Physician Application Worksheet

Name KUEHL, LAUREL License Number

Date of Birth 7-15-64

Date Received 5-18-98 Date Completed Signature

✓ 100 Fee ✓ Photo ✓ Personal Data ✓ AICS ✓ Affidavit ✓ Archive File

Chronology ✓ Complete

Missing: to to to

☐ Temporary Permit Requested Status

✓ 5/21 FSMB ✓ 6/16 AMA ECFMG Reinstatement

Personal Data Questions	Documentation Received

Malpractice Cases	Original Complaint	Synopsis	Disposition
1			
2			
3			
4			

Medical School

Name ✓ WA Year of Degree 96 ✓ 7/24 Transcripts Translations

☒ U.S. ☐ Canadian ☐ International

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

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
7/10	✓ WA 7/96-98				

Received	State Licensure	Received	Hospital Privileges
✓ ✓	WA-ML		

Approved Susan Anderson 8-7-98

Signature Date

Comments:

Washington State Department of Health

100 -

PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME Kuehl, Laurel

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236

PD2668 05/18/98 10000

Health
Health Professional Quality Assurance Division
PO Box 1099
Olympia WA 98507-1099
(360) 753-2844
(360) 664-8689

RECEIVED
MAY 18 1998
HPQA

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

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

All applicants carefully follow all instructions in general instructions.

It is the responsibility of the applicant to submit or request to have submitted, all required supporting documents.

Licensure Examination Taken (check one): ☐ National Board ☐ _____ State Examination ☐ LMCC (must have been obtained after 1969)
☐ FLEX Examination ☑ USMLE Examination

For Office Use Only		
Certificate No. 36570	Issue Date	Expiration Date

Please Type or Print Clearly

Applicant's Name KUEHL (LAST) LAUREL (FIRST) M. (MIDDLE INITIAL)

Mailing Address ~~Box~~ University of Washington Box 354775
4245 Roosevelt Way NE

City Seattle State WA Zip 98105 County King

Telephone (206) 548-4055 (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS)

Social Security Number _____ (REQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN IS VOLUNTARY AND NOT REQUIRED FOR LICENSING APPROVAL)

1 - DOH Licensee Social Security Numbe...

Home Address 5231 16th Ave NE (STREET) Seattle (CITY) WA (STATE) 98105 (ZIP)

Sex (F or M) F Birthdate 07 (MONTH) 15 (DAY) '64 (YEAR) Birthplace Tubingen (CITY), Germany (STATE/COUNTY)

Medical Specialty Family Medicine

Medical School University of Washington (NAME) Year of Graduation 1996

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

List other name(s) that appear on documents or credentials _____

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.)

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 of 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 judgements, 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?	☐	☑
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	☐	☑
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?	☐	☑
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	☐	☑

Identification	
HEIGHT: 5'7"	WEIGHT: 125 lbs
COLOR OF EYES: blue	COLOR OF HAIR: blond

Laurel Kuehl 7/97

EDUCATION AND EXPERIENCE

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

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended From (mo/yr)	Dates Attended To (mo/yr)	Diploma or Degree Obtained (Quote titles in original language and translate to English.)
Medical Education (List all Medical Schools Attended)				
University of Washington	4	9/92	6/96	MD
Post-Graduate Training (List all Programs Attended)				

PROFESSIONAL EXPERIENCE

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

Nature of Experience or Practice	Dates of Experience From (mo/yr)	Dates of Experience To (mo/yr)
University of Washington Family Practice Residency	7-96	present

HOSPITAL PRIVILEGES

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

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

LICENSES IN OTHER STATES

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

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

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

Name and Location of Medical School	Name and Location of Hospital	Dates Attended Beginning (mo/yr)	Dates Attended Ending (mo/yr)

AIDS Affidavit

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

Laurel Kuehl — APPLICANT'S SIGNATURE

3-11-98 — DATE

APPLICANT'S ATTESTATION

I, Laurel Kuehl, 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: Laurel Kuehl — DATE: 3-11-98

UNIVERSITY OF WASHINGTON
OFFICE OF THE REGISTRAR

ACADEMIC TRANSCRIPT
THE WORD "COPY" APPEARS WHEN PHOTOCOPIED
A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

STUDENT NAME: KUEHL,LAUREL MARIE
STUDENT NUMBER: 8938412
SOC SEC NO: 1 - DOH Licensee S...
BIRTHDATE: 07/15/64
HIGH SCHOOL:
WASHINGTON RESIDENCY: RESIDENT
HS GRAD:
SEX:
DATE PRINTED: 07/22/98
PAGE: 1
CLASSIFICATION: 4TH YR PROF
COLLEGE / MAJOR: MEDICINE / MEDICINE
CURRENT STATUS:
TRA1001 PSEUD

