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07/15/09 52

MAY 05 2009

Board of Registration
In Medicine

Application #: 241063
Date of Issue: / /

Board of Registration in Medicine

200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

Check One: U.S./Canadian Graduate International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

WHITE KATHARINE O'CONNELL
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D. D.O. Ph.D Other degree Male Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here

O'CONNELL KATHARINE JEAN
Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: / / Social Security Number: - -
Month Day Year

Place of Birth: ELMHURST (QUEENS) NEW YORK
City State/Province/Territory Country if not USA

*Mailing Address: Telephone:
Number and Street

City State/Province/Territory Zip (or postal) Code

Home Address: Telephone:
Number and Street

City State/Province/Territory Zip (or postal) Code

Business Address: 622 W 168th ST PH1669 Telephone: 212-342-2883
Number and Street

NEW YORK NY 10032
City State/Province/Territory Zip (or postal) Code

E-mail Address: Fax number: 212-305-6438

Are you applying for licensure through FCVS? (See instructions page 12) Yes No

* The Board will use your Mailing Address for all correspondence

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07/15/09 5:22

PRINT NAME: KATHARINE O'CONNELL WHITE

PAGE 2 OF 5

Pre-medical School

Facility: DUKE UNIVERSITY Degree: BS From 8/1/90 To 5/8/94
Street: CHAPEL DRIVE City: DURHAM State: NC

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Medical School

Facility: UMDNJ - NJMS Degree: MD From 8/29/94 To 5/20/98
Street: 185 SOUTH ORANGE AVE City: NEWARK State: NJ

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Date of medical school graduation: 5 / 20 / 98
Month Day Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: BAYSTATE MED CENTER Position: PGY 1-4 From 7/1/98 To 6/30/02
Street: 75 CHESTNUT DR City: SPRINGFIELD State: MA

Facility: COLUMBIA UNIV MED CENTER Position: FELLOW From 7/1/02 To 6/30/04
Street: 622 W 168th ST City: NEW YORK State: NY

Facility: COLUMBIA SCHOOL OF ^{PUBLIC} HEALTH Position: STUDENT From 8/29/02 To 5/20/04
Street: 650 W 168th ST City: NEW YORK State: NY

* MPH DEGREE

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

Examination History

Please contact the appropriate examination entity and have certified transcript of your scores sent directly to this Board. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below. If you answer "yes" to question #5 on the Full Supplement, you must also complete the required information.

<u>Examination</u>	<u>Most Recent Date taken (Month/Year)</u>	<u>Passed (P) or Failed (F)</u>		<u>Number of attempts</u>
USMLE Step I	6/1996	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1
USMLE Step II	8/1997	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1
USMLE Step III	5/1999	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F	1
NBME Part I		<input type="checkbox"/> P	<input type="checkbox"/> F	
NBME Part II		<input type="checkbox"/> P	<input type="checkbox"/> F	
NBME Part III		<input type="checkbox"/> P	<input type="checkbox"/> F	
FLEX Component 1		<input type="checkbox"/> P	<input type="checkbox"/> F	
FLEX Component 2		<input type="checkbox"/> P	<input type="checkbox"/> F	
FLEX Pre-1985		<input type="checkbox"/> P	<input type="checkbox"/> F	
NBOME Part 1		<input type="checkbox"/> P	<input type="checkbox"/> F	
NBOME Part II		<input type="checkbox"/> P	<input type="checkbox"/> F	
NBOME Part III		<input type="checkbox"/> P	<input type="checkbox"/> F	
COMLEX Level 1		<input type="checkbox"/> P	<input type="checkbox"/> F	
COMLEX Level 2		<input type="checkbox"/> P	<input type="checkbox"/> F	
COMLEX Level 3		<input type="checkbox"/> P	<input type="checkbox"/> F	
COMVEX		<input type="checkbox"/> P	<input type="checkbox"/> F	
LMCC - Single		<input type="checkbox"/> P	<input type="checkbox"/> F	
LMCC - Part I		<input type="checkbox"/> P	<input type="checkbox"/> F	
LMCC - Part II		<input type="checkbox"/> P	<input type="checkbox"/> F	
State Board Exam		<input type="checkbox"/> P	<input type="checkbox"/> F	

(State of examination)

PRINT NAME: KATHARINE O'CONNELL WHITE

Hospital Affiliations and Employment

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

Facility:	Position:	From	To
<u>COLUMBIA UNIV MED CENTER</u>	<u>ASST ATTENDING</u>	<u>7/1/04</u>	<u>present</u>
Street: <u>W 160th ST</u>	City: <u>NEW YORK</u>	State: <u>NY</u>	
Facility: _____	Position: _____	From: <u> / / </u>	To: <u> / / </u>
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	From: <u> / / </u>	To: <u> / / </u>
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	From: <u> / / </u>	To: <u> / / </u>
Street: _____	City: _____	State: _____	

1. List other states (abbreviations) where you are currently or have ever had a full license: NY

2. a) Are you certified by the American Board of Medical Specialties? Yes No
 b) Are you certified by the American Board of Osteopathic Medicine? Yes No

3. List Board Certification(s): AMERICAN BOARD OF OB/GYN Certification date: 1/13/06
 _____ Certification date: / /

4. List your practice specialt(ies) OBSTETRICS + GYNECOLOGY

5. Have you attached an up-to-date copy of your curriculum vitae? Yes No

6. Reason for requesting a Massachusetts medical license: I HAVE ACCEPTED A FULL-TIME POSITION AT BAYSTATE MEDICAL CENTER

7. Name of Facility: BAYSTATE MEDICAL CENTER
 Address: 759 CHESTNUT ST City: SPRINGFIELD

8. Anticipated starting date in Massachusetts: 7/1/09

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete. As an applicant for a full license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Katharine White
Signature of Applicant

3 / 10 / 2009
Month Day Year

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Hospital Affiliations and Employment

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

Facility:	Position:	From	To
<u>COLUMBIA UNIV MED CENTER</u>	<u>ASST ATTENDING</u>	<u>7/ / 04</u>	<u>present</u>
<u>W 160th ST</u>	<u>NEW YORK</u>	<u>NY</u>	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	

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Katharine White
 Signature of Applicant

3 / 10 / 2009
 Month Day Year

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NATIONAL PROVIDER IDENTIFIER (NPI)

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions.

Under the final HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

In order for your full license application to be complete, you must take one of the following actions:

- Option 1: Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPES web site at www.NPES.cms.hhs.gov.
- Option 2: Certify you have personally applied for your NPI and you have not received it yet. You must notify the Board once you have received your NPI Number. Please complete the NPI form at the Board's web site at www.massmedboard.org.
- Option 3: Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). You must notify the Board once you have received your NPI Number.
- Option 4: Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.

Check the appropriate box below, supply appropriate information, and sign the bottom of the page.

- My current NPI is:

1	7	7	0	5	0	8	7	2	3
---	---	---	---	---	---	---	---	---	---
- I have personally applied for an NPI.
- I have applied for an NPI using a third party (enter name): _____ (follow instructions for Option 3)
- By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf.

HIPAA TAXONOMY CODES

Please provide the HIPAA taxonomy (specialty) codes. (Taxonomy codes are on following page of this license application and page 12 of Full License Application Instructions). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf.

	<u>Taxonomy (Specialty) Code</u>	<u>Taxonomy Description (Print)</u>										
Primary Provider Taxonomy:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">V</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">X</td></tr></table>	2	0	7	V	0	0	0	0	0	X	
2	0	7	V	0	0	0	0	0	X			
Provider Taxonomy:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
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NPI REQUIRED INFORMATION

In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. Please note: This information is required if you authorize BORIM to apply for an NPI on your behalf.

Social Security Number:

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State of Birth (if US): NY Country of Birth (if outside the US): _____


Gender: Male Female

Penalties for Falsifying Information on the National Provider Identifier Application

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Authorization for NPI Dissemination

Check one box: I authorize I do not authorize the Board of Registration in Medicine to provide my NPI to any authorized hospital, health plan or health organization.



Signature of Applicant Date 3.3.09

SUPPLEMENT FORM

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PRINT NAME: KATHARINE O'CONNELL WHITE DATE: 2, 26, 09

IMPORTANT NOTE: If you answer "yes" to any of these questions, you must provide the additional information on pages 4-10.

QUESTIONS

YES NO

- 1. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?
- 2-A. Have you ever been terminated or granted a leave of absence by a medical school or any postgraduate training program or have you ever withdrawn from a medical school or any postgraduate training program or had to repeat a year of postgraduate training?
- 2-B. Have you ever, for any reason, been placed on probation by a medical school or any postgraduate training program?
- 3. Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, previous name: KATHARINE O'CONNELL, KARI O'CONNELL
- 4. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?
- 5. Have you ever failed any of the following examinations: FLEX, any State Board examination, any part of the National Boards, any Step of the USMLE, NBOME, or have you failed to gain certification from the National Board of Medical Examiners, any other certification body or any foreign licensing or certification body?
- 6-A. Have you ever, for any reason, been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
- 6-B. Have you ever voluntarily surrendered a license to practice medicine or any healing art?
- 7. Have you ever, for any reason, lost American Board of Medical Specialty or been denied required recertification by one or more specialty boards?
- 8-A. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
- 8-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or professional medical society or association (national, state or local)?

Applicant's Signature: *Katharine O'Connell White*

Date: 2, 26, 09

3

YES NO

- 9-A. Have you ever voluntarily relinquished any medical staff membership?
- 9-B. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
- 9-C. Have you ever been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
- 9-D. Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?
- 10. Have you ever been charged with any criminal offense, other than a minor traffic offense?
- 11. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
- 12. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
- 13. Have you ever been the subject of any suspension or probation proceedings instituted Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?
- 14. Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?
- 15-A. In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
- 15-B. In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

Applicant's Signature:  Date: 2/26/09

PRINT NAME: KATHARINE O'CONNELL WHITE

Pre-medical School

Facility: DUKE UNIVERSITY Degree: BS From 8/15/90 To 5/8/94
Street: CHAPEL DRIVE City: DURHAM State: NC

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Medical School

Facility: UMDNJ-NEW JERSEY MED SCHOOL Degree: MD From 8/15/94 To 5/20/98
Street: 185 SOUTH ORANGE AVE City: NEWARK State: NJ

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Date of medical school graduation: 5 / 20 / 98
Month Day Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: BAYSTATE MEDICAL CENTER Position: (RESIDENT) PGY 1-4 From 6/15/98 To 6/30/02
Street: 759 CHESTNUT DR City: SPRINGFIELD State: MA

Facility: COLUMBIA UNIV MED CENTER Position: (FELLOW) PGY 5-6 From 7/1/02 To 6/30/04
Street: 622 W 168th ST City: NEW YORK State: NY

Facility: COLUMBIA SCHOOL OF PUBLIC HEALTH Position: STUDENT From 8/15/02 To 5/30/04 * MPH DEGREE
Street: 658 W 168th ST City: NEW YORK State: _____

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

11 IN 08 2009
Board of Registration
- Medicine



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Katharine O White, M.D.

License No.: 241063

Current Status: Active

License Expiration Date: 2/2/2010

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address:

Home Address:

Business Address:

Baystate Medical Center
759 Chestnut St
Springfield
Massachusetts - 01199
United States of America
(413) 794-5256

3) **Email Address:**

4) **Fax Number:** (413) 794-8166

5) **Specialties**
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) **Drug License Numbers**

Massachusetts	<u>Federal (DEA)</u>	Federal (DEA) XS
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8) **Other states where you are now licensed to practice**
New York

9) **States where you were previously licensed**
None Reported

10) **Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Baystate Medical Center	Springfield, MA



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Katharine O White, M.D.

License No.: 241063

11) Care of patients in Massachusetts
Average weekly hours involved in:

- a) inpatient care 25 hrs/wk
b) outpatient care 15 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Baystate Medical Center Self Insured	09/01/2009	10/01/2010	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Katharine O White, M.D.

License No.: 241063

- 22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes)
- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
- 24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Katharine O White, M.D.

License No.: 241063

Compliance with Legal Responsibilities

Online profile:

- I have reviewed my Physician Profile and confirm that the information is accurate.
- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
 - 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
 - 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
 - 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
 - 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
 - 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when i have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
 - 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
 - 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
 - 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
 - 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
 - 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
 - 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
 - 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
 - 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
 - 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.
- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.

1. DATE OF PREPARATION OF CV: MAY 20, 2009

2. PERSONAL DATA:

Katharine O'Connell White, MD, MPH, FACOG

DOB

Birthplace New York, NY

Citizenship U.S.

3. EDUCATION:

5/94 B.S., Psychology Duke University

5/98 M.D. UMDNJ-New Jersey Medical School

5/04 MPH, Epidemiology Columbia University Mailman School of Public Health

4. POSTDOCTORAL TRAINING:

7/98-6/02 Residency, Obstetrics and Gynecology, Baystate Medical Center

7/02-6/04 Fellowship, Family Planning, Columbia University

5. CREDENTIALS:

United States Medical Licensing Examination, 5/99

New York State Licensure, #224830

Certification, American Board of Obstetrics and Gynecology, 1/06

6. MILITARY SERVICE: none

7. PROFESSIONAL ORGANIZATIONS:

American College of Obstetricians and Gynecologists (Fellow)

Society of Family Planning (Fellow)

Association of Reproductive Health Professionals

National Abortion Federation

Physicians for Reproductive Choice and Health

8. ACADEMIC APPOINTMENTS:

7/98-6/02 Clinical Instructor in Obstetrics and Gynecology
Tufts University School of Medicine

7/02-6/04 Clinical Instructor in Obstetrics and Gynecology
Columbia University College of Physicians and Surgeons

7/04-present Assistant Clinical Professor in Obstetrics and Gynecology
Columbia University College of Physicians and Surgeons

9. HOSPITAL APPOINTMENTS:

7/02-present Assistant Attending Physician in Obstetrics and Gynecology
Columbia University College of Physicians and Surgeons

10. HONORS:

Excellence in Teaching by a Resident or Fellow
Columbia University College of Physicians and Surgeons, 5/04.

Excellence in Teaching by a Chief Resident
Baystate Medical Center, 6/02.

Resident Research Award
Baystate Medical Center, 6/02.

Excellence in Teaching by a Resident
Tufts University School of Medicine, 6/01 and 6/02.

Excellence in Clinical Research Award
UMDNJ-New Jersey Medical School, 5/95.

Dean's List. Graduation with Distinction in Psychology.
Duke University, 5/94.

11. FELLOWSHIP AND GRANT SUPPORT:

Office of Population Affairs, Department of Health and Human Services.
Grant no. 1 FPRPA006025-01-00. 9/06-9/09.
Primary Investigator, "The Impact of Pack Supply on Oral Contraceptive Continuation."
Projected total over three years \$548,495.
Grantee: Columbia University

Society of Family Planning. 8/08-8/09.
Primary Investigator, "A Randomized Clinical Trial of Intra-amniotic versus Intra-fetal Digoxin for Preoperative Fetal Asystole in Second-Trimester Surgical Abortion."
\$120,000.
Grantee: Physicians for Reproductive Choice and Health

12. DEPARTMENTAL AND UNIVERSITY COMMITTEES:

CUMC Faculty Council, 1/08-present.

OB/GYN Quality Assurance Committee, CUMC, 1/08-present.

OB/GYN Resident Education Committee, BMC, 7/00-6/02.

OB/GYN Quality Assurance Committee, BMC, 7/00-6/02.

Academic Programs and Policies Committee, UMDNJ-NJMS, 7/95-6/98.

13. TEACHING RESPONSIBILITIES:

CUMC Department of Obstetrics and Gynecology:

Family Planning Fellowship. Development of didactic curriculum. Didactic lectures monthly.

Resident education lectures. 2 hours per year. 7/02-present.

Resident Journal Club preceptor. 2 hours per year. 7/02-present.

Columbia University undergraduate student preceptor. 10 hrs/wk. 2007.

Public health student preceptorship. 4 hours/week for 2 months. 2006.

GYN Remediation Tutorials. 2 hours per week. 11/05-2/06.

Lectures, nurse practitioners & physician assistants. 6 hrs/year, 7/02-6/04.

Columbia University College of Physicians and Surgeons:

Third-year medical student lectures. 16 hours per year. 7/02-6/05.

Baystate Medical Center:

Creation of Intern Survival Handbook for incoming interns.

Co-editor of OB/GYN Residency Handbook for incoming interns.

Third-year medical student exam review sessions with Tufts University School of Medicine students. 16 hours per year. 7/99—6/02.

Mentor in the Medical Student Mentor Program. 7/99—6/01.

14. OTHER PROFESSIONAL ACTIVITIES:

ACOG District II/New York Legislative Committee's Subcommittee on Women's Health. Member, 7/04-present.

Scientific Advisory Board, iPLEDGE (Isotretinoin Pregnancy Risk Management Program). Member, 7/05-present.

ACOG District II/New York *Emergency Contraception* Task Force. Member, 12/08-present.

Reproductive Health Advisory Committee, Women in Prison Project. Member, 9/08-present.

15. PUBLICATIONS:

A. PEER REVIEWED:

1. O'Connell K, Jones H, Lichtenberg ES, Paul M. "First trimester surgical abortion practices: a survey of National Abortion Federation Members." *Contraception* 2009;79(5):385-92.

13. TEACHING RESPONSIBILITIES:

CUMC Department of Obstetrics and Gynecology:

Family Planning Fellowship. Development of didactic curriculum. Didactic lectures monthly.

Resident education lectures. 2 hours per year. 7/02-present.

Resident Journal Club preceptor. 2 hours per year. 7/02-present.

Columbia University undergraduate student preceptor. 10 hrs/wk. 2007.

Public health student preceptorship. 4 hours/week for 2 months. 2006.

GYN Remediation Tutorials. 2 hours per week. 11/05-2/06.

Lectures, nurse practitioners & physician assistants. 6 hrs/year, 7/02-6/04.

Columbia University College of Physicians and Surgeons:

Third-year medical student lectures. 16 hours per year. 7/02-6/05.

Baystate Medical Center:

Creation of Intern Survival Handbook for incoming interns.

Co-editor of OB/GYN Residency Handbook for incoming interns.

Third-year medical student exam review sessions with Tufts University

School of Medicine students. 16 hours per year. 7/99—6/02.

Mentor in the Medical Student Mentor Program. 7/99—6/01.

14. OTHER PROFESSIONAL ACTIVITIES:

ACOG District II/New York Legislative Committee's Subcommittee on Women's Health. Member, 7/04-present.

Scientific Advisory Board, iPLEDGE (Isotretinoin Pregnancy Risk Management Program). Member, 7/05-present.

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15. PUBLICATIONS:

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1. O'Connell K, Jones H, Lichtenberg ES, Paul M. "First trimester surgical abortion practices: a survey of National Abortion Federation Members." *Contraception* 2009;79(5):385-92.

2. O'Connell K, Jones H, Lichtenberg ES, Paul M. "Second trimester surgical abortion practices: a survey of National Abortion Federation Members." *Contraception* 2008;78(6):492-9.
3. Wiegierinck MMJ, Jones HE, O'Connell K, Lichtenberg ES, Paul M, Westhoff CL. "Medical abortion practices: a survey of National Abortion Federation members in the United States." *Contraception* 2008;78(6):486-91.
4. O'Connell K, Westhoff CL. "Pharmacology of hormonal contraceptives and acne." *Cutis* 2008;81(supp1):8-12.
5. Thiboutot DM, Harper JC, O'Connell K, Rich P, Sondheimer SJ. Improving outcomes through collaboration. *Cutis* 2008;81(1 Suppl):26-31.
6. Mansel R. Goyal A. Nestour EL. Masini-Eteve V. O'Connell K. Afimoxifene (4-OHT) Breast Pain Research Group. A phase II trial of Afimoxifene (4-hydroxytamoxifen gel) for cyclical mastalgia in premenopausal women. *Breast Cancer Research & Treatment* 2007;106(3):389-97.
7. O'Connell K, Davis AR, Kerns J. "Oral contraceptives: side effects and depression among adolescent girls." *Contraception* 2007;75(4):299-04.
8. Davis AR, Osborne LM, O'Connell K and Westhoff CL. "Challenges of conducting a placebo-controlled trial for dysmenorrhea in adolescents." *Journal of Adolescent Health* 2006; 39(4): 607-609.
9. O'Connell K, Davis AR, and Westhoff CL. "Self-treatment patterns among adolescent girls with dysmenorrhea." *Journal of Pediatric and Adolescent Gynecology* 2006; 19: 285-289.
10. O'Connell K, Osborne LM and Westhoff CL. "Measured and reported weight change for women using a vaginal contraceptive ring versus a low-dose oral contraceptive." *Contraception* 2005; 72: 323-327.
11. Davis AR, Westhoff CL, O'Connell K and Gallagher N. "Oral contraceptives for dysmenorrhea in adolescent girls: a placebo-controlled randomized trial." *Obstet Gynecol* 2005;106:97-104.

B. CASE REPORTS:

none

C. BOOKS, REVIEWS, CHAPTERS, LETTERS, EDITORIALS:

1. Gebbe A, O'Connell K, eds. Fast Facts: Contraception. 3rd edition. Oxford, UK: Health Press. February 2009.
2. O'Connell K, Burkman RT. "The transdermal contraceptive patch-an updated review of the literature." *Clinical Obstetrics and Gynecology* 2007;50(4):918-926.
3. O'Connell K and Westhoff CL. "Menstrual bleeding: is it necessary, and how can heavy bleeding be managed?" *The Female Patient* Nov 2007:4-6.
4. O'Connell KJ and Westhoff CL. "Success rate and duration of bleeding after medical abortion were not improved by 7 additional days of oral misoprostol" [commentary] *Evidence-based Obstetrics & Gynecology* 6:116-7.

D. PATENTS:

none

E. ABSTRACTS:

1. Hall KS, O'Connell K, Davis AR, Rickert VI, Reame N, Westhoff CL. "Psychological Symptoms, Perceived Side Effects, and Oral Contraceptive Discontinuation in Minority Adolescent and Young Adult Women." Poster presentation at the Eastern Nursing Research Society 3/09.
2. O'Connell K, Jones H, Lichtenberg ES, Paul M. "Second trimester surgical abortion practices: a survey of National Abortion Federation Members." Oral presentation at the Association of Reproductive Health Professionals Annual Meeting 9/08.
3. O'Connell K, Jones H, Lichtenberg ES, Paul M. "First trimester surgical abortion practices: a survey of National Abortion Federation Members." Poster presentation at the Association of Reproductive Health Professionals Annual Meeting 9/08.
4. Wiegnerinck MMJ, Jones HE, O'Connell K, Lichtenberg ES, Paul M, Westhoff CL. "Medical abortion practices: a survey of National Abortion Federation members in the United States." Poster presentation at the Association of Reproductive Health Professionals Annual Meeting 9/08.

5. Mansel R and O'Connell KJ. "4-hydroxytamoxifen (4-OHT) gel for cyclic mastalgia in premenopausal women: a phase II trial." *Obstetrics and Gynecology* 2005;105(4S):100. Poster presentation at the ACOG Annual Clinical Meeting 5/05.
6. Davis AR, O'Connell KJ, Gallagher NJ, and Westhoff CL. "Oral contraceptives for dysmenorrhea in adolescent girls: a placebo-controlled trial." *Contraception* 2004;70(3): 251. Poster presentation at the Association of Reproductive Health Professionals Annual Meeting 9/04.
7. O'Connell KJ and Westhoff CL. "Combined estrogen-progestin contraceptives and body weight: a systematic review of observational trials." Poster presentation at the Association of Reproductive Health Professionals Annual Meeting 9/04.
8. Davis AR, O'Connell KJ, Gallagher NJ, and Westhoff CL. "A double-blind randomized trial of an oral contraceptive vs. placebo for dysmenorrhea in adolescents." *Obstetrics and Gynecology* 2004;103(4 Suppl):55S. Poster presentation at the ACOG Annual Clinical Meeting 5/04.
9. Davis AR, O'Connell KJ, Gallagher NJ, and Westhoff CL. "Self-treatment patterns among adolescent girls with moderate or severe primary dysmenorrhea." *Journal of Adolescent Health* 2004;34(2):134. Poster presentation at the Society of Adolescent Medicine Annual Meeting 4/04.
10. O'Connell KJ, Davis AR, Osborne LM, and Westhoff CL. "A placebo-controlled trial of oral contraceptives for dysmenorrhea in adolescent girls: methodological challenges and surprises." *Contraception* 2003;68(2):144. Poster presentation at the Association of Reproductive Health Professionals Annual Meeting 9/03.

F. AUDIOVISUAL/MEDIA:

1. Blogger, three times weekly as Dr. Kate, www.gynotalk.com, 12/08 – present.
2. Blogger, twice weekly as Dr. Kate, www.dailybedpost.com, 9/07 – 12/08.
3. "Better sex for all women." *Glamour*, 12/08.
4. "An ob-gyn explains what's really going on down there." *Glamour*, 6/08.
5. "Contraception: to use or not to use is not the only question." Guttmacher Institute media briefing. New York, NY, 5/08.

6. "EC: Not Just the Morning After." Webcast, New York City Department of Health, New York, NY, 5/06.
7. "Why the 'great debate' over condoms and barrier birth control?" Guttmacher Institute media briefing. New York, NY, 6/05.

16. PRESENTATIONS AT PROFESSIONAL MEETINGS:

Grand rounds speaker at Departments of Obstetrics and Gynecology:

1. "The IUD: How Don't Became Do." Staten Island University Hospital, Staten Island, NY, 9/08.
2. "Uses of misoprostol in obstetrics and gynecology." Bridgeport Hospital, Bridgeport, CT, 2/07.
3. "Uses of misoprostol in obstetrics and gynecology." Methodist Hospital, Brooklyn, NY, 5/05.
4. "Treatment of abortion complications." Brooklyn Hospital Center, Brooklyn, NY, 4/05.
5. "Treatment of abortion complications." St. John Hospital, Detroit, MI, 3/05.
6. "Uses of misoprostol in obstetrics and gynecology." Lutheran Medical Center, Brooklyn, NY, 3/05.
7. "Surgical abortion." Brooklyn Hospital Center, Brooklyn, NY, 12/04.
8. "Abortion Then and Now." Baystate Medical Center, Springfield, MA, 4/04.

CME lectures at other venues:

1. "Emerging Issues in Abortion Care." Panel discussion, Association of Reproductive Health Professionals Annual Meeting, Washington, DC, 9/08.
2. "Update on Contraception." Practical OB/GYN: Back to Basics, sponsored by Baystate Medical Center. Springfield, MA, 3/06.
3. "The IUD: Expelling the Myths." Clinical Issues in Reproductive Health Care. Cicatelli Associates Incorporated. New York, NY, 5/03.

Non-CME invited speaker:

1. "Sex and Intimacy." Charla de Lupus support group, Columbia University Medical Center, 3/09.
2. "Contraception and Cancer." Yale University Department of OB/GYN, 11/08.
3. "Abortion in the United States." Department of Population and Family Health, Mailman School of Public Health, 11/08.
4. "The 'Partial Birth Abortion' Ban: Health Care in the Shadow of Criminal Liability." Symposium panelist, Brooklyn Law School, 3/08.
5. "Sex and Health When Living With Cancer." Adolescent and young adult patients of the CUMC Cancer Center. 3/08.
6. "Legal Obstacles to Abortion." Medical Students for Choice Regional Meeting, 10/07.
7. "Acute and Chronic Pelvic Pain." Lecture to Family Medicine residents, Columbia University Medical Center, 2/07.
8. "Abortion in the First and Second Trimesters." Lecture to OB/GYN residents, Jersey City Medical Center, 1/07.
9. "Abnormal Uterine Bleeding." Lecture to Family Medicine residents, Columbia University Medical Center, 5/06.
10. "Emergency Contraception." Panelist, ACOG 24th Congressional Leadership Conference, Washington, DC, 3/06.
11. "Abortion and Contraception." New York Civil Liberties Union Teen Health Initiative, 11/05.
12. "Abortion." Workshop, The Network for Family Life Education, New Brunswick, NY, 3/05.
13. "Second Trimester Abortion." Medical Students for Choice Annual Meeting, 3/05.
14. "Birth Control Update: New Methods, New Lessons." Workshop, The Network for Family Life Education, New Brunswick, NY, 10/04.

15. "Microbicides." International Planned Parenthood Federation, New York, NY, 8/04.
16. Manual Vacuum Aspiration Training Project, National Abortion Federation, Bishkek, Kyrgyzstan; Tirana, Albania; Tbilisi, Georgia, 2/04.
17. "Hospital Mergers and Conscience Clauses." Policy, Advocacy, Legislation and the Media workshop, Reproductive Health Technologies Project, Washington, DC, 10/03.
18. "Beyond the Pill: Advances in Hormonal Contraception." Planned Parenthood New York City. New York, NY. 5/03.
19. "Roe v. Wade: Looking Back, Looking Forward." Panelist. Public Health Students for Reproductive Choice and Health, Mailman School of Public Health, 4/03.