



# CREDENTIALING UNIT TRANSMITTAL SHEET

FULL APPLICATION     TEMPORARY PERMIT     LIMITED APPLICATION

FILE COMPLETED _____ <small>(DATE)</small>	SUBMITTED FOR REVIEW _____ <small>(DATE)</small>
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FILE APPROVED <input type="checkbox"/> <small>(SEE WORKSHEET FOR SIGNATURE)</small>	FILE INCOMPLETE <input type="checkbox"/>	FILE RETURNED _____
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ITEMS IDENTIFIED AS INCOMPLETE/INCORRECT:

	Item Received
● .....	_____
● .....	_____
● .....	_____
● .....	_____

FILE RE-SUBMITTED FOR REVIEW _____ <small>(LAST DOCUMENT DATE)</small>	EXCEL REPORT UPDATED <input type="checkbox"/>
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FILE APPROVED <input type="checkbox"/> <small>(SEE WORKSHEET FOR SIGNATURE)</small>	FILE INCOMPLETE <input type="checkbox"/>	FILE RETURNED _____
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ITEMS IDENTIFIED AS INCOMPLETE/INCORRECT:

	Item Received
● .....	_____
● .....	_____

FILE RE-SUBMITTED FOR REVIEW _____ <small>(LAST DOCUMENT DATE)</small>	EXCEL REPORT UPDATED <input type="checkbox"/>
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FILE APPROVED <input type="checkbox"/> <small>(SEE WORKSHEET FOR SIGNATURE)</small>	FILE INCOMPLETE <input type="checkbox"/>	FILE RETURNED _____
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ADDITIONAL COMMENTS:

**Credential View Screen** [update] 

<p><b>Heather Ellen Quinn</b>  <b>Address:</b>  <input checked="" type="radio"/> Public   <input type="radio"/> Mail   <input type="radio"/> Renewal Mail</p> <div style="border: 1px solid black; padding: 2px;"> <p>[change public address]                  Heather Ellen Quinn                  5077 W Parsons Dr                  Boise, ID 83714-9467</p> </div>	<p>ID 885826  <b>Warnings</b>                  SSN/FEIN <span style="border: 1px solid gray; padding: 1px;">2 - DOH Licens...</span>                  Contact Standing Living                  Contact Type INDIVIDUAL                  Birth Date 05/26/1971                  Public File YES                  Mailing List                  Email: heatherbobquinn@yahoo.com</p>	<p><b>Contact Audit</b>                  Public Case                  Cont. Edu                  Documents                  Owned By/                  Exams                  Experience                  Notes                  Schools                  Supervises                  Supervised                  Librarian                  Application                  Other State</p>
<p>Comments:</p>		

**Physician And Surgeon License** [update] [form letter]

<p><b>Credential #</b> MD.MD.60053286                  Application Date 10/15/2008  <b>Effective Date</b>  <b>Expiration Date</b>                  First Issuance Date                  Last Date Of Contact 10/15/2008                  CE Due Date</p>	<p><b>Credential Status</b> PENDING (10/15/2008)                  Status Reason INITIAL APPLICATION IN PROCESS  <b>Amount Due</b> \$485.00                  Date Last Activity 10/15/2008 3:56:23 PM                  Last Updated by Murphy, Catrina                  Certificate Sent Date                  Work Queue Legacy, DOH</p>	<p><b>Auc</b>  <b>Doc</b>  <b>Wo</b>  <b>Key</b>  <b>Fee</b>  <b>No</b>  <b>Prin</b>  <b>Cor</b>  <b>Re</b></p>
<p>Comments:</p>		

<b>Supervises</b>	<b>User Defined License Data</b>	<b>Legacy</b>	<b>HIPDB</b>
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<p><b>User Definable License Data</b> [update]</p>		<p>Method of Licensure ENDORSEMENT                  Medical Speciality Family Practice                  Cash Receipt Sequence Number 02063                  Cash Receipt Date 09162008                  Cash Receipt Batch Number 0604</p>
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## Medical Quality Assurance Commission Physician Application Worksheet

Name QUINN, HEATHER Date of Birth 12/24/1970

Date Received 10/13/08 Cash Number \_\_\_\_\_ Candidate Number \_\_\_\_\_

WSP Check  Fee  Photo  Data1-13  AIDS  Attest  SSN  EBAHR

Chronology  Complete MISSING to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

Temp Permit Issued Number: \_\_\_\_\_

10/23/08 FSMB  10/23/08 AMA  ECFMG  Archive File

Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
_____	_____	1 _____	_____	_____
_____	_____	2 _____	_____	_____
_____	_____	3 _____	_____	_____
_____	_____	4 _____	_____	_____

Medical School UC SAN DIEGO School Code \_\_\_\_\_  U.S.  Canadian  International

Name UC SAN DIEGO Year of Degree 1997  9/8/08 Transcripts  Translations

Examination Type  National Boards  FLEX  USMLE  State Exam  LMCC  8/27/08 Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
9/11/08	SUTTER 07/97-06/00				

Received	State Licensure
8/26/08	ID
8/23/08	CA
8/26/08	AK

Received	Hospital Privileges
9/18/08	ST ACP REGINAL MED ID
9/15/08	PALM
9/10/08	SANTA ROSA
9/11/08	SUTTER

Approved Betty Elliott Date 10/29/08

Signature Date

Comments: \_\_\_\_\_

Deficiency Letters:

<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October	<input type="checkbox"/> _____
<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August	<input type="checkbox"/> November	<input type="checkbox"/> _____
<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> December	<input type="checkbox"/> _____

**PHYSICIAN & SURGEON**



485

**REVENUE SECTION**

PRINT NAME Quinn, Heather

**RETURN THIS PORTION  
WITH CHECK & APPLICATION**

1F 0252090000 00236

2063

2003-9/16/2008 11:49:34 AM-604 9485.00



Medical Quality Assurance Commission  
 P.O. Box 1099  
 Olympia, WA 98507-1099  
 360.236.4700

OCT 18 2008  
 WSP/NPDB/HIPDB  
 Department of Health  
 Investigation Service Unit

RECEIVED  
 SEP 18 2008  
 DEPARTMENT OF HEALTH  
 MEDICAL COMMISSION

Revenue 0252090000

## Medical Practice License Application for MDs only

- National Boards       Other State Exam       LMCC (Must have been obtained after 1969)  
 Flex Examination       USMLE Examination

Please type or print clearly. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. Make sure you have read and understand the instructions.

### 1. Demographic Information

**Social Security Number** (If you do not have a social security number, see instructions.)

2 - DOH Licensee Social Security Number - RCW 42.56.350(1)

Name  Male      First      Middle      Last  
 Female      HEATHER      ELLEN      QUINN

Birth date (mm/dd/yyyy)      Place of birth  
 05/26/1971      City      State      Country  
    SANTA ROSA      CA      USA

Address  
 5077 W. PARSONS DR  
 City      State      Zip      County  
 BOISE      ID      83714      ~~U.S.A.~~ ADA

Country  
 U.S.A.

Phone (208) 229-0075      Fax ( )      Cell ( 1 - DOH Licensee Health Professional Home A...)

email address  
 heatherbobquinn@yahoo.com

Mailing address if different from above of record  
 NA

City      State      Zip      County

Country

NOTE: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)?  Yes  No  
 If yes, list name(s): HEATHER ELLEN GALLAGHER

Will documents be received in another name?  Yes  No  
 If yes, list name(s):

### Medical Specialty

Medical school UC SAN DIEGO      Year of graduation 1997  
 Medical specialty FAMILY PRACTICE

**2. Personal Data Questions**

Yes No

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

**“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.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

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

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

- 3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

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

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

- 5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another jurisdiction state?.....

**Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**



**2. Personal Data Questions (Cont.)**

Yes No

- 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? .....  Yes  No
  - b. Diverted controlled substances or legend drugs? .....  Yes  No
  - c. Violated any drug law? .....  Yes  No
  - d. Prescribed controlled substances for yourself? .....  Yes  No
- 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", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....  Yes  No
- 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? .....  Yes  No
- 9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....  Yes  No
- 10. 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? .....  Yes  No
- 11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? .....  Yes  No
- 12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? .....  Yes  No
- 13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? .....  Yes  No
- 14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? .....  Yes  No

**3. Medical Education and Experience**

Provide a chronological listing of your educational preparation and post-graduate training. If you need additional space, attach a separate piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start	End
Medical education (list all medical schools attended) UC SAN DIEGO	MD	4	9/93	6/97
Post graduate training (list all programs attended)				
SUTHER MEDICAL CENTER OF SANTA ROSA FAMILY PRACTICE RESIDENCY PROGRAM	FAMILY PRACTICE SPECIALTY	3	7/97	6/00

#### 4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present. (Exclude activities listed under other sections, identify any periods of time break of 30 days or more.) If you need additional space, attach a separate piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty
Sutter Medical Center of Santa Rosa Urgent Care Center Santa Rosa, CA	8/98	6/00	Urgent Care Physician
(Under Heath E. Quinn, MD) Private practice, Sebastopol, CA	8/15/00 8/00	8/15/04 8/04	PRIVATE FAMILY PRACTICE
BOISE HEALTH CARE, BOISE, ID	11/15/04	PRESENT	FAMILY PRACTICE
PLANNED PARENTHOOD OF IDAHO, BOISE, ID	6/07	PRESENT	ABORTION CARE, FAMILY PLANNING

#### 5. Hospital Privileges (Excluding post-graduate training hospital privileges.)

Excluding post-graduate training, list hospitals where all privileges that have been granted within the past five years. If you need additional space, attach a separate piece of paper.

Name of hospital	Dates attended	
	Start date	End date
REGIONAL ST. ALPHONSUS MEDICAL CENTER, BOISE, ID	4/9/05	PRESENT
PALM DRIVE HOSPITAL, SEBASTOPOL, CA	8/00	8/04
SANTA ROSA MEMORIAL HOSPITAL, SANTA ROSA, CA	8/00	8/04
SUTTER MEDICAL CENTER OF SANTA ROSA, SANTA ROSA, CA	7/00	8/04

#### 6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in chronological order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
ID	12/3/04	M9177		✓	ACTIVE	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
CA	9/18/98	A66537	8/96		INACTIVE	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
					(I relinquished it in <del>1998</del> 3/06 when I had moved to Idaho)	<input type="checkbox"/> No <input type="checkbox"/> Yes
AK	4/12/99	R-898		✓	INACTIVE	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Resident licence for OB Rotation in Ak

**7. AIDS Education and Training Attestation**

I certify that I have completed a minimum of four (4) of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials <u>HQ</u>	Date <u>8/26/08</u>
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**8. Applicant's Attestation**

I, HEATHER QUINN, declare under penalty of perjury under the  
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated 8/26/08 at Boise, ID (city, state)

By: Heather E. Quinn  
Signature of applicant

**9. Applicant's Photograph**

Photo Here



Height 5'5"

Weight 127#

Hair color BROWN

Color of eyes BROWN



University of California, San Diego

TRANSCRIPT OF ACADEMIC RECORD

IDENTIFICATION NUMBER: A00-62-5096  
 DATE AND TIME PRINTED: 09/04/08 00:13 A  
 PAGE: 01

STUDENT NAME: Heather Ellen Quinn

SOCIAL SECURITY NUMBER: 2 - DOH Licens...

STUDENT LEVEL : School of Medicine

COLLEGE : School of Medicine  
 DEPARTMENT(S) : School of Medicine  
 MAJOR(S) : Doctor of Medicine

UCSD DEGREES AWARDED

AWARD : Doctor of Medicine CONFERRED: 06/08/97  
 TERM : Spring Qtr 1997  
 COLLEGE: School of Medicine  
 DEPT : School of Medicine  
 MAJOR : Doctor of Medicine

ACADEMIC EVENTS

INDEPENDENT STUDY PROJECT 06/08/97  
 Completed in the Department of Family and Preventive  
 Medicine  
 POST GRADUATE TRAINING 06/08/97  
 Community Hospital  
 Santa Rosa, CA - Family Medicine

COURSE INFORMATION

Fall Qtr 1993 School of Medicine  
 FPM 221 Cardiopulmry Risk Factor Ass 1.00 S .00  
 FPM 253 Patient Advocacy 2.00 S .00  
 SOMC 202A Doctor-Patient Relationship 4.00 P .00  
 SOMC 204 Cell Biology and Biochemistry 23.00 H .00  
 TERM CREDITS PASSED : 30.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Winter Qtr 1994 School of Medicine  
 FPM 235 Women's Health Issues 2.00 S .00  
 FPM 238 Intro/Clinical Family Med 1.00 S .00  
 SOMC 201A Introduction/Clinical Medicin 1.00 P .00  
 SOMC 206 Organ Physiology 10.00 P .00  
 SOMC 206L Organ Physiolo&Pharmaco Lab Cr 3.00 P .00  
 SOMC 217A Principles of Pharmacology 3.00 P .00  
 TERM CREDITS PASSED : 20.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Spring Qtr 1994 School of Medicine  
 FPM 227 Primary Care/HIV Patient 1.00 S .00  
 PSY 259 Intro/Marriage&Family Therapy 2.00 S .00  
 SOMC 201A Introduction/Clinical Medicin 1.00 P .00  
 SOMC 202C Soc&Behaviorl Sci/Hum Grow&De 3.00 P .00  
 SOMC 205 Basic Neurology 10.00 H .00  
 SOMC 209 Endocrinology,Reproduc&Metabo 5.00 H .00  
 SOMC 211 Basic Cardiac Life Support .00 P .00  
 SOMC 217B Principles of Pharmacology 2.00 P .00  
 TERM CREDITS PASSED : 24.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Fall Qtr 1994 School of Medicine  
 FPM 296 Community Med Independnt Rsrc 2.00 S .00  
 SOMC 201B Introduction/Clinical Medicin 3.00 H .00  
 SOMC 202D Social and Behavioral Science 2.00 P .00  
 SOMC 207 Human Anatomy 8.00 P .00  
 SOMC 213 Histology 2.00 P .00  
 SOMC 218 Epidemiology/Biostatistics 4.00 H .00  
 Honors Awarded in the Epidemiology Segment  
 TERM CREDITS PASSED : 21.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Winter Qtr 1995 School of Medicine  
 FPM 299 Comm/Fam Med Independnt Stu-IS 1.00 S .00  
 SOMC 201B Introduction/Clinical Medicin 1.00 H .00  
 SOMC 202E Soc&Behaviorl Sci/Psychopatho 3.00 P .00  
 SOMC 208 Human Disease 12.00 H .00  
 SOMC 214 Hematology 2.00 H .00  
 TERM CREDITS PASSED : 19.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Spring Qtr 1995 School of Medicine  
 SOMC 201B Introduction/Clinical Medicin 1.00 H .00  
 SOMC 208 Human Disease 12.00 H .00  
 SOMC 216 Laboratory Medicine 2.00 P .00  
 SURG 227 Clinical Anatomy 2.00 S .00  
 TERM CREDITS PASSED : 17.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Summer Qtr 1995 School of Medicine  
 MED 401 Medicine Core Clerkship 21.00 H .00  
 SOMC 401 Primary Care Core Clerkship 2.00 H .00  
 TERM CREDITS PASSED : 23.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Fall Qtr 1995 School of Medicine  
 NEU 401 Neurology Core Clerkship 7.00 P .00  
 PEDS 401 Pediatric Core Clerkship 14.00 P .00  
 SOMC 401 Primary Care Core Clerkship 2.00 H .00  
 TERM CREDITS PASSED : 23.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Winter Qtr 1996 School of Medicine  
 PSY 401 Psychiatry Core Clerkship 11.00 P .00  
 RNED 401 Obstetrcls&Gyneclogy Cor Clrksh 11.00 H .00  
 SOMC 401 Primary Care Core Clerkship 2.00 H .00  
 TERM CREDITS PASSED : 24.00 TERM GPA CREDITS: .00  
 TERM GRADE POINTS : .00 TERM GPA : .00

Spring Qtr 1996 School of Medicine  
 SOMC 401 Primary Care Core Clerkship 2.00 H .00  
 SURG 401 Surgery Core Clerkship 21.00 H .00  
 TERM CREDITS PASSED : 23.00 TERM GPA CREDITS: .00

-----CONTINUED ON PAGE 02-----

Dept of Health  
 Medical Quality Assurance Commissio  
 PO Box 47866  
 Olympia WA 98504 7866

This official university transcript is printed on security paper and does not require a raised seal.



Certified to be a correct transcript of record. Student in good standing unless otherwise indicated. Transcript void if altered.

*Mae W. Brown*

Mae W. Brown  
 Assistant Vice Chancellor  
 Admissions and Enrollment Services

INFORMATION CONCERNING INTERPRETATION OF THIS TRANSCRIPT AND ITS AUTHENTICITY MUST BE PRINTED ON REVERSE SIDE

THE FACE OF THIS DOCUMENT HAS A WHITE UNIVERSITY OF CALIFORNIA, SAN DIEGO BACKGROUND - THE WORD VOID APPEARS WHEN PHOTOCOPIED

This document is printed on blue safety paper with UNIVERSITY OF CALIFORNIA, SAN DIEGO printed in white type across the face of the document. It is official if it bears the seal of the University and the Registrar's signature computer printed in black. If photocopied, the word "VOID" will appear prominently across the face of the document. The use of ink eradicator or eraser will be evident and will eliminate the blue background.

**CREDITS:** All credits are in quarter units. Cumulative summaries on this record may reflect adjustments for repeated courses and/or other adjustments made in accordance with UCSD academic policies.

**TRANSFER CREDIT:** Only UCSD courses and courses taken under official UCSD exchange programs with other institutions appear on the transcript. Only grades earned at UCSD, at other UC campuses and under the Education Abroad Program are included in the grade point average. All exchange program and transfer credit is included in credits completed.

**GRADE INTERPRETATION:** Plus (+) and minus (-) grading was approved for use beginning with courses taken in Fall Quarter 1983. The grade of A+, when awarded, represents extraordinary achievement, but does not receive grade point credit beyond that received for the grade of A.

Grade		Grade Points Per Unit
A+, A, A-	Excellent	4.0, 4.0, 3.7
B+, B, B-	Good	3.3, 3.0, 2.7
C+, C, C-	Fair	2.3, 2.0, 1.7
D	Poor (barely passing)	1.0
F	Fail	0.0
E*	Incomplete	**
I	Incomplete	**
IP	In Progress	**
NP	Not Passing (below C-, undergraduates only)	**
NR***	Grade not reported by Instructor	**
P	Passing (C- or better, undergraduates only)	**
S	Satisfactory (B- or better, graduates only)	**
U	Unsatisfactory (below B-, graduates only)	**
W	Withdrew after 4th week of instruction or after second meeting of some laboratory courses.	**
Blank	Grade not reported by Instructor	**

\* Not used after Spring Quarter 1975  
 \*\* Not included in grade point average  
 \*\*\* Not used after Winter Quarter 1991

School of Medicine and School of Pharmacy & Pharmaceutical Sciences Grades

H/P/F grading system effective Fall, 1986.

H	Honors	S	Satisfactory
P	Pass	U	Unsatisfactory
F	Fail		

**DEGREE REQUIREMENTS:** Undergraduate students must complete a minimum of 180 quarter units with a grade point average of C or better (2.0), satisfy the University of California requirements in American History and Institutions and Subject A, satisfy the respective col-

lege General Education requirements, and satisfy all requirements for the major. Graduate students must complete their respective degree programs with a grade point average of B or better (3.0).

**COURSE NUMBERS:**

**Lower Division**

1-99 Designed for freshmen and sophomores.

**Upper Division**

100-199 Designed for juniors and seniors.

**Professional**

300-399 Designed for teachers or prospective teachers.

**Graduate**

200-299 Designed for graduate students.  
 400-499 Rady School of Management  
 500-599 For graduate students only.

**Graduate School of International Relations & Pacific Studies**

200-295 Courses satisfying Ph.D. requirements.  
 400-495 Courses satisfying MPIA requirements.

**School of Medicine**

200-219 Required core courses in years 1 and 2.  
 220-295 Departmental pre-clinical electives.  
 296 Departmental basic science independent study.  
 299 Independent Study Project.  
 400-495 Core and elective clerkships in years 3 and 4.  
 496 Departmental Independent Study.

**School of Pharmacy & Pharmaceutical Sciences**

200-299 Courses satisfying Pharm.D. requirements.

**UNDERGRADUATES:**

**Honors:** Effective Fall Quarter 1978, 14% of graduating seniors who complete at least 80 A-F graded units are eligible for College Honors. Normally, the top 2% are eligible for summa cum laude, the next 4% for magna cum laude, and the remaining 8% for cum laude. Departmental Honors may be awarded to graduating seniors if they complete a special course of study. Provost Honors are awarded quarterly to students who complete 12 or more A-F graded units with a term grade point average of 3.5 or higher.

**Physical Education Courses:** Through Fall 1994 credit was awarded for all P.E. courses, but only 3 units of activity courses count toward graduation.

**Remedial Courses:** Remedial courses completed at UCSD are not printed on the transcript, but since the units do count as workload credit toward the satisfaction of the minimum progress requirement and eligibility for financial aid they are included in the cumulative summaries under UC-CRDTS ATTM and UC-CRDTS COMPL. Remedial courses are not applied toward graduation requirements, and the units are excluded from the CRDTS PSSD and UC-GPA CRDTS summaries.

**Repeat Policy:** A student may repeat only those courses for which a grade of D, F, NP, U, or W is recorded on the transcript. Repetition of courses for which a grade of C- or higher was awarded is prohibited, unless the course has been specifically approved by the Academic Senate as repeatable for credit.

The first sixteen units of courses that have been repeated by an undergraduate student and for which the student received a D, F, NP, or U are not used in the cumulative grade-point calculations on the student's transcript.

When present, a repeat code indicates that the student's cumulative summary data has been adjusted in accordance with UCSD academic policies on repeated courses. Repeat codes appear at the far right of the course, following the grade and grade points earned.

Example: MATH 10A Calculus 4.0 F 0.00 F1

**REPEAT CODE DESCRIPTIONS:**

- D1 Repeated D - Removed from GPA
- D2 Repeat of D - Removed from Units Passed
- DA Additional Repeated D - Removed from GPA & Units Passed
- DX Repeat of D in Excess of 16 units
- F1 Repeated F - Removed from GPA
- F2 Repeat of F - Grade A - D Received
- FA Additional Repeated F - Removed from GPA
- FF Repeat of F - Grade F Received
- FX Repeat of F in excess of 16 units - Credit Given
- FY Repeat of F in excess of 16 units - No Credit Given
- N1 Repeated NP
- N2 Repeat of NP - Grade P Received
- NA Additional Repeated NP
- NN Repeat of NP - Grade NP Received
- NX Repeat of NP in Excess of 16 units - Credit Given
- NY Repeat of NP in Excess of 16 units - No Credit Given
- OF<sup>1</sup> Repeat of D/F - Original Course Deleted - F Received
- OL<sup>1</sup> Repeat of D/F - Original Course Deleted - A - D Received
- ON<sup>1</sup> Repeat of NP - Original Course Deleted - NP Received
- OP<sup>1</sup> Repeat of NP - Original Course Deleted - P Received
- RF Repeatable for Credit - F Received
- RL Repeatable for Credit - A - D Received
- RN Repeatable for Credit - NP Received
- RP Repeatable for Credit - P Received
- UC UCSD D/F/NP - Repeated at Other UC Campus (Approved)
- UF Repeat of Course from Other UC - F Received
- UL Repeat of Course from Other UC - A - D Received
- UN Repeat of Course from Other UC - NP Received
- UP Repeat of Course from Other UC - P Received
- XC Repeat in Excess of Course Approval
- ZC No Credit - Repeat of C-/Better or P
- \*\* Manually Adjusted Credit

<sup>1</sup> This policy was valid for courses repeated prior to Fall 1975.

This document contains personally identifiable information from a student's education records. It is protected by the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) and may not be released without the consent of the student.



UNIVERSITY OF CALIFORNIA, SAN DIEGO  
 Office of the Registrar, 9500 Gilman Drive  
 La Jolla, California 92093-0021  
 (858) 534-3144 FAX (858) 534-5723  
<http://registrar.ucsd.edu>



University of California, San Diego

TRANSCRIPT OF ACADEMIC RECORD

IDENTIFICATION NUMBER: A00-62-5098  
DATE AND TIME PRINTED: 09/04/08 00:13 A  
PAGE: 02

STUDENT NAME: Heather Ellen Quinn

SOCIAL SECURITY NUMBER: 2-DOH Licensee...

-----CONTINUED FROM PAGE 01-----

TERM GRADE POINTS : .00 TERM GPA : .00

Summer Qtr 1988 School of Medicine  
FPM 426 Family Medicine Clerkship 7.00 P .00  
SOMC 420 Subinternship/Emergency Med 7.00 P .00  
TERM CREDITS PASSED : 14.00 TERM GPA CREDITS: .00  
TERM GRADE POINTS : .00 TERM GPA : .00

Fall Qtr 1996 School of Medicine  
FPM 299 Comm/Fam Med Independnt Stu-IS 6.00 S .00  
PEDS 436 Pediatric Intensive Care 7.00 H .00  
RMED 433 UCSD-Mercy Ob-Gyn Subinternsh 7.00 H .00  
TERM CREDITS PASSED : 20.00 TERM GPA CREDITS: .00  
TERM GRADE POINTS : .00 TERM GPA : .00

Winter Qtr 1987 School of Medicine  
FPM 431 Sports Medicine 7.00 P .00  
RAD 401 General Radiology 7.00 P .00  
SOMI 222 Advanced Cardiac Life Support 1.00 S .00  
TERM CREDITS PASSED : 15.00 TERM GPA CREDITS: .00  
TERM GRADE POINTS : .00 TERM GPA : .00

Spring Qtr 1997 School of Medicine  
FPM 299 Comm/Fam Med Independnt Stu-IS 9.00 S .00  
TERM CREDITS PASSED : 9.00 TERM GPA CREDITS: .00  
TERM GRADE POINTS : .00 TERM GPA : .00

SUMMARY

GRADE OPTION	UC-CRDTS ATTN	UC-CRDTS CONPL	CRDTS PSSD	UC-GPA CRDTS	UC-GRADE POINTS	UC-GPA
H/P/F	252.00	252.00	252.00	.00	.00	.000
S/U	30.00	30.00	30.00	.00	.00	.000
TOTAL	282.00	282.00	282.00	.00	.00	.000

-----END OF STUDENT LEVEL-----

-----END OF TRANSCRIPT-----

Dept of Health  
Medical Quality Assurance Commissio  
PO Box 47866  
Olympia WA 98504 7866

This official university transcript is printed on security paper and does not require a raised seal.



Certified to be a correct transcript of record. Student in good standing unless otherwise indicated. Transcript void if altered.

*Mae W. Brown*

Mae W. Brown  
Assistant Vice Chancellor  
Admissions and Enrollment Services

INFORMATION CONCERNING INTERPRETATION OF THIS TRANSCRIPT AND ITS AUTHENTICITY MUST BE PRINTED ON REVERSE SIDE

THE FACE OF THIS DOCUMENT HAS A WHITE UNIVERSITY OF CALIFORNIA, SAN DIEGO BACKGROUND - THE WORD VOID APPEARS WHEN PHOTOCOPIED

This document is printed on blue safety paper with UNIVERSITY OF CALIFORNIA, SAN DIEGO printed in white type across the face of the document. It is official if it bears the seal of the University and the Registrar's signature computer printed in black. If photocopied, the word "VOID" will appear prominently across the face of the document. The use of ink eradicator or eraser will be evident and will eliminate the blue background.

**CREDITS:** All credits are in quarter units. Cumulative summaries on this record may reflect adjustments for repeated courses and/or other adjustments made in accordance with UCSD academic policies.

**TRANSFER CREDIT:** Only UCSD courses and courses taken under official UCSD exchange programs with other institutions appear on the transcript. Only grades earned at UCSD, at other UC campuses and under the Education Abroad Program are included in the grade point average. All exchange program and transfer credit is included in credits completed.

**GRADE INTERPRETATION:** Plus (+) and minus (-) grading was approved for use beginning with courses taken in Fall Quarter 1983. The grade of A+, when awarded, represents extraordinary achievement, but does not receive grade point credit beyond that received for the grade of A.

Grade		Grade Points Per Unit
A+, A, A-	Excellent	4.0, 4.0, 3.7
B+, B, B-	Good	3.3, 3.0, 2.7
C+, C, C-	Fair	2.3, 2.0, 1.7
D	Poor (barely passing)	1.0
F	Fail	0.0
E*	Incomplete	**
I	Incomplete	**
IP	In Progress	**
NP	Not Passing (below C-, undergraduates only)	**
NR***	Grade not reported by Instructor	**
P	Passing (C- or better, undergraduates only)	**
S	Satisfactory (B- or better, graduates only)	**
U	Unsatisfactory (below B-, graduates only)	**
W	Withdrew after 4th week of instruction or after second meeting of some laboratory courses.	**
Blank	Grade not reported by Instructor	**

\* Not used after Spring Quarter 1975  
 \*\* Not included in grade point average  
 \*\*\* Not used after Winter Quarter 1991

School of Medicine and School of Pharmacy & Pharmaceutical Sciences Grades H/P/F grading system effective Fall, 1986.

H	Honors	S	Satisfactory
P	Pass	U	Unsatisfactory
F	Fail		

**DEGREE REQUIREMENTS:** Undergraduate students complete a minimum of 180 quarter units with a grade point average of C or better (2.0), satisfy the University of California requirements in American History and Institutions and Subject A, satisfy the respective col-

lege General Education requirements, and satisfy all requirements for the major. Graduate students must complete their respective degree programs with a grade point average of B or better (3.0).

**COURSE NUMBERS:**

- Lower Division**  
1-99 Designed for freshmen and sophomores.
- Upper Division**  
100-199 Designed for juniors and seniors.
- Professional**  
300-399 Designed for teachers or prospective teachers.
- Graduate**  
200-299 Designed for graduate students.  
400-499 Rady School of Management  
500-599 For graduate students only.
- Graduate School of International Relations & Pacific Studies**  
200-295 Courses satisfying Ph.D. requirements.  
400-495 Courses satisfying MPIA requirements.
- School of Medicine**  
200-219 Required core courses in years 1 and 2.  
220-295 Departmental pre-clinical electives.  
296 Departmental basic science independent study.  
299 Independent Study Project.  
400-495 Core and elective clerkships in years 3 and 4.  
496 Departmental Independent Study.
- School of Pharmacy & Pharmaceutical Sciences**  
200-299 Courses satisfying Pharm.D. requirements.

**UNDERGRADUATES:**

**Honors:** Effective Fall Quarter 1978, 14% of graduating seniors who complete at least 80 A-F graded units are eligible for College Honors. Normally, the top 2% are eligible for summa cum laude, the next 4% for magna cum laude, and the remaining 8% for cum laude. Departmental Honors may be awarded to graduating seniors if they complete a special course of study. Provost Honors are awarded quarterly to students who complete 12 or more A-F graded units with a term grade point average of 3.5 or higher.

**Physical Education Courses:** Through Fall 1994 credit was awarded for all P.E. courses, but only 3 units of activity courses count toward graduation.

**Remedial Courses:** Remedial courses completed at UCSD are not printed on the transcript, but since the units do count as workload credit toward the satisfaction of the minimum progress requirement and eligibility for financial aid they are included in the cumulative summaries under UC-CRDTs ATTM and UC-CRDTs COMPL. Remedial courses are not applied toward graduation requirements, and the units are excluded from the CRDTs PSSD and UC-GPA CRDTs summaries.

**Repeat Policy:** A student may repeat only those courses for which a grade of D, F, NP, U, or W is recorded on the transcript. Repetition of courses for which a grade of C- or higher was awarded is prohibited, unless the course has been specifically approved by the Academic Senate as repeatable for credit.

The first sixteen units of courses that have been repeated by an undergraduate student and for which the student received a D, F, NP, or U are not used in the cumulative grade-point calculations on the student's transcript.

When present, a repeat code indicates that the student's cumulative summary data has been adjusted in accordance with UCSD academic policies on repeated courses. Repeat codes appear at the far right of the course, following the grade and grade points earned.

Example: MATH 10A Calculus 40 F 0.00 F1

**REPEAT CODE DESCRIPTIONS:**

- D1 Repeated D - Removed from GPA
- D2 Repeat of D - Removed from Units Passed
- DA Additional Repeated D - Removed from GPA & Units Passed
- DX Repeat of D in Excess of 16 units
- F1 Repeated F - Removed from GPA
- F2 Repeat of F - Grade A - D Received
- FA Additional Repeated F - Removed from GPA
- FF Repeat of F - Grade F Received
- FX Repeat of F in excess of 16 units - Credit Given
- FY Repeat of F in excess of 16 units - No Credit Given
- N1 Repeated NP
- N2 Repeat of NP - Grade P Received
- NA Additional Repeated NP
- NN Repeat of NP - Grade NP Received
- NX Repeat of NP in Excess of 16 units - Credit Given
- NY Repeat of NP in Excess of 16 units - No Credit Given
- OF<sup>1</sup> Repeat of D/F - Original Course Deleted - F Received
- OL<sup>1</sup> Repeat of D/F - Original Course Deleted - A - D Received
- ON<sup>1</sup> Repeat of NP - Original Course Deleted - NP Received
- OP<sup>1</sup> Repeat of NP - Original Course Deleted - P Received
- RF Repeatable for Credit - F Received
- RL Repeatable for Credit - A - D Received
- RN Repeatable for Credit - NP Received
- RP Repeatable for Credit - P Received
- UC UCSD D/F/NP - Repeated at Other UC Campus (Approved)
- UF Repeat of Course from Other UC - F Received
- UL Repeat of Course from Other UC - A - D Received
- UN Repeat of Course from Other UC - NP Received
- UP Repeat of Course from Other UC - P Received
- XC Repeat in Excess of Course Approval
- ZC No Credit - Repeat of C-/Better or P
- \*\* Manually Adjusted Credit

<sup>1</sup> This policy was valid for courses repeated prior to Fall 1975

This document contains personally identifiable information from a student's education records. It is protected by the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) and may not be rereleased without the consent of the student.



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<http://registrar.ucsd.edu>

UNIVERSITY OF CALIFORNIA, SAN DIEGO  
OFFICE OF THE REGISTRAR  
TRANSCRIPT DIVISION  
9500 GILMAN DRIVE # 0022T  
LA JOLLA, CALIFORNIA 92093-0022

REG0068

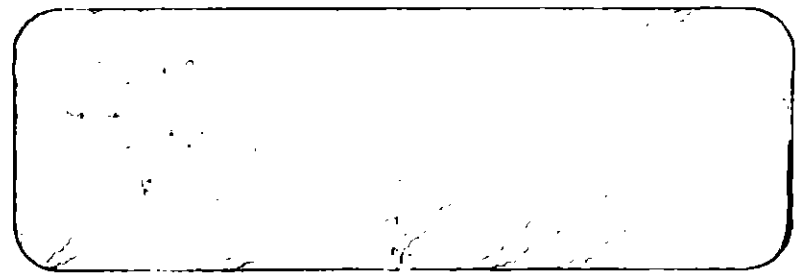
FIRST CLASS



02 1A \$ 00.42<sup>0</sup>  
0004324804 SEP 04 2008  
MAILED FROM ZIP CODE 92121

# OFFICIAL TRANSCRIPT

INCOMING 09/08/2008 02:08 AM



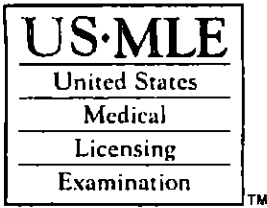
9250437866 8001





Heather Quinn





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

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, PO Box 619850, Dallas, TX 75261-9850 – Telephone (817) 868-4041

Date : 08/27/2008

**Recipient:**

Washington Medical Quality Assurance Commission  
ATTN: Maryella Jansen, Interim Exec Director  
310 Israel Road SE  
MS 47866  
Tumwater, WA 98501

**Examinee:** Quinn, Heather  
**Alt Name(s):** Gallagher, Heather Ellen  
Quinn, Heather Ellen

**Examinee ID#:** 4-052-025-6  
**Date of Birth:** 05/26/1971

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

### USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/14/1995	Pass	241	176	93	75	

### USMLE STEP 2

**Clinical Knowledge (CK)**

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
08/27/1996	Pass	248	170	93	75	

### USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
CALIFORNIA 05/12/1998	Pass	252	177	97	75	

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

### Interpretation of results

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

### STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic Step 2 CS updates, available at the USMLE website ([www.usmle.org](http://www.usmle.org)).

### ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

**Indeterminate** - Results 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, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed within this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

**Irregular Behavior** - The Committee 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*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Score Not Available** - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

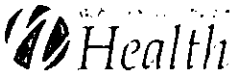
**Test Accommodations** - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

### ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

### BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Data Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record to the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".



Medical Quality Assurance Commission  
 P.O. Box 47866  
 Olympia, WA 98504-7866  
 360.236.4700

RECEIVED

SEP 11 2008

MD

DEPARTMENT OF HEALTH  
 MEDICAL COMMISSION

To: Post Graduate Training Program Director

Facility name Sutter Medical Center of Santa Rosa Family Program  
 Address 3324 Chanate Rd.  
Santa Rosa, CA 95404

**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. **All questions must be answered.**

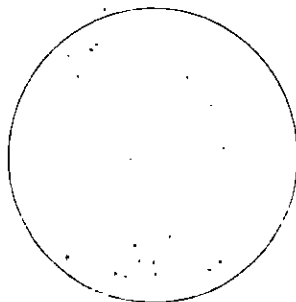
Applicant (Print or type) HEATHER ELLEN QUINN Birth date 5/26/71

Signature of applicant [Signature]

- HEATHER ELLEN QUINN is or was engaged in postgraduate training in our program from 07-97 Beginning date (month & year) to 06-00 Ending date (month & year) in the field of \_\_\_\_\_
- At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada?  Yes  No  
 If no, does this program qualify the applicant to become board certified?  Yes  No
- Was the participant ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program?  Yes  No

If yes, please explain \_\_\_\_\_

Return to:  
 Medical Quality Assurance Commission  
 P O Box 47866, Olympia, WA 98504-7866  
 360.236.4700



Signature [Signature]  
 Title Program Director  
Please type or print  
 Hospital Sutter Medical Ctr - Santa Rosa  
 Address 3324 Chanate Rd  
Santa Rosa CA 95404  
 Date 9-3-08  
 Telephone 707-576-4075



# STATE OF IDAHO

BOARD OF MEDICINE

August 26, 2008

1755 Westgate Dr. Ste 140  
Boise, Idaho 83704  
(208) 327-7000  
FAX (208) 327-7005  
E-Mail [Info@bom.state.id.us](mailto:Info@bom.state.id.us)

## CERTIFICATION

This is to certify that a search of the available records of the Idaho State of Medicine indicates the following:

### HEATHER ELLEN QUINN, MD

<b>LICENSE NUMBER:</b>	M-9177
<b>LICENSE TYPE:</b>	PHYSICIAN AND SURGEON
<b>DATE ISSUED:</b>	12/03/2004
<b>LICENSE STATUS:</b>	Current
<b>LAST ACTION:</b>	Renewed
<b>MEDICAL SCHOOL:</b>	UNIV OF CA, SAN DIEGO, SCH OF MED, LA JOLLA CA 92093
<b>DISCIPLINARY ACTION:</b>	No
<b>EXPIRATION DATE:</b>	06/30/2009

This license information was last updated on: 08/26/2008

If other information is needed, please contact the individual or the agency or institution which generated the information.

If disciplinary action is indicated details will be made available by photocopy from the public file upon written request.

A handwritten signature in cursive script, appearing to read "Nancy M. Kerr".

Nancy M. Kerr  
Executive Director

**MEDICAL BOARD OF CALIFORNIA**

Licensing Program  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(916) 263-2382 FAX (916) 263-2944  
[www.mbc.ca.gov](http://www.mbc.ca.gov)



August 26, 2008

**TO WHOM IT MAY CONCERN:**

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN: HEATHER ELLEN QUINN  
LICENSE NUMBER: A66537  
ISSUED: September 18, 1998  
EXAM TYPE: A Written Examination  
EXPIRATION DATE: May 31, 2006  
STATUS: DELINQUENT  
BOARD DISCIPLINE: No

This license information was last updated on: 08/23/2008

Further public records pertaining to the above licensee may be available from the Board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov).

*Deborah Pellegrini*

DEBORAH PELLEGRINI  
CHIEF OF LICENSING



STATE OF ALASKA  
DEPARTMENT OF  
**COMMERCE**  
COMMUNITY AND  
ECONOMIC DEVELOPMENT

*Sarah Palin, Governor*  
*Emil Notti, Commissioner*  
*Rick Urion, Director*

Division of Corporations, Business and Professional Licensing

Alaska State Medical Board

**VERIFICATION OF LICENSE**

This is to certify that the records of the Alaska State Medical Board indicate the following with regard to the physician named below:

Name: **HEATHER ELLEN QUINN**  
License Type: **MD**  
Description of License: **IS A PHYSICIAN IN A RESIDENCY PROGRAM**  
License Number: **R-898**  
Current Status: **ACTIVE**  
Date First Issued: **04/12/1999**  
Expiration Date: **05/07/1999**  
School Name:  
Year of Graduation:  
Date of Birth: **05/26/1971**  
Gender: **F**  
Board Actions: **No actions on file, license in good standing**

This license information was last updated on: 08/26/2008

A handwritten signature in black ink, appearing to read "Leslie A. Gallant".

Leslie A. Gallant  
Executive Administrator  
Alaska State Medical Board

Date: August 26, 2008

550 West Seventh Avenue - Suite 1500, Anchorage AK 99501-3567

Telephone: (907) 269-8163 Fax: (907) 269-8196

Website: [www.commerce.state.ak.us/oc/pmed.htm](http://www.commerce.state.ak.us/oc/pmed.htm)



**RECEIVED**

SEP 18 2008

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

September 13, 2008

Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, WA 98504-7866

**RE: Heather E. Quinn, MD**

To Whom It May Concern:

This letter is to confirm that the above referenced provider had been an Affiliate member of the Medical staff at Saint Alphonus Regional Medical Center, in the Department of Family Medicine, during the time period of April 14, 2005 to the present.

During this time with Saint Alphonus, to the best of my knowledge as Medical Staff Coordinator, the provider had been in good standing.

Please do not hesitate to contact me if you require additional information.

Sincerely,

Karen Pemberton  
Office of Medical Affairs  
Saint Alphonus Regional Medical Center  
(208)367-2124





Medical Quality Assurance Commission  
 P.O. Box 47866  
 Olympia, WA 98504-7866  
 360.236.4700

MD

TO: Hospital Administration (Excluding post graduate training)

Name of licensing agency Palm Drive Hospital

Address 501 Petaluma Ave.  
Sebastopol, CA 95472

RECEIVED

SEP 15 2008

DEPARTMENT OF HEALTH  
 MEDICAL COMMISSION

RE: Verification and evaluation of privileges

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am authorizing the release of and would appreciate you providing the information directly to the address shown below at your earliest convenience. All questions must be answered.

Applicant (print or type) HEATHER E. QUINN Birth date 5/26/71

Signature of applicant [Signature]

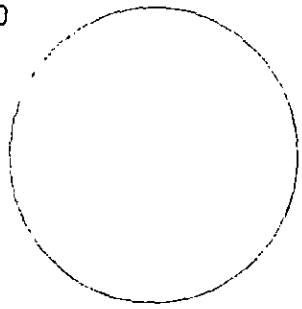
1. Heather Quinn MD now has/~~has had~~ admitting or speciality privileges at this hospital  
 from 8/29/2000 to 8/04/2008  
Beginning date (month & year) Ending date (month & year)

2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?

Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has the applicant ever been asked to resign?  Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Return to:   
 Medical Quality Assurance Commission  
 P O Box 47866 Olympia, WA 98504-7866  
 360.236.4700



Signature [Signature]  
 Title Medical Staff Director  
Please type or print  
 Hospital Palm Drive  
 Address 501 Petaluma Ave  
Sebastopol, CA 95472  
 Date 9/11/08  
 Telephone 707/829-4329

# Santa Rosa Memorial Hospital



Medical Staff Services 11W04  
1165 Montgomery Drive  
Santa Rosa CA 95405-4801

707.547.5471 Ph  
707.525.5280 Fx

September 4, 2008

**RECEIVED**

Credentialing Dept  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504

SEP 10 2008  
DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

**RE: Heather Quinn, MD**

(DOB: 05/26/1971)

In response to your request for information regarding the above-named person, we can provide the following:

**Initial Appointment: 08/21/2000\***  
**Assigned Department: Family Medicine**  
**Specialty / Specialties: Family Medicine**

**Previous Category: Courtesy**  
**Current Status: Inactive**  
**Status as of: 09/24/2004**

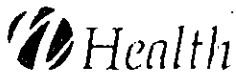
\* Please note that temporary privileges may have been granted prior to appointment that might account for any discrepancy between the information above and data submitted by the practitioner.

There have been no disciplinary actions or privilege restrictions against this practitioner.

This letter is a confidential document and is to be used exclusively for the credentialing and privileging processes at your facility.

Sincerely,

Susan Brummett, CPCS  
Medical Staff Services



Medical Quality Assurance Commission  
 P.O. Box 47866  
 Olympia, WA 98504-7866  
 360.236.4700

**MD**

**RECEIVED**

SEP 11 2008

DEPARTMENT OF HEALTH  
 MEDICAL COMMISSION

**TO: Hospital Administration** (Excluding post graduate training)

Name of licensing agency Sutter Medical Center of Santa Rosa

Address 3325 Chanate Rd  
Santa Rosa, CA 95404

**RE: Verification and evaluation of privileges**

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification of my employment, with evaluations, is required. I am authorizing the release of and would appreciate you providing the information **directly** to the address shown below at your earliest convenience. **All questions must be answered.**

Applicant (print or type) HEATHER ELLEN QUINN Birth date 5/26/71

Signature of applicant [Signature]

1. Heather Ellen Quinn now has/had admitting or speciality privileges at this hospital  
 from 8/16/2000 to 8/16/2004  
Beginning date (month & year) Ending date (month & year)

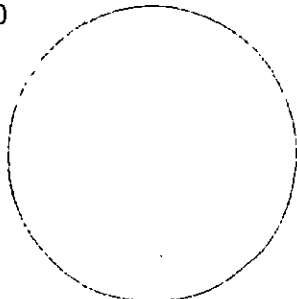
2. Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?

Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has the applicant ever been asked to resign?  Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

**Return to:**

Medical Quality Assurance Commission  
 P O Box 47866 Olympia, WA 98504-7866  
 360.236.4700



Signature [Signature]

Title Chief of Staff

Hospital Sutter Medical Center of Santa Rosa  
Please type or print

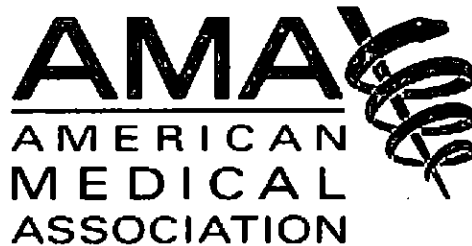
Address 3325 Chanate Rd  
Santa Rosa CA 95404

Date 9/05/08

Telephone 707-516-4315, 2008

**RECEIVED**  
 MEDICAL STAFF SERVICES  
 SUTTER MEDICAL CENTER  
 OF SANTA ROSA

21	mclaughlin, donna	03/15/1974	037020	2002	19944940
					<b>LICENSE HISTORY</b> <u>State Board</u> INDIANA
5	phelps, zachary	12/24/1970	039020	1998	19944675
					<b>LICENSE HISTORY</b> <u>State Board</u> NEW JERSEY
22	quinn, heather	05/26/1971	005040	1997	19944942
					<b>LICENSE HISTORY</b> <u>State Board</u> CALIFORNIA IDAHO
24	redman, richard	01/03/1976	048010	2003	19944946
					<b>LICENSE HISTORY</b> <u>State Board</u> NORTH CAROLINA
17	reed, christopher	12/21/1977	047010	2002	19944922
					<b>LICENSE HISTORY</b> <u>State Board</u> ALASKA NORTH CAROLINA VIRGINIA
8	roberge, eric	05/28/1974	039020	2001	19944800
					<b>LICENSE HISTORY</b> <u>State Board</u> HAWAII
4	rogers, heather	07/29/1976	048010	2004	19944673
					<b>LICENSE HISTORY</b> <u>State Board</u> NEW YORK
7	shah, swati	04/07/1975	495232	1998	19944798
					<b>LICENSE HISTORY</b> <u>State Board</u> CALIFORNIA VIRGINIA
9	singh, asha	06/13/1977	044060	2003	19944813
					<b>LICENSE HISTORY</b> <u>State Board</u> MASSACHUSETTS OHIO



**AMA Physician Profile**

**Name and Mailing Address:**

HEATHER ELLEN QUINN MD  
5077 W PARSONS DR  
BOISE ID 83714-9467

**Primary Office Address:**

520 S EAGLE RD  
MERIDIAN ID 83642-6308

**Phone:** 1-208-375-8100

**Birthdate:** 05/26/1971

**Birthplace:** SANTA ROSA, CA UNITED STATES OF AMERICA

**Physician's Major Professional Activity:** OFFICE BASED PRACTICE

**Practice Specialties Self Designated by the Physician\*:**

**Primary Specialty:** FAMILY MEDICINE

**Secondary Specialty:** UNSPECIFIED

*\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership:** NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

**Current and/or Historical Medical School:**

UNIV OF CA, SAN DIEGO, SCH OF MED, LA JOLLA CA 92093

**Degree Awarded:** Yes

**Degree Year:** 1997



**AMA Physician Profile**

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

*Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".*

**Institution:** SUTTER MED CTR OF SANTA ROSA  
**Specialty :** FAMILY MEDICINE

**State:** CALIFORNIA  
 07/1997 - 06/2000  
 (VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

**Current and/or Historical Medical Licensure:**

<u>Jurisdiction</u>	<u>MD/DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
IDAHO	MD	12/03/2004	06/30/2009	ACTIVE	UNLIMITED	10/09/2008
ALASKA	MD	04/12/1999	05/07/1999	INACTIVE	RESIDENT	09/17/2008
CALIFORNIA	MD	09/18/1998	05/31/2006	INACTIVE	UNLIMITED	09/15/2008

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

**ECFMG Certification:**

**Applicant Number:**

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



**AMA Physician Profile**

**Federal Drug Enforcement Administration:**

\* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX872	22N 33N 4 5	04/30/2010	10/09/2008

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

**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:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

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

**Certificate:** FAMILY MEDICINE

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	07/21/2007	12/31/2014	RE-CERT	10/09/2008
TIME LIMITED	07/14/2000	12/31/2007	INITIAL(**)	10/09/2008

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2008 American Board of Medical Specialties. All right reserved.

**Medicare/Medicaid Sanction(s):**

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

**Other Federal Sanction(s):**

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



## AMA Physician Profile

### Additional Information:

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

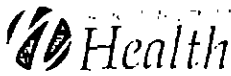
The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60610  
800- 665-2882  
312 464-5900 (fax)

**If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.**





Medical Quality Assurance Commission  
 P.O. Box 1099  
 Olympia, WA 98507-1099  
 360.236.4700

## Temporary Permit Request

I hereby request a **one time only temporary permit**. I understand that the temporary permit shall expire upon the issuance of a license, initiation of an investigation by the commission, or 90 days, whichever occurs first.

Heather E. Quinn

Signature

8/26/08

Date

HEATHER ELLEN QUINN

Print or type full name

5/26/71

Date of birth

5077 W. PARSONS DR

Mailing address

BOISE

City

ID

State

83714

Zip Code

**Please note: "WAC 246-12-340 Refund of Fees.** Fees submitted with application for initial credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are non-refundable."

### General Information

Must be licensed in a recognized jurisdiction. See list on page two.

**A temporary permit may be issued upon receipt of the following:**

1. Completed application form.
  - a) Personal data questions 1-10 must ALL be negative, excluding #10 regarding malpractice.
2. Temporary permit request form.
3. Application and temporary permit fees paid.
4. A clear Federation of State Medical Boards (FSMB) data bank clearance report.
5. A clear American Medical Association Profile.
6. Written verification from ALL states in which the applicant was or is licensed.

### For Office use only

Approved

Disapproved

Review date \_\_\_\_\_

Signature \_\_\_\_\_

Redaction Summary ( 5 redactions )

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2 Privilege / Exemption reasons used:

1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" ( 1 instance )

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

8

Page 2, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 7, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance

Page 7, 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