DELIVERED
JUL 24 1998
Health Professions
Section 5

COURSE		TITLE	CREDITS	GRADE

****
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* AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS. *
****

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* DOES NOT INCLUDE UNDERGRADUATE WORK *
* COMPLETED AT THE UNIVERSITY OF *
* WASHINGTON. *
****

UNIVERSITY OF WASHINGTON DEGREES EARNED:
DOCTOR OF MEDICINE
SPRING 1996 (06/07/96)
UW:292.0 TRANSFER: 0.0 EXTENSION: 0.0 GPA: 0.00

SUMMARY OF TRANSFER CREDIT:
WHITMAN COLL 0.0 BA 1986
TRANSFER CREDIT ACCEPTED: 0.0

		AUTUMN 1992	MED	11
HUBIO	510	P-MICRO ANAT HISTO	3.0	S
HUBIO	511	P-GROSS ANAT&EMBRY	7.0	S
HUBIO	512	P-MECH CELL PHYSIOL	5.0	S
HUBIO	513	P-INTRO CLIN MED	1.0	S
HUBIO	514	P-BIOCHEM I-A	4.0	S
HUBIO	516	P-SYS HU BEHAV I-A	3.0	H
UCONJ	501	INTRNTL HEALTH ED	1.0	CR
	QTR	ATTEMPTED: 23.0 EARNED: 23.0 GPA: 0.00		

QUARTER COMMENT:
NS IN HUBIO 512 CLEARED BY RE-EXAM.

		WINTER 1993	MED	11
CONJ	520	ANATOMY AND AUTOPSY	1.0	S
FAMED	501	P-INT FAM MED PRCPT	2.5	S
HUBIO	520	P-CELL&TISS RESPONS	6.0	S
HUBIO	521	P-HST INF DIS I-A	4.0	S
HUBIO	522	P-INTRO CLIN MED	2.0	S
HUBIO	523	P-INTRO IMMUNOLOGY	2.0	S
HUBIO	524	P-BIOCHEM I-B	3.0	S
HUBIO	526	P-SYS HU BEH I-B	1.0	H
	QTR	ATTEMPTED: 21.5 EARNED: 21.5 GPA: 0.00		

		SPRING 1993	MED	11
HUBIO	530	P-EPIDEMIOLOGY	2.0	S
HUBIO	531	P-HEAD,NECK & ENT	5.0	H
HUBIO	532	P-NERVOUS SYSTEM	6.0	S
HUBIO	534	P-HIS INF DIS I-B	2.0	S
HUBIO	535	P-INTRO CLIN MED	4.0	S
MHE	511	P-MEDICAL ETHICS	1.0	CR /I
	QTR	ATTEMPTED: 20.0 EARNED: 20.0 GPA: 0.00		

		AUTUMN 1993	MED	12
HUBIO	540	P-CARDIOVASC SYS	5.5	S
HUBIO	541	P-RESPIRATORY SYS	4.0	S
HUBIO	542	P-INTRO CLIN MED	2.5	S
HUBIO	543	P-PRIN PHARM I	4.0	S
HUBIO	544	P-ENDOCRINE SYSTEM	2.5	S
HUBIO	546	P-SYSTEMIC PATH	2.0	H
HUBIO	554	P-GENETICS	2.5	H
HUBIO	567	P-SKIN SYSTEM	2.0	S
	QTR	ATTEMPTED: 25.0 EARNED: 25.0 GPA: 0.00		

		WINTER 1994	MED	12
CONJ	550	P-CLIN INFEC DIS	3.0	CR
FAMED	501	P-INT FAM MED PRCPT	2.5	S
HUBIO	550	P-INTRO CLIN MED	3.5	S
HUBIO	551	P-G I SYSTEM	4.0	S
HUBIO	552	P-HEMATOLOGY	3.0	S
HUBIO	553	P-MUSCULOSKELETAL	4.5	S
HUBIO	555	P-MED HLTH & SOC	3.5	S
MED	533	P-CL ENDOCRINOLOGY	2.0	CR
	QTR	ATTEMPTED: 26.0 EARNED: 26.0 GPA: 0.00		

		SPRING 1994	MED	12
HUBIO	560	P-INTRO CLIN MED	5.0	S
HUBIO	562	P-URINARY SYSTEM	4.0	S
HUBIO	563	P-SYST HU BEHAV II	3.0	S
HUBIO	564	P-PRIN OF PHARM II	3.0	S
HUBIO	565	P-REPRODUCTION	3.5	S
HUBIO	599	P-INDP STDY MED SCI	6.0	S
	QTR	ATTEMPTED: 24.5 EARNED: 24.5 GPA: 0.00		

		SUMMER 1994	MED	12
PEDS	663	P-PED GEN CLKSHIP	12.0	H
OB GY	668	P-OB GY CLERK SPOK	12.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		

		AUTUMN 1994	MED	13
MED	665	P-CL CLERKSHIPS	24.0	S
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		

		WINTER 1995	MED	13
REHAB	685	P-CHR DIS & DISABIL	4.0	S
SURG	665	P-CLIN CLERKSHIP	12.0	S
	QTR	ATTEMPTED: 16.0 EARNED: 16.0 GPA: 0.00		

		SPRING 1995	MED	13
FAMED	698	P-CLCLK FAMED AWAY	12.0	H
PBSCI	666	P-WAMI PBSCI CLKSHP	12.0	H
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		

		SUMMER 1995	MED	14
FAMED	671	P-ADV PRCEP U S	8.0	H
LAB M	680	P-CLIN LAB TEST	4.0	H
MED	678	P-CLIN DERMATOLOGY	8.0	H
OPHTH	682	P-OPHTH CLERKSHIP	4.0	S
	QTR	ATTEMPTED: 24.0 EARNED: 24.0 GPA: 0.00		

*** CONTINUED ON PAGE 2 ***

RECIPIENT

ST OF WA DEPT OF HEALTH
ATTN BETTY ELLIOTT/BOX 47866
100 SE QUINCE ST
OLYMPIA, WA 98504

This official university transcript does not require a raised seal.

UNIVERSITY OF WASHINGTON 1861

Van Johnson
Associate Registrar

UoW 1592 (Rev. 5/97)

EXPLANATORY NOTES ARE PRINTED ON REVERSE SIDE

UNIVERSITY OF WASHINGTON
Office of the Registrar Box 355850
Seattle, Washington 98195
(206) 543-5378

UoW 1592 (rev. 5/97)

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

EXPLANATORY NOTES

AUTHENTICATION OF THIS TRANSCRIPT:
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ACADEMIC CALENDAR:
The academic year is comprised of three quarters - autumn, winter, spring - each lasting approximately eleven weeks. There is also a summer quarter.

EXPLANATION OF GRADE SYMBOLS:
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).
Letter grades: I (Incomplete); N (satisfactory without grade); S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis). for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduates and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter "H" designate honors courses and "W" designate writing courses.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A), 3.8-3.5 (A-). 3.4-3.1 (B+), 3.0-2.9 (B). 2.8-2.5 (B-). 2.4-2.1 (C+), 2.0-1.7 (C), 1.6-0.0 (E).

SPECIAL SYMBOLS:
A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average but credit will be allowed only once. If the first grade was greater or equal to a 2.0 the second grade does not count in the grade point average and credit is not allowed indicated by a /R. Effective autumn 1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Beginning autumn 1987, /R for undergraduates designates a language course initially taken in high school (used for language of admission to the University) and repeated but not allowed credit and not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

EXPLANATION OF GRADE SYMBOLS USED PRIOR TO SUMMER QUARTER 1976:
A (honor); B (good); C (medium); D (poor-low pass); E (fail or unofficial withdrawal); EW (failing work at time of official withdrawal after the first fifteen calendar days of the quarter); PW (passing work at time of withdrawal after the first fifteen calendar days of the quarter); S (passing grade for courses 500 and above and for undergraduate courses taken on a credit/no credit basis where credit is awarded).

SCHOOL OF DENTISTRY:
Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

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

SCHOOL OF MEDICINE:
Letter grades: H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added.

SCHOOL OF PHARMACY
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7

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

TRANSCRIPTS:
Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

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

UNIVERSITY OF WASHINGTON
OFFICE OF THE REGISTRAR

ACADEMIC TRANSCRIPT
THE WORD "COPY" APPEARS WHEN PHOTOCOPIED
A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

STUDENT NAME		HIGH SCHOOL		HS GRAD	DATE PRINTED	PAGE
KUEHL, LAUREL MARIE					07/22/98	2
STUDENT NUMBER	SOC. SEC. NO.	BIRTHDATE	WASHINGTON RESIDENCY	SEX		
8938412	1 - DOH Licensee So...	07/15/64	RESIDENT	FEMALE	TRA1001	PSEUD
CLASSIFICATION	COLLEGE / MAJOR		CURRENT STATUS			
4TH YR PROF	MEDICINE MEDICINE					

COURSE		TITLE	CREDITS	GRADE
		**********		
		* ANY ALTERATION OR MODIFICATION OF THIS RECORD *		
		* OR ANY COPY THEREOF MAY CONSTITUTE A FELONY *		
		* AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS. *		
		**********		
		AUTUMN 1995	MED 14	
FAMED	670	P-ADV PRP WAMI AREA	4.0	H
MED	682	P-CL CARD&ELECTROCA	8.0	S
SURG	604	P-TRAUMA&EMERG CARE	8.0	H
	QTR	ATTEMPTED: 20.0 EARNED: 20.0	GPA:	0.00
		WINTER 1996	MED 14	
ANEST	680	P-BASIC ANES CLKSHP	4.0	S
MED	693	P-NEPH&FLUID BAL	8.0	S
ORTHP	675	P-PRECEPTRSHP ORTHP	4.0	S
UROL	681	P-FEMALE UROLOGY	4.0	S
	QTR	ATTEMPTED: 20.0 EARNED: 20.0	GPA:	0.00
		---------- DEGREE EARNED 06/07/96 ----------		
		DOCTOR OF MEDICINE		
		UW:292.0 TRANSFER: 0.0 EXTENSION: 0.0	GPA:	0.00

		**********		
		CUMULATIVE CREDIT SUMMARY:		
		UW CREDITS ATTEMPTED 292.0 UW CREDITS EARNED 292.0		
		UW GRADED ATTEMPTED 0.0 EXTENSION CREDITS 0.0		
		UW GRADED EARNED 0.0 TRANSFER CREDITS 0.0		
		UW GRADE POINTS 0.0 ----------		
		UW GRADE POINT AVG. 0.00 CREDITS EARNED 292.0		
		**********		
		********** END OF RECORD **********		

COURSE	TITLE	CREDITS	GRADE

RECIPIENT

ST OF WA DEPT OF HEALTH
ATTN BETTY ELLIOTT/BOX 47866
100 SE QUINCE ST
OLYMPIA, WA 98504

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UNIVERSITY OF WASHINGTON · 1861 · SEAL

Van Johnson
Associate Registrar

In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.

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EXPLANATION OF GRADE SYMBOLS:
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7 (undergraduates), 1.7 (graduate students).
Letter grades: I (Incomplete); N (satisfactory without grade); S (passing grade for courses taken on a satisfactory/not-satisfactory basis), for undergraduate students 2.0 and above but prior to autumn 1985 1.7 and above; for graduate students 2.7 and above. NS (not satisfactory grade for courses taken on a satisfactory/not satisfactory basis), for undergraduate students a grade less than 2.0 but prior to autumn 1985 a grade less than 1.7; for graduate students a grade less than 2.7. CR (credit awarded in a course offered on a credit/no credit basis only). The minimum performance level required for a CR grade is determined, and the grade is awarded directly, by the instructor. NC (credit not awarded in a course offered on a credit/no credit basis only); W (official complete withdrawal from the University, or course drop); beginning autumn 1990 for undergraduates and autumn 1997 for graduate and professional students, W accompanied by a number of 3 through 7 (designates course dropped week 3 through week 7 of all quarters except summer quarter); *W (prior to autumn 1990, a peremptory drop made during the fifth through tenth week of the quarter); HW (Hardship Withdrawal); X (no grade submitted by instructor). Course titles preceded by the letter "H" designate honors courses and "W" designate writing courses.

UNDERGRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A); 3.8-3.5 (A-); 3.4-3.2 (B+); 3.1-2.9 (B); 2.8-2.5 (B-); 2.4-2.2 (C+); 2.1-1.9 (C); 1.8-1.5 (C-); 1.4-1.2 (D+); 1.1-0.9 (D); 0.8-0.7 (D-); 0.0 (E).

GRADUATE NUMERIC GRADE POINT EQUIVALENTS:
4.0-3.9 (A), 3.8-3.5 (A-), 3.4-3.1 (B+). 3.0-2.9 (B), 2.8-2.5 (B-), 2.4-2.1 (C+), 2.0-1.7 (C), 1.6-0.0 (E).

SPECIAL SYMBOLS:
A grade followed by an I indicates an incomplete was initially awarded but a final grade has been received. Prior to winter 1983, /R indicates course was repeated and only the last grade will count in grade point average and credit is allowed once. Effective winter 1983 through summer 1985, /DR for a repeated course indicates that the first grade was less than a 2.0. Both grades will count in the grade point average but credit will be allowed only once. If the first grade was greater or equal to a 2.0 the second grade does not count in the grade point average and credit is not allowed indicated by a /R. Effective autumn 1985, /DR for a repeated course indicates both grades will count in the grade point average but credit will be allowed only once and X/R is used for an undergraduate indicating the student repeated a course not eligible to be repeated for grade or credit.

Beginning autumn 1987, /R for undergraduates designates a language course initially taken in high school (used for language of admission to the University) and repeated but not allowed credit and not included in the grade point average.

Courses designated with /D indicate the grade counts in the grade point average but credit is not allowed toward degree requirements.

EXPLANATION OF GRADE SYMBOLS USED PRIOR TO SUMMER QUARTER 1976:
A (honor); B (good); C (medium); D (poor-low pass); E (fail or unofficial withdrawal); EW (failing work at time of official withdrawal after the first fifteen calendar days of the quarter); PW (passing work at time of withdrawal after the first fifteen calendar days of the quarter); S (passing grade for courses 500 and above and for undergraduate courses taken on a credit/no credit basis where credit is awarded).

SCHOOL OF DENTISTRY:
Effective autumn 1992: Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7. Dental students taking medical school courses are allowed medical school grades.

Prior to autumn 1992: Numeric grades: 4.0 (honor), 3.7, 3.3, 3.0, 2.7, (good), 2.3, 2.0 (low pass), 0.0 (failure). Prior to spring 1981, letter grades: A (4.0), B (3.0), C (2.0), E (failure), EW (failure withdrawal), CR, NC, I, N, W.

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

SCHOOL OF MEDICINE:
Letter grades: H (Honors), S, NS, CR, NC, I, N, W. Effective autumn 1996; HP (High Pass), P (Pass), F (Fail) were added.

SCHOOL OF PHARMACY
Numeric grades: 4.0, 3.9, decreasing by 1/10 to 0.7. The highest grade is 4.0. Lowest passing grade is 0.7

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

TRANSCRIPTS:
Most student records were converted to a new transcript system in winter 1983. You may receive two types of transcripts.

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

UNIVERSITY OF WASHINGTON

OFFICE OF THE REGISTRAR

Box 355850

Seattle, Washington 98195–5850

03-3900

FIRST CLASS

SEATTLE WA JUL 22'98

PB METER 7072484

032 U.S. POSTAGE

US·MLE
United States
Medical
Licensing
Examination™

UNITED STATES MEDICAL LICENSING EXAMINATION™

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

WA-1

ML20005216

STEP 3 SCORE REPORT

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

Kuehl, Laurel Marie

5231 16th Avenue NE
Seattle, WA 98105

USMLE ID: 4-038-392-9

Test Date: May 1997

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

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.

208	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 205 and 18, respectively, with most scores falling between 140 and 260. A score of 177 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)‡ for this scale is approximately five points.

84	This score is also determined by your overall performance on the examination. A score of 82 on this scale is equivalent to a score of 200 on the scale described above. A score of 75 on this scale, which is equivalent to a score of 177 on the scale described above, is recommended by USMLE to pass Step 3. The SEM‡ for this scale is approximately one and a half points.

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

480HF118

Health

MD

TO: **Post-Graduate Training Program Director**
University of Washington
Family Medicine Residency
FACILITY NAME
4245 Roosevelt Way NE
ADDRESS
Seattle, WA 98105.

DELIVERED JUL 10 1998 Health Professions Section 5

DELIVERED JUN 26 1998 Health Professions Section 5

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.**

Laurel KUEHL — APPLICANT (PRINT OR TYPE)
07:15-64 — BIRTHDATE
Laurel Kuehl — SIGNATURE OF APPLICANT

1. LAUREL KUEHL is/or was engaged in post-graduate training in our program from ~~6-25-98~~ 6-25-96 (BEGINNING DATE (MONTH & YEAR)) to 7-1-99 (ENDING DATE (MONTH & YEAR)) in the field of FAMILY MEDICINE.

2. **Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.)** EXCELLENT RESIDENT – NO CONCERNS

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

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

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

Return to:
Medical Quality Assurance Commission
1300 SE Quince Street
P O Box 47866
Olympia, WA 98504-7866
(360) 664-8689 or (360) 753-2844

Signature
Title ASSOCIATE PROFESSOR & PROGRAM DIRECTOR
Hospital UNIV OF WASHINGTON MED CTR (PLEASE TYPE OR PRINT)
Address
Date 6-30-98
Telephone 206-548-2883

(Seal)

COPY

DOH 657-034 (Rev. 2/96)

Health

MD

TO: **Post-Graduate Training Program Director**
University of Washington Family Medicine Residency
FACILITY NAME
4245 Roosevelt Way NE
ADDRESS
Seattle, WA 98105.

DELIVERED JUL 10 1998 Health Professions Section 5

DELIVERED JUN 26 1998 Health Professions Section 5

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.**

Laurel KUEHL — 07-15-64
APPLICANT (PRINT OR TYPE) — BIRTHDATE

Laurel Kuehl
SIGNATURE OF APPLICANT

1. LAUREL KUEHL (is) or was engaged in post-graduate training in our program
from 6-25-98 (BEGINNING DATE (MONTH & YEAR)) to 7-1-99 (ENDING DATE (MONTH & YEAR))
in the field of FAMILY MEDICINE

2. **Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.)** EXCELLENT RESIDENT – NO CONCERNS

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

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

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

Return to:
Medical Quality Assurance Commission
1300 SE Quince Street
P O Box 47866
Olympia, WA 98504-7866
(360) 664-8689 or (360) 753-2844

(Seal)

Signature
Title ASSOCIATE PROFESSOR & PROGRAM DIRECTOR
Hospital UNIV OF WASHINGTON MED CTR
PLEASE TYPE OR PRINT
Address
Date 6-30-98
Telephone 206-548-2883

DOH 657-034 (Rev. 2/95)

July 30, 1998

U of Washington
Family Medicine Residency
4245 Roosevelt Way NE
Seattle, WA 98105

Dear Residency Coordinator

Please correct dates and return form.

Thank You

Betty Elliott

telnet (WA-RS6000-1)

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                      AAAAAA     SSSSSS    IIIIIIIIIII
                     AAAAAAA    SSS  SSS   IIIIIIIIIII
                    AAAAAAAA   SSS    SSS      III
MEDICAL BOARD            ASSESSMENT SYSTEMS, INC.                    05-26-98
bje1303                        REAL SYSTEM          V2.5.18          12:27:06 PM
INDIVIDUAL NAME                      (JR,SR,III)      REFERENCE # ML20005216
   LAST KUEHL                                         SOC SEC NUM
  FIRST LAUREL                      +-ADDITIONAL INFORMATION----------------+
 MIDDLE M                           |           SEX F =      MARRIED Y =     |
                                    |                                        |
RESIDENCE INFORMATION               |   OTHER NAME                           |
U OF WASHINGTON                     |CORP. OFFICER                       =   |
BOX 356340                          |TRUST ACCOUNT                           |
SEATTLE, WA 98195                   |                                        |
                                    |  BIRTH PLACE GERMANY                   |
                                    |        DATE 07-15-1964                 |
PHONE: (   )    -       COUNTY:  17 |                                        |
       (   )    -       LGL ST: WA  |SCHOOL CODE                             |
                                    |   CE UNITS    0.00 REQD BY   -  -      |
NOTES                               +----------------------------------------+

+-------------------------------------------------------------------------------+
|CURRENT STATUS: A    EXPIRATION DATE: 07-31-1998  FIRST ISSUE DATE: 06-25-1996|
|RENEWAL STATUS:     LAST ACTIVE DATE:   -  -     LAST RENEWAL DATE: 05-22-1997|
|COMPLAINTS O/C:  0/ 0      AUTHORITY:                                          |
+-------------------------------------------------------------------------------+
1GO BACK  2NAM&ADDR 3EDUCATE  4LIC FUNC 5INVESTG  6         7OTHR DAT 8EXTD NOT
```

Health

TO THE APPLICANT

RECEIVED
MAY 14 1998
By

Complete the identifying information below and submit to:

Federation of State Medical Boards
Federation Place
400 Fuller Wiser Road, Suite 300
Euless, TX 76039-3855

DELIVERED
MAY 21 1998
Health Professions
Section 5

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 Quality Assurance Commission. Thank you for your assistance.

NAME: Laurel M KUEHL

SSN: 1 - DOH Licensee Social Security Number - RC...

MEDICAL SCHOOL OF GRADUATION: U Washington

YEAR OF GRADUATION: 6-96

BIRTHDATE: 07-15-64

RESPONSE:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

MAY 19 1998

James R. Winn, M.D.

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

DOH 657-072 (Rev. 02/96))

American Medical Association

Physicians dedicated to the health of America

Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

LAUREL MARIE KUEHL MD
UWMC ROOSEVELT
4245 ROOSVELT BOX 354775
SEATTLE WA 98105 USA

Phone: UNKNOWN
Birthdate: 07/15/1964
Birthplace: TUBINGEN

Physician's Major Professional Activity: RESIDENT

Self Designated Practice Specialties (SDPS):

Primary: FAMILY PRACTICE
Secondary: UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources

Medical School:
UNIV OF WA SCH OF MED, SEATTLE WA 98195 (VERIFIED)

Year of Graduation: 1996 (VERIFIED)

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

Institution: UNIV OF WA SCH OF MED — **State:** WASHINGTON
Specialty : FAMILY PRACTICE — 06/1996 - 06/1999 (VERIFIED)

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

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

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported

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. A blank expiration date indicates that the data is not provided to AMA by the licensing board. Please contact the appropriate licensing board directly for this information.

NONE REPORTED TO DATE

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

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

American Medical Association

Physicians dedicated to the health of America

Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

ECFMG Certfication:

Applicant Number:

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

Federal Drug Enforcement Administration:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

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

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Primary Board: NONE REPORTED TO DATE

Effective: **Expires:**

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: **Expires:**

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

Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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

Additional Information:

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

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

If you note any discrepancies, please mark them on a copy of the profile and return to: American Medical Association Department of Data Services, 515 N. State Street, Chicago, Il 60610.

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

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

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

May 29, 1998

Laurel Kuehl, MD
5231 16th Ave NE
Seattle, WA 98105

Dear Dr Kuehl

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

Your application was received on **May 18, 1998**

Items Missing:, Post Graduate Training Verification-(please do not submit until program has ended) and Americian Medical Association and Medical School Transcripts

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 3 to 5 working days for routine applications, 14 to 30 working days for applications considered non-routine that must be reviewed by a Commission Member, or if your application contains negative information, it may need to be reviewed by the Full Commission at a 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

Board of Medical Examiners

Limited Physician Application Worksheet

NAME: Kuehl, Laurel

DATE OF BIRTH: 7-15-64

DATE APPLICATION RECEIVED: 6-7-96

DATE APPLICATION COMPLETED: 6/96

[✓] Fee [✓] Photo [✓] Personal Data [✓] Aids [✓] Affidavit

[ ] Residency [ ] Fellowship [ ] Teaching/Research [ ] Institutions [ ] City/County

Positive Data Questions____, ____, ____. Documentation Received _____

[ ] Chronology Completed [ ] Missing Dates ____ to ____, ____ to ____, ____ to ____.

MALPRACTICE CASE	SYNOPSIS	ORIGINAL COMPLAINT	DISPOSITION
CASE 1 NAME:			
CASE 2 NAME:			

5/96 FDB ✓

6/96 AMA

[ ] ECFMG

Medical School ☐ U.S. ☐ Canadian ☐ International ☐ Fifth Pathway

MEDICAL SCHOOL NAME: U. WASH ✓ | 6/96 Transcript [ ] Translations | YEAR OF DEGREE: 1996

Examination Type ☐ National Board ☐ FLEX ☐ USMLE ☐ State Exam ☐ LMCC Scores Received [ ]

POSTGRADUATE TRAINING PROGRAM

STATE LICENSURE

HOSPITAL PRIVILEGES

EMPLOYMENT/PROGRAM VERIFICATION

6/96	U. WA ✓		

STAFF DECISION

☑ APPROVED
☐ DISAPPROVED

LICENSURE

Janice Weber 6/23/96
SIGNATURE DATE

COMMENTS:

BME 062 (REV. 8/12/93)

Washington State Department of Health

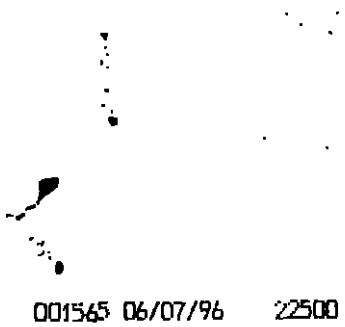
PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME Kuehl, Laurel M.

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236


001565 06/07/96 22500

Health
Health Professional Quality Assurance Division
PO Box 1099
Olympia WA 98507-1099
(360) 753-2844
(360) 664-8689

RECEIVED
JUN 07 1996
HEALTH PROFESS SRS SECTION 5

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

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

All applicants carefully follow all instructions in general instructions.

It is the responsibility of the applicant to submit or request to have submitted, all required supporting documents.

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

☐ Institutional ☐ Fellowship - 2 Year Limit ☑ Internship-Residency ☐ County-City Health Department ☐ Teaching-Research - 2 Year Limit

For Office Use Only		
Certificate No. 5216	Issue Date 6/25/96	Expiration Date

Please Type or Print Clearly

Applicant's Name KUEHL (LAST) LAUREL (FIRST) M (MIDDLE INITIAL)

Name of Institution/Health Dept/Medical School/Hospital University of Washington - School of Medicine

Address 5231 16th Ave NE

City Seattle State WA Zip 98105 County King

Telephone 206-524-6016 (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS) Social Security Number 1 - DOH Licensee Social Security Number - ... (REQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN IS VOLUNTARY AND NOT REQUIRED FOR LICENSING APPROVAL)

Sex (F or M) F Birthdate 07 (MONTH) 15 (DAY) 64 (YEAR) Birthplace Tubingen (CITY), Germany (STATE) (COUNTY)

Medical Speciality Family Medicine

Medical School Attended University of Washington (NAME) Year of Graduation 1996

List other name(s) that appear on documents or credentials none

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

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.)

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 of 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 judgements, 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?	☐	☑
11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine?	☐	☑
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?	☐	☑
13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action?	☐	☑

Identification	
HEIGHT: 5'7"	WEIGHT: 125 lbs.
COLOR OF EYES: blue	COLOR OF HAIR: blonde

tograph Here

ign in Ink Across the hotograph

ph Must Be:

y

f Application
aphs Not Acceptable

EDUCATION AND EXPERIENCE

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

Schools Attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Number of Years Attended	Dates Attended From (mo/yr)	Dates Attended To (mo/yr)	Diploma or Degree Obtained (Quote titles in original language and translate to English.)
Medical Education (List all Medical Schools Attended)				
University of Washington	4	9/92	6/96	M.D
Post-Graduate Training (List all Programs Attended)				

PROFESSIONAL EXPERIENCE

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

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

HOSPITAL PRIVILEGES

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

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

LICENSES IN OTHER STATES

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

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

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

Name and Location of Medical School	Name and Location of Hospital	Dates Attended Beginning (mo/yr)	Dates Attended Ending (mo/yr)

AIDS Affidavit

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

Laurel Kuehl — APPLICANT'S SIGNATURE

5-31-96 — DATE

APPLICANT'S ATTESTATION

I, Laurel KUEHL, 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 Laurel Kuehl — DATE 5-31-96

June 10, 1996

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

To Whom It May Concern:

This letter is to certify that Laurel Kuehl graduated on June 7, 1996 from the University of Washington School of Medicine with the degree of Doctor of Medicine after successful completion of all the requirements. This is also to certify that at least seventeen hours of AIDS education have been completed while in the medical school curriculum.

Sincerely,

Patricia Mallory
Registrar

PM/bhs

grad1995.doc

Health
Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504 - 7866
(360) 753-2844
(360) 664-8689

LMT

Medical Quality Assurance Commission

RESIDENCY CERTIFICATION

This is to certify that LAUREL M KUEHL has been

appointed as a resident* in FAMILY MEDICINE (SERVICE) at

the UNIVERSITY OF WASHINGTON MEDICAL CENTER hospital for the period

beginning 6 (MONTH) 25 (DAY) 96 (YEAR). The individual responsible for this resident's patient care activities

will be David Kuehl MD (SIGNATURE) DIRECTOR OF PROGRAM.

* Residents physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.055 and is serving a period of postgraduate clinical medical training sponsored by a college or university in this state or by a hospital accredited by this state. The term shall include individuals designated as intern or medical fellow.

(Hospital Seal)

DOH 657-057 (Rev. 3/96)

Health

TO THE APPLICANT

MAY 13 1996

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

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

RECEIVED
MAY 28 1996
MQAC

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 Quality Assurance Commission. Thank you for your assistance.

NAME: Laurel M Kuehl

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

MEDICAL SCHOOL OF GRADUATION: University of Washington

YEAR OF GRADUATION: 1996

BIRTHDATE: 7/15/64

RESPONSE:

WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

MAY 21 1996

James R. Winn, M.D.

JAMES R WINN, M.D
EXECUTIVE VICE-PRESIDENT

DOH 657-072 (Rev. 02/96))

American Medical Association

Physicians dedicated to the health of America

Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

LAUREL MARIE KUEHL MD
830 NE 59TH
SEATTLE WA 98105 USA

Phone: UNKNOWN
Birthdate: 07/15/1964
Birthplace: TUBINGEN

Physician's Major Professional Activity: RESIDENT

Self Designated Practice Specialties (SDPS):

Primary: FAMILY PRACTICE
Secondary: UNSPECIFIED
Tertiary: UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources

Medical School:

UNIV OF WA SCH OF MED, SEATTLE WA 98195

Year of Graduation: 1996

Current and/or Prior Medical Training or Fellowship:

Institution: UNIV OF WA SCH OF MED
RESIDENT
State: WASHINGTON
(NOT YET VERIFIED)
Specialty : FAMILY PRACTICE
07/01/1996 - 06/30/1997

Note: Additional information on physicians in graduate medical training is not solicited, nor is it received from the residency program directors. If you feel additional information may be available, contact the program director(s).

National Board Certification Year: NONE REPORTED TO DATE

License(s) :

State	Date Granted	Expiration Date	Status	As of

NONE REPORTED TO DATE

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or , in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

American Medical Association

Physicians dedicated to the health of America

Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Federal Drug Enforcement Administration:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

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

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Primary Board: NONE REPORTED TO DATE

Effective: **Expires:**

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: **Expires:**

Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or , in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

Application File_950919_pdf-r.pdf redacted on: 11/20/2017 10:06

Redaction Summary (7 redactions)

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1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (7 instances)

Redacted pages:

Page 6, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 10, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 12, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 19, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 20, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 29, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 35, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance