

WYATT, Solange

Candidate Number: _____



Washington State Department of
Health
Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
Last Names A-L: betty.elliott@doh.wa.gov
Last Names M-Z: helen.bogar@doh.wa.gov

COMPLETE AND RETURN THIS FORM

Due to the ever-increasing volume of applications and our limited staffing resources, we are restructuring the way in which we contact you about your pending application. In order to devote our resources more efficiently and effectively in processing applications, contact through email is now the primary means for staff to correspond with you about your application. Please complete the lower portion of this form and return it to the address listed above. We will initiate emails every 3 to 4 weeks noting deficient documentation needed to complete your application. In addition, to minimize repeated inquiries, please note the primary contact person for your application; this is the one person you designate to make inquiries regarding your application. Changes to this primary contact will need to be made in writing with your signature and effective date noted. You or your primary contact may also initiate contact via email, which will be answered within 24 hours. Thank you for helping us in our endeavor to be more efficient and responsive to you as well as our other applicants.

Email address: lwycatts@ohsu.edu
(PLEASE PRINT)

I do not have an email address. Please contact me through regular mail at the address listed on my application.

Primary Contact: Sharon Woods
(IF OTHER THAN YOURSELF)

Contact email: woodss@ohsu.edu
(IF DIFFERENT FROM ABOVE)

Contact Phone Number: 503-494-7968



CREDENTIALING UNIT TRANSMITTAL SHEET

FULL APPLICATION TEMPORARY PERMIT LIMITED APPLICATION

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

AAAAAA SSSSSS IIIIIIIIIII
 AAAAAAA SSS SSS IIIIIIIIIII
 AAAAAAA SSS SSS III
 ASSESSMENT SYSTEMS, INC.
 REAL SYSTEM
 (JR, SR, III)

11-09-06
 02:25:17 PM
 V2.5.74
 REFERENCE # MC00019740
 SOC SEC NUM 1 - DOH Licensee Social Sec...

MEDICAL BOARD
 bje1303
 INDIVIDUAL NAME
 LAST WYATT
 FIRST SOLANGE
 MIDDLE MARIE

RESIDENCE INFORMATION
 3181 SW SAM JACKSON PK RD
 L458
 PORTLAND OR 97239

PHONE: () - COUNTY: 51
 () - LGL ST:

NOTES

+-ADDITIONAL INFORMATION-----+

SEX F =	MARRIED N =
OTHER NAME CORP. OFFICER TRUST ACCOUNT	=
BIRTH PLACE SAN FRANCISCO CA DATE 06-08-1968	
SCHOOL CODE 050020 CE UNITS 0.00 REQD BY - -	

-----+

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 CURRENT STATUS: U EXPIRATION DATE: 11-09-2006 FIRST ISSUE DATE: 11-09-2006
 RENEWAL STATUS: LAST ACTIVE DATE: - - LAST RENEWAL DATE: - -
 COMPLAINTS O/C: 0/ 0 AUTHORITY:
 -----+

1MENU #1 2AUTH DAT 3APPT DAT 4LICS DAT 5 ACCOUNT 6 7 8

Medical Quality Assurance Commission Physician Application Worksheet

Name WYATT SOLANGE Date of Birth 06/08/1968

Date Received 11/8/06 Cash Number _____ Candidate Number _____

WSP Check Fee Photo Data1-13 AIDS Attest SSN Garfield Search

Chronology

\$ 10.00

Complete

Temp Permit Issued Number: _____

11/9/06

11/9/06

FSMB

AMA

ECFMG

Archive File

Personal Data "Yes"s

Documentation Received

Malpractice Cases

Synopsis

Disposition

1
2
3
4

Medical School _____ School Code _____ U.S. Canadian International

Name U OF WI Year of Degree 1997 11/8/06 Transcripts Translations

Examination Type National Boards FLEX USMLE State Exam LMCC 11/7/06 Scores Received

Received	Post Graduate Training Programs	Accreditation Verified	Received	Post Graduate Training Programs	Accreditation Verified
11/20	BARNES 7/97-6/98				
20	BARNES 7/98-6/01				
29	WASHINGTON 7/01-6/04				

11/8/06	OR	3/7	MISSOURI BAPTIST
3/21	MO	3/8	ST LUKE
		4/20	OHSU
		3/7	PROVIDENCE ST VINCENT

Approved Betty Elliott Signature 3/30/07 Date

Comments: _____

Deficiency Letters:

January April July October

February May August November

March June September December

PHYSICIAN & SURGEON (OTHER)



10-

REVENUE SECTION

PRINT NAME Wyatt, Solange

**RETURN THIS PORTION
WITH CHECK & APPLICATION**

⑈0764⑈

LF 0252091000 00235

013550764

0764-12/21/2006 3:50:37 FM-0601 \$10.00

PHYSICIAN & SURGEON



325-

REVENUE SECTION

PRINT NAME Wyatt, Solange

**RETURN THIS PORTION
WITH CHECK & APPLICATION**

LF 0252090000 00236

08330

0833-11/6/2006 3:12:53 PM-0601 \$325.00

06 31 3/106



Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4785
(360) 236-4784

Background Check Processed

NOV 08 2008

WSP/NPDB/PHD/DB
Department of Health
Investigation Service Unit

FOR OFFICE USE ONLY

ISSUANCE DATE

LICENSE #

47990

LICENSE #

47990

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

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

Please Type or Print Clearly – Follow carefully all instructions in the general instructions provided. 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.

NOTE: Application fees are non-refundable. Make remittance payable to the Department of Health.

1. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME LAST FIRST MIDDLE INITIAL
Wyatt Solange Marie

ADDRESS
3181 SW Sam Jackson Park Road L458

CITY STATE ZIP COUNTY
Portland OR 97239 Multnomah

NOTE: The mailing address you provide will be the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change. Pursuant to WAC 246-12-310, it is your responsibility to maintain a current mailing address on file with the Department.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.) SOCIAL SECURITY NUMBER
(503) 494-2101 1 - DOH Licensee Social Security Number - RCW 42.56.3...

GENDER BIRTHDATE (MO/DAY/YEAR) CITY/STATE
 Female Male 06/08/1968 San Francisco, CA

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

Have you ever been known under any other name(s)? Yes No

If yes, list name(s):

HEIGHT WEIGHT EYE COLOR HAIR COLOR

MEDICAL SCHOOL YEAR OF GRADUATION
University of Wisconsin Medical School 1997

MEDICAL SPECIALTY
Obstetrics and Gynecology



Solange Wyatt 10/17/06
PAGE 1

2. PERSONAL DATA QUESTIONS

	YES	NO
<p>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.</p> <p>"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.</p> <p>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).</p> <p>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.</p> <p>(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.)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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.</p> <p>"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.</p> <p>"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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>4. Are you currently engaged in the illegal use of controlled substances?</p> <p>"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.</p> <p>"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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>If you must answer "yes" to any of the remaining questions, provide an explanation and copies of all judgments, decisions, orders, agreements and surrenders.</p>		
<p>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:</p> <p>a. the use or distribution of controlled substances or legend drugs?</p> <p>b. a charge of a sex offense?</p> <p>c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p>6. Have you ever been found in any civil, administrative or criminal proceedings to have:</p> <p>a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?</p> <p>b. committed any act involving moral turpitude, dishonesty or corruption?</p> <p>c. violated any state or federal law or rule regulating the practice of a health care professional?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p>7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. 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		Diploma or Degree Obtained (Quote titles in original language and translate to English.)
		From (mo/yr)	To (mo/yr)	
Medical Education (List all Medical Schools Attended)				
Univ. of Wisconsin med. Sch	2 yr	9/92	6/94	
Univ. of Massachusetts	1 yr	7/94	6/95	none
Univ. of Wisconsin Med Sch	2 yr	7/95	6/97	MD
Post-Graduate Training (List all Programs Attended)				
Barnes Jewish Hospital	1 yr	7/97	6/98	Internship
Barnes Jewish Hospital	3 yr	7/98	6/01	residency
Washington Univ. Sch. of Med	3 yr	8/01	6/04	MEM Fellowship

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.) (Attach additional 8 1/2 X 11 sheets if necessary.)

Nature of Experience or Practice	Dates of Experience	
	From (mo/yr)	To (mo/yr)
Missouri Baptist Hospital	7/01	7/04
St Luke Hospital	7/01	7/04
Oregon Health & Science University	8/04	Present
Providence St. Vincent Med. Center	8/05	Present

5. 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 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)	Ending (mo/yr)
Missouri Baptist Hospital	7/01	7/04
St Luke Hospital	7/01	7/04
Oregon Health & Science Univ.	8/04	Present
Providence St Vincent Med. Center	8/05	Present

6. LICENSES IN OTHER STATES

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

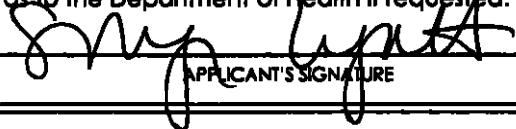
State, Country or Province	Date License Issued	License Number	Basis of Licensure		Status of License Active or Inactive	Any Limitations On License
			Examination (Date Passed)	Endorsement		
OR, USA		Ind 25295				

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

Name and Location of Fifth Pathway Program	Name and Location of Hospital	Dates Attended	
		Beginning (mo/yr)	Ending (mo/yr)

8. 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)

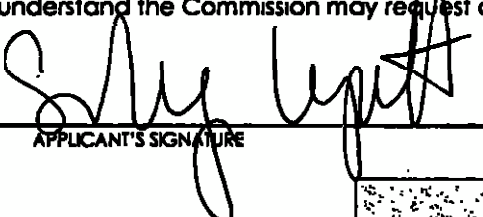

1/11/06

 APPLICANT'S SIGNATURE DATE

9. APPLICANT'S ATTESTATION

I, Solange Wyatt, 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.


10/17/06

 APPLICANT'S SIGNATURE DATE

Official Use Only

Washington State Records Center

HPQA
RECEIVED
NOV 07 2006
CSC

NAME: Wyatt Solange Marie E
PRINT DATE: 2006-11-02
PROCESS: STANDARD
DELIVERY: STANDARD

ATTACHMENT: No
NCR: No
ORDER ID: T107200000236604-64794
QUANTITY: 001

RECEIVED

NOV 06 2006

HPS 5

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMM.
1300 SE QUINCE STREET
PO BOX 47866
OLYMPIA WA 98504-7866

UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

11/02/06
PAGE 1

Wyatt, Solange Marie
INSTITUTION(S) ATTENDED: Univ Of Wisconsin-Richland, Richland Center, WI
Univ of Wisconsin-Platteville, Platteville, WI
Univ of Wisconsin-Rock County, Janesville, WI
DEGREES: BA 05/1988 Beloit College, Beloit, WI

OFFICIAL COPY
BIRTHDATE 06/08/68

MATRICULATION DATE 06/17/91

				CRS	GR	PTS					CRS	GR	PTS
Summer 1990-91 UNOS 05 UNOS Specials							MED SC-M 703 Hematology				3.000	B	9.000
SESSION HD: JUN 17 - AUG 11							MED SC-M 704 Immunology				2.000	B	6.000
PHYSICS	202	General Physics		5.000	B	15.000	MED SC-M 705 Skeletomuscular System				1.000	B	3.000
SUM:				5.000			MED SC-M 713 Ear				1.000	A	4.000
Fall 1991-92 UNOS 05 UNOS Specials							MED SC-M 716 Psychiatry				2.000	B	6.000
SESSION A1: SEP 03 - DEC 13							MED SC-M 717 Pharmacology				4.000	B	12.000
CHEM	561	Physical Chemistry		4.000	B	12.000	MED SC-M 720 Eye				1.000	A	4.000
ZOOLOGY	630	Endocrinology (Hormones)		3.000	B	9.000	MED SC-M 721 Neoplastic Diseases				2.000	A	8.000
SUM:				7.000			MED SC-M 802 Clin Medicine & Practice II				3.000	A	12.000
Spring 1991-92 UNRS 05 UNRS Specials							SR MED 790 Community Medicine Outreach				0.000	CR	0.000
SESSION A1: JAN 21 - MAY 08							SUM:				24.000		
CHEM	562	Physical Chemistry		3.000	A	12.000	Spring 1993-94 MED P2 Med Prof Medical						
PHYSICS	299	Directed Study		1.000	B	3.000	SESSION A1: JAN 24 - MAY 13						
BIOCHEM	666	BIOCHEM & BIOPHYS- VIRUSES		1.000	DR		MED SC-M 706 Cardiovascular System				3.000	C	6.000
COURSE DROPPED 02/11/92							MED SC-M 707 Gastrointestinal Tract				2.000	A	8.000
SUM:				4.000			MED SC-M 708 Hepatic				2.000	B	6.000
Fall 1992-93 MED P1 Med Prof Medical							MED SC-M 709 Renal				2.000	B	6.000
SESSION A1: SEP 02 - DEC 15							MED SC-M 710 Male				1.000	B	3.000
ANATOMY	710	Histology and Organology		5.000	B	15.000	MED SC-M 711 Endocrine				2.000	B	6.000
ANATOMY	711	Gross Human Anatomy		8.000	B	24.000	MED SC-M 715 Respiratory System				3.000	C	6.000
BMOLCHEM	704	Comprehensive Human Biochem		6.000	B	18.000	MED SC-M 718 Autopsy Pathology				1.000	S	0.000
SUM:				19.000			MED SC-M 722 Female				1.000	A	4.000
Spring 1992-93 MED P1 Med Prof Medical							MED SC-M 723 Hypertension				1.000	A	4.000
SESSION A1: JAN 19 - MAY 07							MED SC-M 803 Clin Medicine&Practice III				4.000	B	12.000
HIST MED	720	Hist Perspectives-Medicine		1.000	S	0.000	SUM:				22.000		
MD GENET	721	Medical Genetics		1.000	A	4.000	Fall 1995-96 MED P3 Med Prof Medical						
MED MICR	303	General Medical Microbiolgy		3.000	A	12.000	SESSION A1: SEP 05 - DEC 15						
MED SC-M	714	Neuroanatomy&Neurophys		3.000	A	12.000	MEDICINE 812 Prin Int Med-Basic Clrkshp				8.000	A	32.000
MED SC-M	801	Clin Medicine & Practice I		4.000	A	16.000	SR MED 812 3rd Yr Primary Care Clrkshp				8.000	A	32.000
PATH	703	General Pathology		3.000	A	12.000	PAGE 2 FOLLOWS						
PHYSIOL	720	Prin of Human Physiology		4.000	C	8.000							
SR MED	790	Community Medicine Outreach		0.000	CR	0.000							
SUM:				19.000									
Summer 1992-93 UNOS 05 UNOS Specials													
SESSION HD: JUN 14 - AUG 08													
ART	224	Ceramics I		3.000	A	12.000							
BMOLCHEM	612	Immunochemical Techniques		2.000	B	6.000							
SUM:				5.000									
Fall 1993-94 MED P2 Med Prof Medical													
SESSION A1: SEP 02 - DEC 15													
MED SC-M	701	Neuropathology		2.000	B	6.000							
MED SC-M	702	Infectious Diseases		3.000	B	9.000							



Jeanne Berg
REGISTRAR

GRADING SYSTEM

All credits are based on semester hours. A 4.000 grading system is used. Prior to 1954-55 a 3.00 grading system was used. Intermediate grades of AB and BC were instituted as of September 1973.

Grades With Associated Grade Points Per Credit

GRADE	GRADE POINTS
A Excellent	4
AB Intermediate Grade	3.5
B Good	3
BC Intermediate Grade	2.5
C Fair	2
D Poor	1
F Failure	0
NR No Report prior to 1999	0

Grades Which Do Not Have Associated Grade Points

CR Credit	NW	No Work
DEF Deferred	P	Progress
DR Dropped	PE	Permanently Excused
EI Extended Incomplete	PI	Permanent Incomplete
EX Excused	Q	Question on credits
I Incomplete	R	Registered
IF Incomplete - Medical School Courses only	S	Satisfactory
IN Incomplete in Credit/No Credit Course	U	Unsatisfactory
N No Credit	W	Withdrew.
NR No Report beginning in 1999		

ABBREVIATIONS AND SYMBOLS

-	Failed course that has been repeated. Credits are not used to calculate cumulative GPA
#	Course taken On a pass/fail basis
*	Grades of Failure Or No Report - Credits do not count toward degree
* With Name	Full name in body of transcript
? On Credits	Question on credits
@	Repeat of a failed course
>	Course does not count toward degree
+	Credit/No Credit course in progress
ADV STG CRS	Credits not earned on UW-Madison Campus
AU	Course taken for Audit credit
CRS	Number of credits
CUM	Cumulative totals
EARNED CRS	Total credits earned
GPA	Grade Point Average
GPA CR	Credits included in Grade Point Average calculation
GR	Grades received
H	Course taken for Honors credit
PTS	Grade Points
SUM	Semester/Term totals

YEAR LEVEL DEFINITIONS

- 1 = FRESHMAN - Less than 24 credits and 48 grade points
 2 = SOPHOMORE - 24 credits and 48 grade points
 3 = JUNIOR - 54 credits and 108 grade points
 4 = SENIOR - 86 credits and 172 grade points
 5/GR# = GRADUATE - A student pursuing a graduate degree
 P# = Professional & Year

COURSE NUMBERING SYSTEM

- 000 - 099 Special Purpose Courses
 100 - 299 Undergraduate Courses
 300 - 699 Courses Open to Either Undergraduates Or Graduates
 700 - 999 Graduate And Professional Courses Including Seminars

A middle digit of 8 (i.e. 181) indicates an honors course. Honors courses are also shown by an H immediately preceding course credit.

INCOMPLETES

The undergraduate student in Letter and Science must remove the grade of I (Incomplete) by the end of the fourth week of classes in the next semester (excluding summer) the student is in attendance. All other undergraduate students and most special students must remove the Incomplete by the end of the next semester they are in attendance. Incompletes that are not removed by the deadline dates lapse into a grade of F (Failure). The deadlines for removal of Incompletes may be extended with approval of the student's Dean's office. Graduate and professional students are not subject to the above Incomplete deadlines. Students who are not in attendance for a five year period after an Incomplete is received may not remove the Incomplete without permission from the students' Dean's Office. These Incompletes remain on the record as Permanent Incompletes and do not lapse into failure.

LAW SCHOOL GRADES

The Law School has its own grading scale. Law students entering in 2005 and thereafter are given letter grades of A+, A, A-, B+, B, B-, and so on through F.

Law students entering in 1992 through 2004, were graded on a numerical scale of 65 through 95. Letter-grade equivalents during that time period are as follows:

87-95	A	77-79	C
85-86	AB	70-76	D
83-84	B	65-69	F
80-82	BC		

From 1970 to 1992, the following grading system and letter-grade equivalents were used:

87-100	A	70-76	D
82-86	B	0-69	F
77-81	C		

Detailed information concerning Law grades is available from the University of Wisconsin Law School Registrar's Office.

MEDICAL SCHOOL GRADES

Detailed information concerning a student's grades, relative class standing and clinical performance is available upon request of the student from the UW-Madison Medical School Registrar's Office. The grade of IF is available to medical students in Medical School Courses.

THE HONORS PROGRAM

Some Schools & Colleges have developed special Honors programs that replace or supplement the designation of awards based on grade point average alone. These programs encourage and recognize work of greater depth, scope and originality by undergraduates whose abilities and interests make them eligible. The content and pace of honors courses are adapted to students who have chosen to do intensive work (either of an accelerated or enriched nature) in the subjects. The programs are entirely voluntary.

TRANSCRIPTS FROM OTHER INSTITUTIONS

The University of Wisconsin - Madison does not issue copies of transcripts or other documents received from other institutions, including the University of Wisconsin - Extension.

RECORDING OF UW WORK PRIOR TO JANUARY 1972

Prior to January 1972 all courses and grades for work taken within the former University of Wisconsin System (UW-Madison, UW-Milwaukee, UW-Green Bay, UW-Parkside, UW-Centers, and UW-Extension) were recorded on one record and may appear on this transcript.

Transcripts

Office of the Registrar
 University of Wisconsin - Madison
 Madison, Wisconsin
 608-262-3811
www.registrar.wisc.edu

This is watermarked security paper and contains invisible fibers.
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UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT

OFFICIAL COPY

Wyatt, Solange Marie

	CRS	GR	PTS
SURGERY 812 Third Year Surgery	8.000	B	24.000
SUM:	24.000		
Spring 1995-96 MED P3 Med Prof Medical			
SESSION A1: JAN 22 - MAY 10			
ANESTHES 812 Third Year Anesthesia	2.000	A	8.000
OBS&GYN 812 3rd Year Obs & Gynecology	6.000	AB	21.000
NEUROL 812 Third Year Neurology	3.000	B	9.000
OPHTHALM 812 Third Year Ophthalmology	1.000	B	3.000
PEDIAT 812 3rd Year Pediatrics	6.000	AB	21.000
PSYCHIAT 812 Third Year Psychiatry	4.000	B	12.000
SUM:	22.000		
Fall 1996-97 MED P4 Med Prof Medical			
SESSION A1: SEP 03 - DEC 13			
OBS&GYN 919 Individualized 4th Yr Clerk	4.000	B	12.000
MEDICINE 971 Infect Disease Clerkshp-CSC	4.000	AB	14.000
SR MED 856 Preceptorship-Eau Claire	8.000	AB	28.000
SR MED 926 Extramur Elect-Obstet & Gyn	4.000	B	12.000
SURGERY 956 Plastic&RecnstrSurgClerk-CSC	4.000	A	16.000
SUM:	24.000		
Spring 1996-97 MED P4 Med Prof Medical			
SESSION A1: JAN 21 - MAY 09			
MEDICINE 915 Therapeut&Cl Pharmacol-VAH	3.000	S	0.000
MEDICINE 920 Reg 4th Yr Med Subintrnshp	4.000	AB	14.000
OPHTHALM 820 Ophthalmology Selective	2.000	AB	7.000
OPHTHALM 919 Indiv 4th Yr Clin Clerkship	2.000	AB	7.000
SURGERY 822 Periph Vasculr Surg Selectv	2.000	A	8.000
SUM:	13.000		

Doctor of Medicine
Degree Conferred May 18, 1997

MAJOR: Medicine

END OF RECORD



Jeanne Berg
REGISTRAR

GRADING SYSTEM

All credits are based on semester hours. A 4.000 grading system is used. Prior to 1954-55 a 3.000 grading system was used. Intermediate grades of AB and BC were instituted as of September 1973.

Grades With Associated Grade Points Per Credit

GRADE	GRADE POINTS
A Excellent	4
AB Intermediate Grade	3.5
B Good	3
BC Intermediate Grade	2.5
C Fair	2
D Poor	1
F Failure	0
NR No Report prior to 1999	0

Grades Which Do Not Have Associated Grade Points

CR Credit	NW No Work
DEF Deferred	P Progress
DR Dropped	PE Permanently Excused
EI Extended Incomplete	PI Permanent Incomplete
EX Excused	Q Question on credits
I Incomplete	R Registered
IF Incomplete - Medical School Courses only	S Satisfactory
IN Incomplete in Credit/No Credit Course	U Unsatisfactory
N No Credit	W Withdraw
NR No Report beginning in 1999	

ABBREVIATIONS AND SYMBOLS

-	Failed course that has been repeated. Credits are not used to calculate cumulative GPA
#	Course taken On a pass/fail basis
*	Grades of Failure Or No Report - Credits do not count toward degree
* With Name	Full name in body of transcript
? On Credits	Question on credits
@	Repeat of a failed course
>	Course does not count toward degree
†	Credit/No Credit course in progress
ADV STG CRS	Credits not earned on UW-Madison Campus
AU	Course taken for Audit credit
CRS	Number of credits
CUM	Cumulative totals
EARNED CRS	Total credits earned
GPA	Grade Point Average
GPA CR	Credits included in Grade Point Average calculation
GR	Grade Received
H	Course taken for Honors credit
PTS	Grade Points
SUM	Semester/Term totals

YEAR LEVEL DEFINITIONS

- 1 = FRESHMAN - Less than 24 credits and 48 grade points
 2 = SOPHOMORE - 24 credits and 48 grade points
 3 = JUNIOR - 54 credits and 108 grade points
 4 = SENIOR - 86 credits and 172 grade points
 5/GR# = GRADUATE - A student pursuing a graduate degree
 P# = Professional & Year

COURSE NUMBERING SYSTEM

- 000 - 099 Special Purpose Courses
 100 - 299 Undergraduate Courses
 300 - 699 Courses Open to Either Undergraduates Or Graduates
 700 - 999 Graduate And Professional Courses Including Seminars

A middle digit of 8 (i.e. 181) indicates an honors course. Honors courses are also shown by an H immediately preceding course credit.

INCOMPLETES

The undergraduate student in Letter and Science must remove the grade of I (Incomplete) by the end of the fourth week of classes in the next semester (excluding summer) the student is in attendance. All other undergraduate students and most special students must remove the Incomplete by the end of the next semester they are in attendance. Incompletes that are not removed by the deadline dates lapse into a grade of F (Failure). The deadlines for removal of Incompletes may be extended with approval of the student's Dean's office. Graduate and professional students are not subject to the above Incomplete deadlines. Students who are not in attendance for a five year period after an Incomplete is received may not remove the Incomplete without permission from the students' Dean's Office. These Incompletes remain on the record as Permanent Incompletes and do not lapse into failure.

LAW SCHOOL GRADES

The Law School has its own grading scale. Law students entering in 2005 and thereafter are given letter grades of A+, A, A-, B+, B, B-, and so on through F.

Law students entering in 1992 through 2004, were graded on a numerical scale of 65 through 95. Letter-grade equivalents during that time period are as follows:

87-95	A	77-79	C
85-86	AB	70-76	D
83-84	B	65-69	F
80-82	BC		

From 1970 to 1992, the following grading system and letter-grade equivalents were used:

87-100	A	70-76	D
82-86	B	0-69	F
77-81	C		

Detailed information concerning Law grades is available from the University of Wisconsin Law School Registrar's Office.

MEDICAL SCHOOL GRADES

Detailed information concerning a student's grades, relative class standing and clinical performance is available upon request of the student from the UW-Madison Medical School Registrar's Office. The grade of IF is available to medical students in Medical School Courses.

THE HONORS PROGRAM

Some Schools & Colleges have developed special Honors programs that replace or supplement the designation of awards based on grade point average alone. These programs encourage and recognize work of greater depth, scope and originality by undergraduates whose abilities and interests make them eligible. The content and pace of honors courses are adapted to students who have chosen to do intensive work (either of an accelerated or enriched nature) in the subjects. The programs are entirely voluntary.

TRANSCRIPTS FROM OTHER INSTITUTIONS

The University of Wisconsin - Madison does not issue copies of transcripts or other documents received from other institutions, including the University of Wisconsin - Extension.

RECORDING OF UW WORK PRIOR TO JANUARY 1972

Prior to January 1972 all courses and grades for work taken within the former University of Wisconsin System (UW-Madison, UW-Milwaukee, UW-Green Bay, UW-Parkside, UW-Centers, and UW-Extension) were recorded on one record and may appear on this transcript.

Transcripts

Office of the Registrar
 University of Wisconsin - Madison
 Madison, Wisconsin
 608-262-3811
www.registrar.wisc.edu

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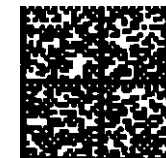
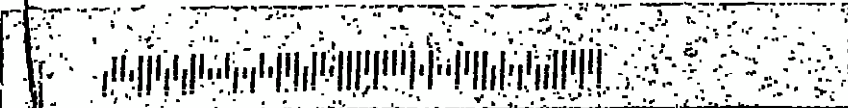
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THE UNIVERSITY
WISCONSIN
MADISON

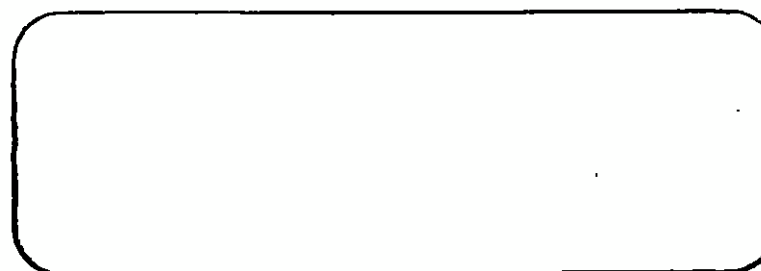
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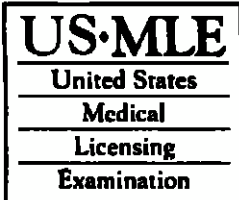
21 N. Park Street
Madison, WI 53715



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MAILED FROM ZIP CODE 53715

\$ 00.63⁰





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 : 11/07/2006

Recipient:

Washington Medical Quality Assurance Commission
ATTN: Doron Maniece, Exec Director
310 Isreal Road SE
Tumwater, WA 98501

Examinee: Wyatt, Solange M
Alt Name(s): Wyatt, Solange Marie

Examinee ID#: 4-039-812-5
Date of Birth: 06/08/1968

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	209	176	84	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
03/03/1997	Pass	214	170	85	75	

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
MISSOURI 05/12/1998	Pass	203	177	82	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).

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".



MD

TO: Post Graduate Training Program Director
 Barnes Jewish Hospital - Dept of OB/GYN
FACILITY NAME
 1 Barnes Plaza, Box 8064
ADDRESS
 St. Louis, MO 63110

RECEIVED
 NOV 20 2006
 HPS 5

Fax 314-362-7491

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 show below. All questions must be answered.

Solange M. Wyatt 06/08/1968
APPLICANT (PRINT OR TYPE) BIRTHDATE

Solange M. Wyatt
SIGNATURE OF APPLICANT

1. Solange M. Wyatt is or was engaged in post-graduate training in our program
 from 07/1997 to 06/2001
BEGINNING DATE (MONTH & YEAR) ENDING DATE (MONTH & YEAR)
 in the field of Obstetrics and Gynecology

2. At the time this individual completed training, was this program accredited through the Accreditation Council for Graduate Medical Education? Yes No

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

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

5. 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.

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



Regulatory Commission

Signature *R. Madusta*
 Title Program Director, OB/GYN Residency
 Hospital Barnes-Jewish Hospital of St. Louis
PLEASE TYPE OR PRINT
 Address #1 Barnes-Jewish Hospital Plaza
St. Louis, MO 63110
 Date 11-6-06
 Telephone 314-362-1016



Washington University in St. Louis

SCHOOL OF MEDICINE

Department of Obstetrics and Gynecology

March 8, 2007

Helen A. Bogar
Licensing Representative
Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504-7866

Re: Solange Wyatt, MD

Dear Ms. Bogar:

This letter confirms that Dr. Solange Wyatt was a Fellow in Maternal-Fetal Medicine from July 1, 2001 through June 30, 2004 at Washington University School of Medicine/Barnes-Jewish Hospital. She successfully completed the program, which is fully accredited by the American Board of Obstetrics and Gynecology, and is therefore qualified to sit for the Board's subspecialty examination in Maternal-Fetal Medicine.

If you require further information regarding Dr. Wyatt, please contact me at the numbers below.

Sincerely,

Yoel Sadosky, MD
Director, Division of Maternal-Fetal Medicine and Ultrasound
Professor of Obstetrics and Gynecology
and Cell Biology and Physiology
Washington University School of Medicine

Phone (314) 747-0937
Fax (314) 747-1256
Email ysadosky@wustl.edu

YS:lrr

RECEIVED

MAR 19 2007

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS &**

 **Washington University in St. Louis****SCHOOL OF MEDICINE****Department of Obstetrics and Gynecology**

March 8, 2007

Helen A. Bogar
Licensing Representative
Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504-7866

Re: Solange Wyatt, MD

Dear Ms. Bogar:

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If you require further information regarding Dr. Wyatt, please contact me at the numbers below.

Sincerely,



Yoel Sadovsky, MD
Director, Division of Maternal-Fetal Medicine and Ultrasound
Professor of Obstetrics and Gynecology
and Cell Biology and Physiology
Washington University School of Medicine

Phone (314) 747-0937
Fax (314) 747-1256
Email ysadovsky@wustl.edu

YS:irr

Washington University School of Medicine
Department of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine and Ultrasound
Perinatal Biology Laboratory

FAX TRANSMITTAL

DATE: 03.09.07

TO: Helen Boger

FROM: Dr Sadowsky

PHONE: 360.236.4784

PHONE: 314.747.0937

FAX: 360.236.4768

FAX: 314.747.1256

1 Page(s) to follow

MESSAGE:

Re Solange Wyatt, MD

THE MATERIALS ENCLOSED WITH THIS FACSIMILE TRANSMISSION ARE PRIVATE AND CONFIDENTIAL AND ARE THE PROPERTY OF THE SENDER. IF YOU ARE NOT THE INTENDED RECIPIENT, BE ADVISED THAT ANY UNAUTHORIZED USE, DISCLOSURE, COPYING, DISTRIBUTION, OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER VIA TELEPHONE TO ARRANGE FOR RETURN OF THE FORWARDED DOCUMENTS TO US.



Oregon

Theodore R. Kulongoski, Governor

VERIFICATION OF LICENSURE
November 6, 2006

Board of Medical Examiners

1500 SW 1st Ave Ste 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

www.oregon.gov/bme

RECEIVED

NOV 08 2006

HPS 5

Status: Active

Date of Birth: 06/08/1968

Expiration Date: 12/31/07

Licensee's Name: Wyatt, Solange Marie MD

License Number: MD25295

Type: Medical Physician and/or Surgeon

Date Of Permanent License: 07/09/2004

Disciplinary Standing: UNRESTRICTED

Specialty: Obstetrics and Gynecology

Status Limitations: None

Extensions: NONE

Mailing Address: OHSU

3181 SW SAM JACKSON PARK RD L458
PORTLAND, OR 97239-3098

Business Phone : 503-494-2101

Gender: Female

School: U/WI MED SCH

Graduation Date: 05/18/97

School Location: MADISON, WI

Basis Of Oregon Licensure: United States Medical Licensing Exam

Dispensing Physician?: No

	From	To
Other Licenses: LL13000 LLS	04/29/2004	07/09/2004

Advanced Education: 07/98 - 06/01 RESIDENT

BARNES JEWISH HSP ST LOUIS, MO

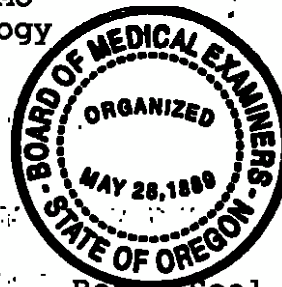
OBG Obstetrics and Gynecology

07/97 - 06/98 INTERN

WASHINGTON UNIV PROG ST LOUIS, MO

OBG Obstetrics and Gynecology

Prepared by



Board Seal

(For definitions, see <http://www.oregon.gov/bme/glossary.html>)



RECEIVED

MAR 27 2007

Matt Blunt
Governor
State of Missouri

David T. Broeker, Director
DIVISION OF PROFESSIONAL REGISTRATION

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5
Department of Insurance
Financial Institutions
and Professional Registration
Douglas M. Ommen, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: www.pr.mo.gov/healingarts.asp

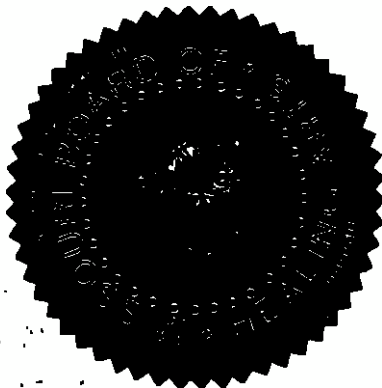
Tina Steinman
Executive Director

To:

Washington Health Professions Quality Assurance Division
310 Israel Rd., SE, MS 47866
Olympia, WA 98501

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Solange M Wyatt, M.D..

LICENSE TYPE:	Medical Physician & Surgeon
DATE OF BIRTH:	6/8/1968
LICENSE NUMBER:	2000157991
DATE ISSUED:	6/9/2000
STATUS:	Lapsed
EXPIRATION DATE:	1/31/2006
LICENSE METHOD:	Endorsement
MEDICAL SCHOOL:	Wisconsin, Univ of
DISCIPLINARY ACTION:	None



Rose Evers

Rose Evers
Verifications Clerk

03/20/2007

Date

This is the only form that will be used by the Missouri State Board of Registration for the Healing Arts for the purpose of license verification.



RECEIVED

MAK 27 2007

Matt Blunt
Governor
State of Missouri

David T. Broeker, Director
DIVISION OF PROFESSIONAL REGISTRATION

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5** Department of Insurance
Financial Institutions
and Professional Registration
Douglas M. Ommen, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: www.pr.mo.gov/healingarts.asp

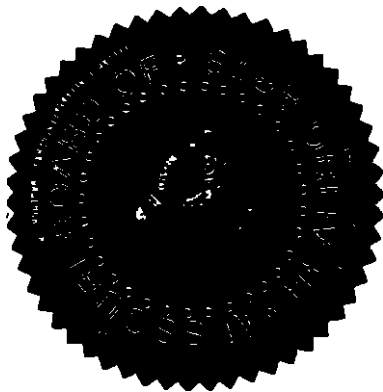
Tina Steinman
Executive Director

To:

**Washington Health Professions Quality Assurance Division
310 Israel Rd., SE, MS 47866
Olympia, WA 98501**

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Solange M Wyatt.

LICENSE TYPE:	Med Phys/Surg Temporary
DATE OF BIRTH:	6/8/1968
LICENSE NUMBER:	113236
DATE ISSUED:	6/30/1997
STATUS:	Lapsed
EXPIRATION DATE:	6/30/2001
LICENSE METHOD:	Other
MEDICAL SCHOOL:	Wisconsin, Univ of
DISCIPLINARY ACTION:	None



Rose Evers

Verifications Clerk

03/20/2007

Date

This is the only form that will be used by the Missouri State Board of Registration for the Healing Arts for the purpose of license verification.

Missouri Baptist Medical Center

3015 N. Ballas Road
St. Louis, Missouri 63131-2374

BJC HealthCare™

March 7, 2007

Department of Health
Attn: Helen A. Bogar / Licensing Representative
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

The following practitioner was a member of the Medical Staff at Missouri Baptist Medical Center:

Solange M. Wyatt, M.D.

Specialty: Obstetrics/Gynecology

Appointment Date: 07/17/2001

DEPT. OF OB-GYN

Resignation Date: 07/16/2004

Sect. of House Physicians

Staff Category: Resigned

All members are credentialed in accordance with the Medical Staff Bylaws of Missouri Baptist Medical Center, a JCAHO accredited hospital. It is the policy of the Medical Staff Office not to retrieve files from off-site storage unless special circumstances exist.

If you have any questions, please feel free to contact me at 314-996-5161.

Sincerely,

Donna King

Donna King, CPCS, CPMSM
Manager, Medical Staff Office

Missouri Baptist Medical Center

Donna King

Medical Staff Office

Phone: (314) 996-5161

Fax: (314) 996-5767

Fax:

To: Helen A. Bogar

From: *Donna King*

Fax: 360-236-4768

Pages: (Including cover sheet) 2

Phone:

Date: 3/8/2007

Re: Dr. Solange Wyatt

March 8, 2007

Helen A. Bogar, Licensing Representative
Washington Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

RECEIVED
MAR 1 9 2007
DEPARTMENT OF
HEALTH SERVICES

Re: Solange M. Wyatt, M.D.

Dear Sir or Madam:

We have received your request for information concerning the staff appointment of Solange M. Wyatt, M.D. and are able to provide the following information:

Dates of Appointment: September 17, 2001 – September 19, 2004
Department: OB/GYN
Specialty: OB/GYN
Status: Inactive
During affiliation, *House Physician Staff* –
without admitting privileges
Membership: In good standing during affiliation

Privileges suspended, reduced, revoked or not renewed, not including medical record suspensions:

Yes ___ No X

If you have any questions, please feel free to contact me in the Professional Services Department at (314) 205-6294.

Sincerely,



Vivian Smith
Medical Staff Coordinator



RECEIVED MD

NOV 09 2006

HPS 5

TO: Hospital Administration

OHSU
HOSPITAL NAME
3181 SW Sam Jackson Park Rd
ADDRESS
Portland, OR 97239

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 therefore authorizing the release of and would appreciate you providing the appropriate information directly to the address show below at your earliest convenience. All questions must be answered.

Solange M. Wyatt
APPLICANT (PRINT OR TYPE) 06/08/1968
BIRTHDATE

Solange M. Wyatt
SIGNATURE OF APPLICANT

1. Solange M. Wyatt, MD now has/had admitting or specialty privileges at this hospital
from 07/04 BEGINNING DATE (MONTH & YEAR) to present 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 _____

4. Is there any information in your files which would indicate the applicant's inability to safely practice medicine?
 Yes No If yes, please explain _____

5. We would appreciate any information 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) 236-4785 (A-L)
(360) 236-4784 (M-Z)

(Seal)
N/A

Signature [Signature]
Title Credentialing Coordinator
Hospital OR. Health & Science U.
PLEASE TYPE OR PRINT
Address 3181 SW Sam Jackson Park Rd.
Portland OR 97239
Date 11/1/06
Telephone 503-494-8014



Medical Staff Office

Mail code: MBS, 3181 SW Sam Jackson Park Rd., Portland, OR 97239
503-494-8014 phone, 503-494-2251 fax

November 1, 2006

VIA FACSIMILE (360) 236-4768
Medical Quality Assurance Commission
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

In response to your recent inquiry regarding practitioner: Solange M. Wyatt, MD.

Our Medical Staff Office records show that the provider listed above is a medical staff member of our hospital with clinical privileges in good standing as follows:

Department/Division: Obstetrics/Gynecology

Staff Status: Active

Effective Dates: 07/15/2004 to Current

Prior appointment date if any:

If you have any questions, please call the Medical Staff Office at 503 494-8014.

A handwritten signature in black ink, appearing to read "Julie Neilson". The signature is written in a cursive, flowing style.

Julie Neilson
Medical Staff Office

OHSU Privilege Listing
Wyatt, Solange M., MD

zObstetrics/Gynecology Core

Levels of Approval
Medical Board:

Yes 06/15/2006

	Requested	Granted	Monitored
CORE PRIVILEGES IN OBSTETRICS			
Admission, work up, consultation, diagnosis and treatment of female patients presenting in any condition of pregnancy. Privileges include cesarean sections, amniocentesis, obstetrical ultrasound, tubal ligations, diagnostic laparoscopy and hysteroscopy, simple hysterectomy, and all other procedures related to normal and complicated delivery. Core privileges also include managing medical conditions, which are common in pregnancy including but not limited to infections of the urinary tract, gestational diabetes, preeclampsia, etc.	Y	Y	N
CORE PRIVILEGES IN GYNECOLOGY			
Admission, work-up consultation, diagnosis and pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with illnesses, injuries and disorders of the female pelvis. Core privileges also include nonsurgical treatment of illnesses and injuries of the mammary glands including fine needle aspiration biopsy of the breast, preventative health and the routine diagnosis and treatment of office gynecologic problems, plus termination of pregnancy of less than 14 weeks gestation, diagnostic laparoscopy, diagnostic hysteroscopy. Core privileges do not include use of the laser, surgical treatment for conditions or diseases of the mammary glands, or use of the laparoscope. These will be Special Procedures.	Y	Y	N
SPECIAL PROCEDURES			
Laparoscopic adhesiolysis			
Operative hysteroscopy, including endometrial ablation			
Hysterectomy with lymphadenectomy	Y	Y	N
Extensive pelvic surgery for malignancy			
Plastic construction of vagina with skin graft for congenital absence			
Laser surgery, including intraperitoneal laser, external laser of the cervix, vagina, or vulva			
Epidurals			
Moderate sedation			
Deep sedation			
Cystoscopy	Y	Y	N
Operative laparoscopy			
Simple laparoscopy to include but not be limited to cystectomy, biopsy, or adhesion lysis or ectopic pregnancy management			
Complex laparoscopy including removal of the ovary, uterus, or retro pelvic suspension.			
Termination of pregnancy > 14 weeks	Y	Y	N
Assisted reproductive technologies			
Fluoroscopy (documentation of training required, if not available, contact medical staff office at OHSU)			

9205 S.W. Barnes Road
Portland, Oregon
97225

Tel 503.216.1234

March 7, 2007

RE: *Practitioner Name:* Solange Wyatt, MD
Dates of Affiliation: 04/15/2005 to Present
Specialty: Gynecology
Current Staff Category: Courtesy

RECEIVED
MAR 09 2007
DEPARTMENT OF HEALTH
HEALTH PROFESSIONS 5

The Professional Staff Policies and Procedures call for reappointment every two years.

To Whom It May Concern:

This letter will confirm that the above named practitioner is/was a member in good standing as he/she meets/met the requirements for Professional Staff membership in accordance with the Bylaws and Policies and Procedures of the Professional Staff of this hospital. There are currently no restrictions on his/her privileges, nor have there been past restrictions on his/her privileges. He/she has never voluntarily terminated, reduced or restricted his/her staff status or clinical privileges in lieu of formal disciplinary action.

Because of the large volume of requests for verification of affiliation, we are responding with this letter rather than by completion of the wide variety of forms submitted.

Sincerely yours,



Linda S. Weitz, CPCS
PSVMC Medical Staff Coordinator

INFORMATION WITHIN THIS DOCUMENT IS PRIVILEGED AND
CONFIDENTIAL UNDER ORS 41.675 RELATING TO
QUALITY ASSURANCE OF MEDICAL STAFF PHYSICIANS



HPQA
RECEIVED
OCT 25 2006
Counter

MD

TO THE APPLICANT

Complete the identifying information below and submit to:

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

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

OCT 20 2006

DALE L. AUSTIN
DALE L. AUSTIN
SENIOR VICE PRESIDENT
AND CHIEF OPERATING OFFICER

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

Date: 11/1/06

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 the Washington State Medical Quality Assurance Commission. Thank you for your assistance.

NAME: Solange m. Wyatt

SSN:

MEDICAL SCHOOL: University of Wisconsin med school
050020

YEAR OF GRADUATION: 1997

BIRTHDATE: 06/08/1968

SIGNATURE: *Solange Wyatt*

RESPONSE:

**The Federation of State Medical Boards
of the United States, Inc**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

November 09, 2006

Attn: Blake Maresh, MPA
Washington Md. Quality Assur Commission
310 Israel Road SE
PO Box 47865
Tumwater, WA 98501

Re: Board Action Query Dated: November 09, 2006
Your Reference Number:
FSMB Batch Number: BQ1298845

The following is a report of the search results from the Board Action Data Bank as of November 09, 2006 for practitioners sul above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of November 09, 2006

Item	Name	DOB	School	Yr/Grad
1	Armstrong, Deanna	02/15/1957	044040	1984
6	Eaton, Marilyn	06/28/1945	099840	1992
3	Morgan, Gerard	03/28/1970	045010	2001
4	Segel, Sally	11/25/1967	005090	1994
5	Wyatt, Solange	06/08/1968	050020	1997



AMA Physician Profile

Name and Mailing Address:

SOLANGE MARIE WYATT MD
MATERNAL FETAL MEDICINE OB
M/S L-458
3181 SW SAM JCKSN PRK RD R
PORTLAND OR 97239-3011

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 06/08/1968

Birthplace: SAN FRANCISCO, CA UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

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 WI MED SCH, MADISON WI 53706

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: WASHINGTON U/B-JH/SLCH CONC
Specialty : OBSTETRICS & GYNECOLOGY

State: MISSOURI
 07/1997 - 06/2001
 (BEING REVERIFIED)

Institution: WASHINGTON U/B-JH/SLCH CONC
Specialty : OBSTETRICS & GYNECOLOGY

State: MISSOURI
 07/2002 - 06/2004
 (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>
OREGON	MD	07/09/2004	12/31/2007	ACTIVE	UNLIMITED	07/24/2006
OREGON	MD	04/29/2004	07/09/2004	INACTIVE	TEMPORARY	10/06/2004
MISSOURI	MD	06/09/2000	01/31/2006	INACTIVE	UNLIMITED	05/31/2006
MISSOURI	MD	06/30/1997	06/30/2001	INACTIVE	RESIDENT	08/15/2003

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>
XXXXXX287	22N 33N 4 5	05/31/2009	10/30/2006

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 on the Accreditation of Healthcare Organizations (JCAHO) and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	11/11/2005	12/31/2011	INITIAL	10/11/2006

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 2006 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 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, 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.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

November 9, 2006

Solange Wyatt MD
3181 SW Sam Jackson Pk Rd
L458
Portland Or 97239

Dear Dr. Wyatt

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

Your application with the fee of \$325.00 was received on November 8 2006.

MISSING ITEMS.

Please find enclosed an email form: if you choose to receive information on your deficiencies by email please complete and return.

**Application fee's increased to \$335.00, an additional \$10.00 is required for the application
Post Graduate Training Verifications
State License Verification MO
Hospital Verifications**

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any questions or need additional information, email me at helen.bogar@doh.wa.gov, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely,

Helen A Bogar, Licensing Representative



Redaction Summary (3 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (3 instances)

Redacted pages:

- Page 3, 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 36, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance