students. Open to J.D. candidates only with special permission.

School of Medicine and Health Sciences

- 001 to 100 Designed for first- and second-year students in undergraduate health sciences programs.
- 101 to 200 Designed for third- and fourth-year students in undergraduate health sciences programs.
- 201 to 800 Designed for M.D. and M.P.H. candidates as well as other graduate degree candidates in the basic sciences.

THE CONSORTIUM OF UNIVERSITIES OF THE WASHINGTON METROPOLITAN AREA

Courses taken through the Consortium are recorded using the visited institutions' department symbol and course number in the first positions of the title field. The visited institution is denoted with one of the following GW abbreviations.

AU American University	MMU Marymount University
CU Catholic University of America	MVC Mount Vernon College
GC Gallaudet University	TC Trinity College
GU Georgetown University	UDC University of the District of Columbia
GL Georgetown Law Center	
HU Howard University	UMD University of Maryland

GRADING SYSTEMS

Undergraduate Grading System

A, Excellent; B, Good; C, Satisfactory; D, Low Pass; F, Fail; I, Incomplete; *IPG*, Progress; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *P*, Pass; *NP*, No Pass; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 1987: The following grading symbols were added: *A-*, *B+*, *B-*, *C+*, *C-*, *D+*, *D-*.

Effective Summer 1980: The grading symbols *P*, *Pass*, and *NP*, No Pass, replace *CR*, Credit, and *NC*, No Credit.

Effective Fall 1979 through Fall 1985: The grading symbol *Z** indicates Failure, Unauthorized Withdrawal.

Effective Fall 1969 through Summer 1971: *H*, Honor; *HP*, High Pass; *P*, Pass; *F*, Failure.

Effective Fall 1964 through Summer 1981: "g" indicates undergraduate credit earned for a graduate-level course.

Effective Fall 1963 through Summer 1981: (I) Failure to remove the grade of "Incomplete" within the required time period.

Graduate Grading System

(Excludes Law and M.D. programs) A, Excellent; B, Good; C, Minimum Pass; *F*, Failure; *I*, Incomplete; *IPG*, Progress; *CR*, Credit; *W*, Authorized Withdrawal; *Z*, Unauthorized Withdrawal; *AU*, Audit. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 1994: The Columbian College and Graduate School of Arts and Sciences and the Elliott School of International Affairs have elected to use *A-*, *B+*, *B-*, *C+*, *C-* grades on the graduate level.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Effective Fall 1979 through Fall 1985: The grading symbol *Z** indicates Failure, Unauthorized Withdrawal.

Effective Fall 1964 through Summer 1981: "g" indicates graduate credit granted for an undergraduate-level course.

Effective Fall 1963 through Summer 1981: (I) Failure to remove the grade of "Incomplete" within the required time period.

Effective Spring 1953 through Fall 1964: *E* or *Ex*, Excellent; *S* or *Sat*, Satisfactory; *U* or *Unsat*, Unsatisfactory; *I* or *Inc*, Incomplete; *AU*, Audit; *CR*, Credit; *NC*, No Credit.

Before Spring 1953: *Sat*, Satisfactory; *Unsat*, Unsatisfactory; *Inc*, Incomplete.

Law Grading System

A+, *A*, *A-*, Excellent; *B+*, *B*, *B-*, Good; *C+*, *C*, *C-*, Passing; *D*, Minimum Pass; *F*, Failure; *CR*, Credit; *NC*, No Credit; *I*, Incomplete. When a grade is assigned to a course that was originally assigned a grade of *I*, the grade is replaced with *I* and the grade.

Prior to Fall 1993: Grades are given in numerical terms equivalent to letter grades as follows: 85-100, *A*, Excellent; 75-84, *B*, Good; 65-74, *C*, Satisfactory; 55-64, *D*, Poor (below standard for graduation); 45-54, *F*, Failure; *CR*, Credit (minimum grade of 65 required for J.D. candidates, 75 for LL.M. candidates); *NC*, No Credit; *I*, Incomplete (student excused from taking a regularly scheduled examination).

Effective Fall 1991: The following courses will be graded on the basis of *H*, Honors; *P*, Pass; *LP*, Low Pass, and *NC*, No Credit: LAW 220, 221, 311, 460, 461, 493 and 494.

M.D. Program Grading System

H, Honors; *P*, Pass; *F*, Failure; *IP*, In Progress; *I*, Incomplete; *CN*, Conditional; *W*, Withdrawal; *X*, Exempt; *CN/P*, Conditional converted to Pass; *CN/W*, Conditional converted to Failure.

Effective September 1, 1967, to September 1, 1972: *A*, Excellent; *B*, Good; *C*, Satisfactory; *D*, Passing (Conditional grade removed); *F*, Failure; *I*, Incomplete; *CN*, Conditional; *CR*, Credit.

Effective September 1, 1965, to September 1, 1967: *A*, Excellent; *B*, Good; *C*, Satisfactory; *D*, Passing (Conditional grade removed); *F*, Failure; *I*, Incomplete; *CN*, Conditional; *CR*, Credit.

Before September 1, 1965: *A*, Excellent, 90-100; *B*, Good, 80-89; *C*, Passing, 75-79; *D*, Conditional, 65-74; *F* or *D*, Failure, below 65; *I* or *Inc*, Incomplete.

Student No: 1 - DOH Licensee ...
Date of Birth: 29-MAY-59

Date Issued: 14-OCT-1996

Record of: Katherine Ellen Dickinson

Page: 2

SUBJ NO COURSE TITLE CRDT GRD PTS

***** TRANSCRIPT TOTALS *****

	Earned Hrs	GPA	Hrs	Points	GPA
TOTAL INSTITUTION	218.00	0.00	0.00	0.00	0.00
OVERALL	218.00	0.00	0.00	0.00	0.00

END OF DOCUMENT

19 - 10 - 1996

NOTICE TO RECIPIENT

Federal legislation (the Family Educational Rights and Privacy Act) requires institutions of higher education to inform each recipient of this academic record that it is to be used only for the purpose for which it was presented and that it is not to be copied or made available to a third party without the expressed permission of the individual concerned. It must be pointed out in this context that as a general practice, mutually agreed upon by professional associations, such records are not to be reproduced for distribution beyond the purview of the recipient or his/her organization.

TRANSFER CREDIT

Transfer courses listed on your transcript are bonafide courses and are assigned as advanced standing. However, whether or not these courses fulfill degree requirements is determined by individual school criteria.

EXPLANATION OF COURSE NUMBERING SYSTEM

All colleges, schools, and divisions except the National Law Center and the M.D. Program in the School of Medicine and Health Sciences

- 001 to 100 Designed for freshman and sophomore students. Open to juniors and seniors with approval. Used by graduate students to make up undergraduate prerequisites. Not for graduate credit.
- 101 to 200 Designed for junior and senior students. With appropriate approval, specified courses may be taken for graduate credit by completing additional work.
- 201 to 300 Primarily for graduate students. Open to qualified seniors with approval of instructor and department chair. In SBPM, open only to seniors with a GPA of 3.00 or better as well as approval of department chair and dean
- 301 to 400 School of Education and Human Development—Designed primarily for graduate students
 School of Engineering and Applied Science—Designed primarily for graduate students.
 Graduate School of Arts and Sciences—Limited to graduate students, primarily for doctoral students
 School of Business and Public Management—Limited to doctoral students.
- 701 & 721 The 701 (General Studies) courses explore topics not encompassed in the normal offerings of the department, often utilizing insights and methods of other disciplines. The 721 (Interdisciplinary Studies) courses are upper-level courses involving faculty from two or more departments, investigating a theme, topic, or issue of mutual academic interest.
- 751 The 751 number is used to list courses sponsored jointly by two or more schools.
- 770s Numbers in the 770s designate courses offered by distinguished University Professors, the content usually spans several disciplines

The National Law Center

Before June 1, 1968:

- 101 to 200 Required courses for first-year students.
- 201 to 300 Required and elective courses for Bachelor of Laws or Juris Doctor curriculum. Open to master's candidates with approval.
- 301 to 400 Advanced courses. Primarily for master's candidates. Open to LL.B. or J.D. candidates with approval.

After June 1, 1968:

- 201 to 299 Required courses for J.D. candidates
- 300 to 399 Designed for second- and third-year J.D. candidates. Open to master's candidates only with special permission.
- 500 to 622 Designed for advanced law degree students. Open to J.D. candidates only with special permission.

School of Medicine and Health Sciences

- 001 to 100 Designed for first- and second-year students in undergraduate health sciences programs
- 101 to 200 Designed for third- and fourth-year students in undergraduate health sciences programs.
- 201 to 800 Designed for M.D. and M.P.H. candidates as well as other graduate degree candidates in the basic sciences.

THE CONSORTIUM OF UNIVERSITIES OF THE WASHINGTON METROPOLITAN AREA

Courses taken through the Consortium are recorded using the visited institutions' department symbol and course number in the first positions of the title field. The visited institution is denoted with one of the following GW abbreviations:

- AU American University
- CU Catholic University of America
- GC Gallaudet University
- GU Georgetown University
- GL Georgetown Law Center
- HU Howard University
- MMU Marymount University
- MVC Mount Vernon College
- TC Trinity College
- UDC University of the District of Columbia
- UMD University of Maryland

GRADING SYSTEMS

Undergraduate Grading System

A, Excellent; B, Good; C, Satisfactory; D, Low Pass; F, Fail; I, Incomplete; IPG, Progress; W, Authorized Withdrawal; Z, Unauthorized Withdrawal; P, Pass; NP, No Pass; AU, Audit. When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade.

Effective Fall 1987: The following grading symbols were added: A-, B+, B-, C+, C-, D+, D-

Effective Summer 1980: The grading symbols, P, Pass, and NP, No Pass, replace CR, Credit, and NC, No Credit

Effective Fall 1979 through Fall 1985: The grading symbol Z* indicates Failure, Unauthorized Withdrawal.

Effective Fall 1969 through Summer 1971: H, Honors; HP, High Pass; P, Pass; F, Failure.

Effective Fall 1964 through Summer 1981: "G" indicates undergraduate credit earned for a graduate-level course.

Effective Fall 1963 through Summer 1981: "I" Failure to remove the grade of "Incomplete" within the required time period.

Graduate Grading System

(Excludes Law and M.D. programs) A, Excellent; B, Good; C, Minimum Pass; F, Failure; I, Incomplete; IPG, Progress; CR, Credit; W, Authorized Withdrawal; Z, Unauthorized Withdrawal; AU, Audit. When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade.

Effective Fall 1994: The Columbian College and Graduate School of Arts and Sciences and the Elliott School of International Affairs have elected to use A-, B+, B-, C+, C, C- grades on the graduate level.

Prior to Summer 1992: When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade

Effective Fall 1979 through Fall 1985: The grading symbol Z* indicates Failure, Unauthorized Withdrawal.

Effective Fall 1964 through Summer 1981: "G" indicates graduate credit granted for an undergraduate-level course.

Effective Fall 1963 through Summer 1981: "I" Failure to remove the grade of "Incomplete" within the required time period.

Effective Spring 1953 through Fall 1964: E or Ex., Excellent; S or Sat., Satisfactory; U or Unsat., Unsatisfactory; I or Inc., Incomplete; AU, Audit; CR, Credit; NC, No Credit.

Before Spring 1953: Sat., Satisfactory; Unsat., Unsatisfactory; Inc., Incomplete.

Law Grading System

A+, A, A-, Excellent; B+, B, B-, Good; C+, C, C-, Passing; D, Minimum Pass; F, Failure; CR, Credit; NC, No Credit; I, Incomplete. When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade.

Prior to Fall 1993: Grades are given in numerical terms equivalent to letter grades as follows: 85-100, A, Excellent; 75-84, B, Good; 65-74, C, Satisfactory; 55-64, D, Poor (below standard for graduation); 45-54, F, Failure; CR, Credit (minimum grade of 65 required for J.D. candidates, 75 for LL.M. candidates); NC, No Credit; I, Incomplete (student excused from taking a regularly scheduled examination).

Effective Fall 1991: The following courses will be graded on the basis of H, Honors; P, Pass; LP, Low Pass; and NC, No Credit: LAW 220, 221, 311, 460, 461, 493 and 494.

M.D. Program Grading System

H, Honors; P, Pass; F, Failure; IP, In Progress; I, Incomplete; CN, Conditional; W, Withdrawal; X, Exempt; CNP, Conditional converted to Pass; CNF, Conditional converted to Failure.

Effective September 1, 1967, to September 1, 1972: A, Excellent; B, Good; C, Satisfactory; D, Passing (Conditional grade removed); F, Failure; I, Incomplete; CN, Conditional; CR, Credit.

Effective September 1, 1965, to September 1, 1967: A, Excellent; B, Good; C, Satisfactory; D, Passing (Conditional grade removed); F, Failure; I, Incomplete; CN, Conditional; CR, Credit.

Before September 1, 1965: A, Excellent; 90-100, B, Good; 80-89, C, Passing; 75-79, D, Conditional; 65-74, F or D, Failure, below 65; I or Inc., Incomplete.

The
George
Washington
University
WASHINGTON DC

OFFICE OF THE REGISTRAR
WASHINGTON, D.C. 20052

RECEIVED

OCT 22 1996

Washington State Department
Of Health
P.O. Box 47866
Olympia WA 98504-7866

Attn: Betty Elliott

38304/7866

DICKINSON, KATHERINE MD_00034326 PAGE36



032

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7153389

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ENCLOSED
OPEN IMMEDIATELY



This SCRIP-SAFE Security Envelope provides instant document authenticity confirmation. BOTH the envelope and the document have the name of the University printed in small blue type. When BOTH backgrounds match, the enclosed document is authentic.



NATIONAL BOARD OF MEDICAL EXAMINERS®

ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME®) in the lower left corner certifies the authenticity of this document.

RECEIVED
JUN 10 1996
nr55

Diplomate Name: Katherine E. Dickinson, MD

Date of Birth: 05/29/1959

Certification Date: 07/01/1986

Certificate #: 307554

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/Fail	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
NBME PART I	Jun 1983	540 82	380 75	PASS	510 81	560 84	455 78	590 86	510 81	475 79	675 92
					Med	Surg	Ob/Gyn	PM/PH	Ped	Psych	
NBME PART II	Apr 1985	615 86	290 75	PASS	635 89	515 83	515 83	665 90	605 87	610 88	
NBME PART III	Mar 1986	635 87	290 75	PASS							

DATE: 06/05/1996

SEE OTHER SIDE FOR SCORE INFORMATION

PAGE: 1 of 1

WA1060

This *Endorsement of Certification* may include scores for Step 1, Step 2, or Step 3 of the United States Medical Licensing Examination™ (USMLE™). The USMLE, established by the Federation of State Medical Boards (FSMB) and the NBME, is a single, uniform medical licensure examination system comprised of three Step examinations. USMLE replaced both the Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. The NBME accepts passing scores on Part I or Step 1, plus Part II or Step 2, plus Part III or Step 3 as meeting the examination requirements for its certification program. Physicians who have passed at least one NBME Part in combination with one or two USMLE Steps will be certified and endorsed to medical licensing authorities by the NBME. Scores for physicians who pass Steps 1, 2 and 3 will be reported by the FSMB.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

The most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

NBME Part I and Part II Examinations June 1991 and Thereafter

The most recent total test score is reported. This score is on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

USMLE Step 1, Step 2, and Step 3

The complete USMLE examination history is given. A total test score is reported on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

All NBME Part III Examinations

The most recent total test score is reported. This score is on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

Two-Digit Scores

For all examinations, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

EXPLANATION OF COMMENTS

For USMLE Steps, this document is annotated to reflect special circumstances regarding the score report.

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

Incomplete - The examinee sat for some but not all of the scheduled test books. **No score is reported.**

Irregular Behavior - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To obtain information regarding the nature of the irregular behavior, the examinee's full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat.

Score Not Available - Score not available pending further review and/or analysis.

Testing Accommodations - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

RECEIVED MD SEP 23 1996

TO: Post-Graduate Training Program Director

Department of Family and Community Medicine
FACILITY NAME University of Arizona Affiliated hospitals
ADDRESS 1450 N. Cherry Avenue Tucson AZ 85719

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.

Katherine E. Dickinson MD 5-29-59
APPLICANT (PRINT OR TYPE) Katherine E. Dickinson - Potok
SIGNATURE OF APPLICANT

1. KATHERINE E. Dickinson-Potok, MD is or was engaged in post-graduate training in our program from 7/1/85 to 6/30/88 in the field of FAMILY PRACTICE

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

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

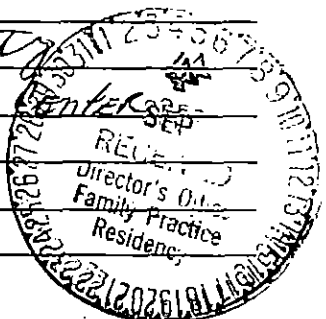
4. Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? Yes No If yes, please provide documentation.

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

Return to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866 Olympia, WA 98504-7866 206-664-8689 or 753-2844

(Seal)

Signature [Signature] Title Administrative Secretary Hospital University Medical Center Address 1501 N. Campbell TUCSON, AZ 85745 Date 9-18-96



NAME: Katherine E. Dickinson, MD

HOUSE STAFF EVALUATION

TO: Univ of AZ, College of Medicine

CITY & STATE: Tucson, AZ

April 14, 1995

POSITION/SPECIALTY: 7th Year Family & Community Medicine

START DATE: 6-85 to 6-88

PROFESSIONAL CHARACTER: compare to Physicians of similar experience

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	SUPERIOR
a. basic medical knowledge				✓	
b. diagnostic/clinical skill				✓	
c. manual skills				✓	
d. fitness for clinical practice				✓	

PERSONAL CHARACTER:

a. motivation				✓	
b. initiative				✓	
c. responsibility				✓	
d. appearance				✓	

RELATIONSHIPS:

a. teaching staff				✓	
b. colleagues				✓	
c. nursing staff				✓	
d. patients				✓	

Was this applicant Board certified/qualified upon completion of this training program?

YES: NO: N/A:

If yes, with which boards? American Board of Family Practice

PHYSICAL HANDICAPS: YES: NO:

COMMENTS: _____

PERSONALITY PROBLEMS which might affect performance: YES: NO:

COMMENTS: _____

Additional information or comments: _____

OVERALL EVALUATION:

- I recommend him/her as superior
- I recommend him/her as above average
- I recommend him/her as qualified and competent
- I recommend him/her, but with some reservations
- I cannot recommend him/her
- A personal phone call would be preferred

Victoria E. Murrain
Signature of person completing form

5/2/95
Date Completed

VICTORIA E MURRAIN, D.O.
Print/Type name above

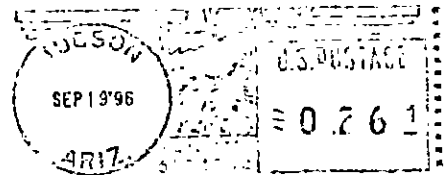
Please return completed form to: CREDENTIALING SERVICES OF ARIZONA
1200 N. EL DORADO PL. 2-500
TUCSON, AZ 85715
(520) 722-1904 FAX (520) 722-6740

Lynne Chappel



College of Medicine
Department of Family
and Community Medicine
Tucson, Arizona 85724

PRESONED
FIRST-CLASS



0704235020VEM

Medical Quality Assurance Commission
1300 SE Quince St
P.O. Box 47866
Olympia, WA 98504-7866

AUTO



DICKINSON, KATHERINE MD_00034326 PAGE42

PHILIP E. KEEN, MD
CHAIRMAN

PAMELA RANDOLPH, RN, MSN
VICE-CHAIRMAN

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MARK R. SPEICHER
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ELAINE HUGUNIN
DEPUTY DIRECTOR

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten, Suite 210 • Phoenix, Arizona 85020 • Telephone (602) 255-3751 • FAX (602) 255-1848

RECEIVED
SEP 10 1996
HFD

MEDICAL QUALITY ASSUR. COMM.

P.O. BOX 47866
OLYMPIA, WA 98504-7866

Physician: KATHERINE ELLEN DICKINSON, M.D.
Office Location: Safford, Arizona
License: 16744
Date Issued: 02/06/1987
Licensed by: ENDORSEMENT,
NATIONAL BOARDS
Date of Birth: 05/29/1959
Medical School: GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
WASHINGTON, D.C.
Graduation year: 05/24/1985
License Status: Active
License Expires: 01/01/1997

Post-Grad. Information:

<u>Type</u>	<u>Speciality 1</u>	<u>Speciality 2</u>	<u>Start</u>	<u>Finish</u>
Residency	Family Practice		7/01/85	6/30/87
	UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER TUCSON, ARIZONA			

This is to certify that the above-named physician is licensed to practice medicine in Arizona. There are Board action(s) regarding this physician.

Carole Nelson
Verification Division

Date: 09/04/1996

To expedite the Board's verification process, the above format is the standard format prepared for physicians licensed by this agency. Any Board actions regarding this licensee are attached to this form. If you have any further questions, please contact our office.

FIFE SYMINGTON
GOVERNOR

ARIZONA BOARD OF MEDICAL EXAMINERS

RICHARD D. ZONIS, M.D.
CHAIRMAN

PHILIP E. KEEN, M.D.
VICE CHAIRMAN

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SECRETARY

MARK R. SPEICHER
EXECUTIVE DIRECTOR

ELAINE HUGUNIN
DEPUTY DIRECTOR

Personal and Confidential

August 25, 1996

Katherine E. Dickinson, M.D.
2016 West 16th Street
Safford, AZ 85540

**RE: M H vs. Katherine E. Dickinson, M.D. Malpractice, Inv.
#8271**

Dear Dr. Dickinson:

During the course of its April 16, 1996 meeting, the Arizona Board of Medical Examiners discussed your request that it reconsider its October 17, 1995 vote that this malpractice be filed with an advisory Letter of Concern.

Following review and discussion of all pertinent and available information, including your undated letter received January 3, 1996, the Board voted that its October 17, 1995 Letter of Concern to you be **reworded** to read "failure to record appropriate examination." (A copy of the minute excerpt is enclosed.)

Sincerely,



Mark R. Speicher
Executive Director

MRS/dl

Enclosure: Minutes Excerpt



TO: Medical Licensing Board

Arizona Board of Medical Examiners

NAME OF LICENSING AGENCY

1647 East Morten suite 220

ADDRESS

Phoenix Az. 85020

RE: Verification of License

I am applying for a license to practice medicine in the State of Washington and before my application can be reviewed, verification of my license status in your state 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.

AAA DICKINSON-POTECT

Katherine E. Dickinson MD

5-29-59

NAME OF APPLICANT (PRINT OR TYPE)

(BIRTHDATE)

Katherine E. Dickinson

SIGNATURE OF APPLICANT

This is to verify that _____ was issued license

number _____ on _____ on the basis of National Boards

_____ ; state constructed exam _____ (please provide subjects

and grades); FLEX exam _____ ; Other (specify) _____ ; or by

reciprocity from the state of _____ . Expiration date is _____ .

Have any complaints been lodged against the license? Yes No.

Is there currently any investigation in process regarding the license? Yes No.

Has any disciplinary activity taken place regarding this license? Yes No.

If yes, please provide any information and documentation which may be released; i.e., charges and final disposition.

Return to: Medical Quality Assurance Commission 1300 SE Quince Street P O Box 47866 Olympia, WA 98504-7866

(206) 664-8689 or 753-2844

SIGNATURE:

TITLE

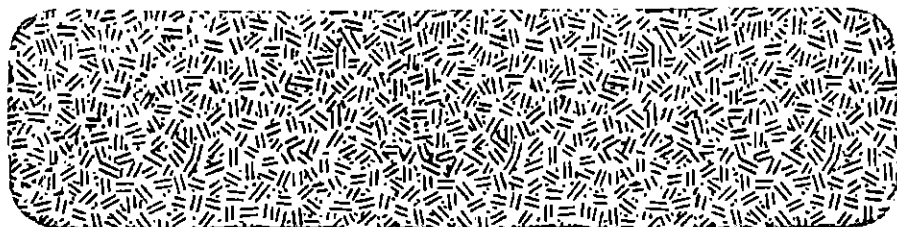
STATE BOARD

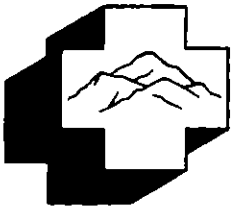
DATE

(Seal)

**BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA**

1651 EAST MORTEN AVE., SUITE 210
PHOENIX, ARIZONA 85020-4160





Mount Graham
Community
Hospital

VHA.
Member of
Voluntary Hospitals
of America, Inc. •

September 4, 1996

RECEIVED
SEP 10 1996

Dear Sir/Madam:

We are happy to comply with your request for information on the below practitioner.

Practitioner Name: Katherine E. Dickinson, M.D.
Dates of Affiliation: 07-26-88 To Present
Staff Category: Active

The practitioner's personal and professional performance has not been cause for any adverse action as defined in Article VII, Section I of the Medical Staff Bylaws. We are not aware of any health problems which might limit his ability to practice. Based on review of information available at Mt. Graham Community Hospital we feel this practitioner to be ethical and qualified.

If I can be of further assistance, please do not hesitate to call me at (520) 348-4008.

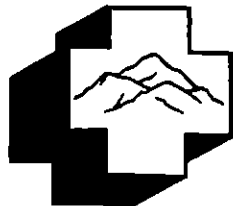
Sincerely,

Sandy Frazier
Director of Administrative Services

SF/cl

NOTE: Because of the large volume of requests for verification of physician affiliation, MGCH has adopted a policy of responding to these requests in this letter format rather than by completion of the wide variety of forms submitted to us.

mstaff\request



**Mount Graham
Community
Hospital**

1600 20th AVENUE
SAFFORD, ARIZONA 85546



**MEDICAL QUALITY ASSURANCE COMMISSION
1300 SE QUINCE STREET
PO BOX 47866
OLYMPIA WA 98504-7866**





RECEIVED
SEP 13 1995

TO THE APPLICANT

Complete the identifying information below and submit to:

**Federation of State Medical Boards
6000 Western Place, Suite 707
Fort Worth, Texas 76107**

Attention: Barbara Rains
Board Inquiry Specialist

RECEIVED
SEP 27 1995
H-100

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

Date:

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: Katherine E. Dickinson MD (AKA Dickinson-Potter)

SSN:

MEDICAL SCHOOL OF GRADUATION: George Washington University

YEAR OF GRADUATION: 1985

BIRTHDATE: 5-29-59

RESPONSE:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

SEP 20 1996

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

DOH 657-072 (Rev. 02/92)

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
515 NORTH STATE STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 09-16-96
TIME: 6:17 PM

NAME: DICKINSON, KATHERINE E, M.D.
ADDRESS: 2016 W 16TH ST
SAFFORD AZ 85546
BIRTHPLACE: SEATTLE, WA
BIRTHDATE: 05/29/59
MEMBER OF AMA: NON-MEMBER
MEDICAL SCHOOL: 010-01
GEORGE WASHINGTON UNIV SCH OF MED & HLTH SCI, WASHINGTON DC 20037
YEAR OF GRADUATION: 1985
LICENSES (INITIAL YEAR GRANTED BY STATE):
AZ 1987
NATIONAL BOARD CERTIFICATION: 1986
SPECIALTY BOARD CERTIFICATION: AM BD OF FAMILY PRACTICE

RECEIVED
SEP 24 1996
HPS 5

PHYSICIAN'S PROFESSIONAL ACTIVITIES: OFFICE BASED PRACTICE
SELF DESIGNATED SPECIALTIES
PRIMARY: FAMILY PRACTICE
SECONDARY: UNSPECIFIED
TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: NONE REPORTED TO DATE
PRIOR MEDICAL TRAINING: RESIDENT
HOSPITAL: UNIVERSITY MED CTR TUCSON AZ 85724
DATES OF TRAINING: 07/86-06/88 -- (CONFIRMED)
SPECIALTY: FAMILY PRACTICE
SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: INTERN
HOSPITAL: UNIVERSITY MED CTR TUCSON AZ 85724
DATES OF TRAINING: 07/85-06/86 -- (CONFIRMED)
SPECIALTY: FAMILY PRACTICE
SPECIALTY: UNSPECIFIED

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 1996 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.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

June 20, 1996

Katherine Dickinson, MD
8780 South Raven Ridge Rd
Safford, AZ 85546

Dear Dr Dickinson

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:

Federation Data Bank Profile
American Medical Association Profile
Medical School Transcripts
Post-Graduate Training Verification
U of AZ 7/85-6/88
State License Verification
AZ
Hospital Privileges Verification
Mt Graham
Please complete the updated personal data information, return

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





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

August 14, 1996

Katherine Dickinson, MD
8780 South Raven Ridge Rd
Safford, AZ 85546

Dear Dr Dickinson

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:

Medical School Transcripts
Federation of State Medical Boards
American Medical Association
Post Graduate Training
U of Az 7/85-6/88
State license verification
AZ
Hospital Privileges
Mt Graham

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 Representative





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

October 21, 1996

Katherine Dickinson, MD
8780 South Raven Ridge Rd
Safford, AZ 85546

Dear Dr Dickinson

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:

Medical School Transcripts

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

Betty Elliott

Program Representative

Redaction Summary (6 redactions)

2 Privilege / Exemption reasons used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (4 instances)

2 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (2 instances)

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Page 7, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 25, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances

Page 32, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 34, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 49, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance