



PENNSYLVANIA
Department of State

For questions about this website, please [Click Here](#) to send an E-Mail , or to contact your Board directly, [Click Here](#).

Click the X at the upper right corner to close this window and return to the list of licensees.

Person Information

Name: WILLIE JAMES PARKER

Address Information

Address(city state zipcode): Washington DC 20017

License Information

Type:	Medical Physician and Surgeon	Secondary Type:		Number:	MD441490
Profession:	Medicine	Status:	Active		
Issue Date:	11/9/2010	Expires:	12/31/2012	Last Renewed:	

Discipline Action History

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.

MD 441490

Regular Mailing Address
 STATE BOARD OF MEDICINE
 P.O. BOX 2649
 HARRISBURG, PA 17105-2649
 717-783-1400/717-787-2381
 Email: st-medicine@state.pa.us

Courier Delivery Address
 STATE BOARD OF MEDICINE
 2601 NORTH THIRD STREET
 HARRISBURG, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)

Application Fee: \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."
Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

229838

NAME: Parker Willie James
 Last First Middle

Permanent Address:

Street

City

State

Zip Code

All correspondence
 and the license will
 be mailed to this
 address unless the
 Board is notified of a
 change.

Email address:

Date of Birth:

MM DD YYYY

Social Security Number:

If your medical/licensure records are listed under another name or names list below:

Are you applying using credentials verification from FCVS? ☒ YES ☐ NO

Have you previously held a Pennsylvania graduate training license?

☐ YES; My license number is ☒ NO

LIST MEDICAL SCHOOL(S) ATTENDED:

University of Iowa, College of Medicine

DATES OF ATTENDANCE:

From: 06/1986 to 05/1990
 MM/YYYY MM/YYYY

From: to
 MM/YYYY MM/YYYY

Date of Graduation: 05/04/1990
 MM/DD/YYYY

Check licensing examination(s) passed:


- ☒ FLEX - indicate state where taken: Iowa Date taken: Component 1 06/1990 Component 2 06/1990
☐ NATIONAL BOARD - PART I PART II PART III
☐ USMLE - STEP 1 STEP 2 STEP 3
☐ LMCC - Canadian
☐ STATE BOARD - indicate state where taken:

RECEIVED
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 By

ACGME Post Graduate Training:

PGY1 Hospital: University of Cincinnati, College of Medicine From: 07/1/90 to: 06/30/94
 PGY2 Hospital: University of California, San Francisco School of Medicine From: 07/01/2000 to: 06/30/2001

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? If yes, list the jurisdiction(s) here: <u>Iowa, Ohio, California, Hawaii, Michigan, D.C., Maryland, & Virginia</u>	X	
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		X
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		X
4) Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8) Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		X
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u> , <u>filing date</u> , and the <u>date you were served</u> .	X	

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant

Date

SEP 10 2010

JUN 26 2008

1968-4
Of Counsel:
BURKE McPHEETERS BORDNER & ESTES

WILLIAM A. BORDNER 1371-0
Suite 3100 - Mauka Tower
Pacific Guardian Center
737 Bishop Street
Honolulu, Hawaii 96813
Telephone No. (808) 523-9833
Fax No. (808) 528-1656

Attorney for Defendants
HAWAII RESIDENCY PROGRAMS, INC.;
STEFANIE MASAKO UEDA, M.D.;
ROBERT BRYAN MURPHY, M.D.;
LEANNE MAYUMI KON, M.D.; and
NAOMI CHO AKITA, M.D.

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

GERLA MONIZ and MATTHEW
MONIZ,

Plaintiffs,

vs.

THE QUEEN'S MEDICAL CENTER, a
Hawaii non-profit corporation;
WILLIAM J. PARKER, M.D., also
known as WILLIE PARKER, M.D. and
WILLIE J. PARKER, M.D., M.P.H.,
individually and in his capacity as
Assistant Professor of the John A.
Burns School of Medicine, College of
Health Sciences and Social Welfare,
University of Hawai'i; MARK K. Y.
HIRAOKA, M.D., individually and in
his capacity as Assistant Professor of
the John A. Burns School of
Medicine, College of Health Sciences
and Social Welfare, University of
Hawai'i; HAWAII RESIDENCY

CIVIL NO. 06-1-1881-10 (BIA)
(Medical Malpractice)

STIPULATION FOR PARTIAL
DISMISSAL WITH PREJUDICE OF
PLAINTIFFS' CLAIMS AGAINST
Defendants (1) WILLIAM J.
PARKER, M.D., also known as
WILLIE PARKER, M.D. and WILLIE
J. PARKER, M.D., M.P.H.,
individually and in his capacity as
Assistant Professor of the John A.
Burns School of Medicine, College of
Health Sciences and Social Welfare,
University of Hawai'i; (2) MARK K.
Y. HIRAOKA, M.D., individually and
in his capacity as assistant
professor of the John A. Burns
School of Medicine, College of
Health Sciences and Social Welfare,
University of Hawai'i; (3) STEFANIE
MASAKO UEDA, M.D. also known
as STEFANIE MASAKO UEDA.

FIRST CIRCUIT COURT
STATE OF HAWAII
FILED

2008 JUN 25 PM 12:13

F. OTAKE
CLERK

SEP 10 2010

PROGRAMS, INC., a Hawaii non-profit corporation; STEFANIE MASAKO UEDA, M.D. also known as STEFANIE MASAKO UEDA, M.D.R.; ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R.; LEANNE MAYUMI KON, M.D., also known as LEANNE MAYUMI KON, M.D.R.; NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R.; JOAN A. KENDALL, M.D.; UNIVERSITY OF HAWAII, as body corporation; DOE INDIVIDUALS 1-10; DOE ENTITIES 1-10; DOE CORPORATIONS 1-10; DOE PARTNERSHIPS 1-10; DOE LIMITED LIABILITY PARTNERSHIPS 1-10; DOE LIMITED LIABILITY COMPANIES 1-10; DOE NON-PROFIT ORGANIZATIONS 1-10; and DOE GOVERNMENTAL ENTITIES AND/OR AGENCIES 1-10,

Defendants.

M.D.R.; (4) ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R.; (5) LEANNE MAYUMI KON, M.D., also known as LEANNE MAYUMI KON, M.D.R.; (6) NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R.; (7) JOAN A. KENDALL, M.D.; and (8) UNIVERSITY OF HAWAII, a body corporate

TRIAL DATE: September 21, 2009

SEP 10 2010

STIPULATION FOR PARTIAL DISMISSAL WITH PREJUDICE OF PLAINTIFFS' CLAIMS AGAINST DEFENDANTS (1) WILLIAM J. PARKER, M.D., also known as WILLIE PARKER, M.D. and WILLIE J. PARKER, M.D., M.P.H., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; (2) MARK K. Y. HIRAOKA, M.D., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; (3) STEFANIE MASAKO UEDA, M.D. also known as STEFANIE MASAKO UEDA, M.D.R.; (4) ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R.; (5) LEANNE MAYUMI KON, M.D., also known as LEANNE MAYUMI KON, M.D.R.; (6) NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R.; (7) JOAN A. KENDALL, M.D.; and (8) UNIVERSITY OF HAWAII, a body corporate

Pursuant to Hawaii Rules of Civil Procedure, Rule 41(a)(1)(B), Plaintiffs GERLA MONIZ and MATTHEW MONIZ and Defendants THE QUEEN'S MEDICAL CENTER, a Hawaii non-profit corporation; WILLIAM J. PARKER, M.D., also known as WILLIE PARKER, M.D. and WILLIE J. PARKER, M.D., M.P.H., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; MARK K. Y. HIRAOKA, M.D., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; HAWAII RESIDENCY PROGRAMS, INC.; STEFANIE MASAKO UEDA, M.D. also known as STEFANIE MASAKO UEDA, M.D.R.; ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R.; LEANNE MAYUMI KON, M.D., also known as LEANNE MAYUMI KON, M.D.R.; NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R.; JOAN A. KENDALL, M.D.; and UNIVERSITY OF HAWAII, a body corporate, hereby stipulate that all claims by

SEP 10 2010

Plaintiffs asserted in the First Amended Complaint, filed on July 3, 2007, against Defendants WILLIAM J. PARKER, M.D., also known as WILLIE PARKER, M.D. and WILLIE J. PARKER, M.D., M.P.H., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; MARK K. Y. HIRAOKA, M.D., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; STEFANIE MASAKO UEDA, M.D. also known as STEFANIE MASAKO UEDA, M.D.R.; ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R.; LEANNE MAYUMI KON, M.D., also known as LEANNE MAYUMI KON, M.D.R.; NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R.; JOAN A. KENDALL, M.D.; and UNIVERSITY OF HAWAII, a body corporate, are hereby dismissed with prejudice.

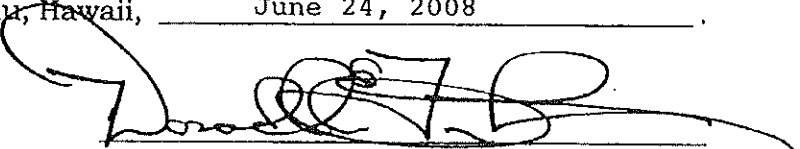
The First Amended Cross-Claim against Defendants filed by Defendant JOAN A. KENDALL, M.D. on December 14, 2007 was disposed of by Defendant Kendall's Notice of Dismissal Without Prejudice of Defendant Joan A. Kendall, M.D.'s First Amended Cross-Claim Against Defendants The Queen's Medical Center, William J. Parker, M.D., aka Willie Parker, M.D. and Willie J. Parker, M.D., M.P.H., Mark K. Hiraoka, M.D., Hawaii Residency Programs, Inc.; Stefanie Masako Ueda, M.D., aka Stefanie Masako Ueda, M.D.R.; Robert Bryan Murphy, M.D., aka Robert Bryan Murphy, M.D.R.; Leanne Mayumi Kon, M.D. aka Leanne Mayumi Kon, M.D.R.; Naomi Cho Akita,

M.D., fka Naomi Cho Akita, M.D.R.; University of Hawaii; Doe Individuals 1-10; Doe Entities 1-10; Doe Corporations 1-10; Doe Partnerships 1-10; Doe Limited Liability Partnerships 1-10; Doe Limited Liability Companies 1-10; Doe Non-Profit Organizations 1-10 and Doe Governmental Entities and/or Agencies 1-10
Filed Herein On December 14, 2007, filed on March 18, 2008.

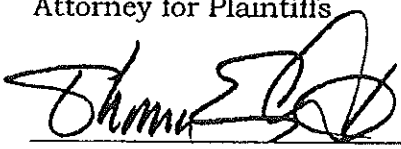
The only remaining claims are those claims brought in the First Amended Complaint filed by Plaintiffs on July 3, 2007 against Defendants THE QUEEN'S MEDICAL CENTER and HAWAII RESIDENCY PROGRAMS, INC.

Each party to this Stipulation shall bear his, her or its own fees and costs.


DATED: Honolulu, Hawaii, June 24, 2008



DONALD E. FISHER
Attorney for Plaintiffs



THOMAS E. COOK
JEFFREY A. GRISWOLD
Attorneys for Defendant
JOAN A. KENDALL, M.D.



JOHN S. NISHIMOTO
DAVID A. GRUEBNER
Attorneys for Defendants
THE QUEEN'S MEDICAL CENTER,
WILLIAM J. PARKER, M.D., aka WILLIE
PARKER, M.D. and WILLIE J. PARKER,
M.D., and MARK HIRAOKA, M.D.



WILLIAM A. BORDNER
Attorney for Defendants
HAWAII RESIDENCY PROGRAMS, INC.,
STEFANIE MASAKO UEDA, M.D.,
ROBERT BRYAN MURPHY, M.D., LEANNE
KON, M.D., and NAOMI CHO AKITA, M.D.



KENNETH S. ROBBINS
JOHN-ANDERSON L. MEYER
SERGIO RUFO
Attorneys for Defendant
UNIVERSITY OF HAWAII, a body corporate

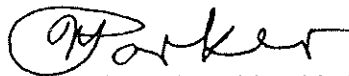
Gerla Moniz and Matthew Moniz vs. The Queen's Medical Center, et al.
Civil No. 06-1-1881-10 (BIA)
In the Circuit Court of the First Circuit, State of Hawaii

STIPULATION FOR PARTIAL DISMISSAL WITH PREJUDICE OF PLAINTIFFS' CLAIMS AGAINST DEFENDANTS (1) WILLIAM J. PARKER, M.D., also known as WILLIE PARKER, M.D. and WILLIE J. PARKER, M.D., M.P.H., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; (2) MARK K. Y. HIRAOKA, M.D., individually and in his capacity as assistant professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; (3) STEFANIE MASAKO UEDA, M.D. also known as STEFANIE MASAKO UEDA, M.D.R.; (4) ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R.; (5) LEANNE MAYUMI KON, M.D., also known as LEANNE MAYUMI KON, M.D.R.; (6) NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R.; (7) JOAN A. KENDALL, M.D.; and (8) UNIVERSITY OF HAWAII, a body corporate

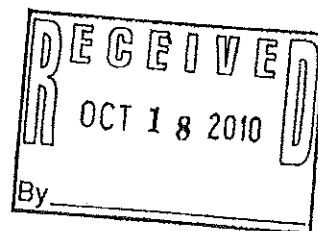
Litigation Explanation:

GERLA MONIZ and MATTHEW MONIZ, Plaintiffs vs THE QUEEN'S MEDICAL CENTER, WILLIE PARKER, M.D., and MARK K. Y. HIRAOKA, M.D.
Civil No. 06-1-1881-10 BIA (Medical Malpractice) IN THE CIRCUIT COURT OF THE FIRST CIRCUIT STATE OF HAWAII

Case filed in 2005. Plaintiffs alleged that I, as one of a team of doctors who cared for Ms. Moniz, and the Queens Medical Center were negligent in failing to supervise resident physicians providing her care, resulting in wrongful interruption of an early viable pregnancy. Patient was counseled by resident physicians that she had miscarried based on clinical presentation, history, and sonographic evidence. She was offered options and counseling based on a verbal report of the sonographic findings that conflicted with a written report later discovered. She elected management that resulted in disruption of the pregnancy. Dispute regarding what information was communicated regarding the sonographic findings by Resident physicians and the radiologist of record resulted in the case proceeding to the discovery phase of the legal process. Interrogatories were collected and depositions scheduled but cancelled. My role of being one of the attending physicians in supervision of the residents resulted in my being named with others involved with her care. I was eventually dismissed from the case as noted in the summary.



Willie J. Parker, MD, MPH, MSc



ORIGINAL

THE COPULOS LAW FIRM LLLC

DONALD E. FISHER 6268-0
1001 Bishop Street, Suite 1510
Honolulu, Hawaii 96813
Tel. No. 808-536-0500
Fax. No. 808-536-0021

1ST CIRCUIT COURT
STATE OF HAWAII
FILED

1ST

2006 OCT 30 PM 4:09

N. Anaya
N. ANAYA
CLERK

Attorney for Plaintiffs
GERLA MONIZ and MATTHEW MONIZ

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

GERLA MONIZ and MATTHEW MONIZ,

Plaintiffs,

vs.

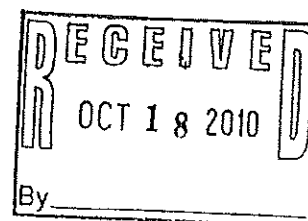
THE QUEEN'S MEDICAL CENTER, a Hawaii non-profit corporation; WILLIAM J. PARKER, M.D., also known as WILLIE PARKER, M.D. and WILLIE J. PARKER, M.D., M.P.H., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; MARK K. Y. HIRAOKA, M.D., individually and in his capacity as Assistant Professor of the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i; DEREK T. UEMURA, M.D.; HAWAII RESIDENCY PROGRAMS, INC., a Hawaii non-profit corporation; STEFANIE MASAKO UEDA, M.D. also known as STEFANIE MASAKO UEDA, M.D.R.; ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R.; LEANNE MAYUMI KON, M.D., also known as LEANNE MAYUMI KON, M.D.R.; NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R.;

Civil No. **06-1-1881-10 B I A**
(Medical Malpractice)

COMPLAINT; SUMMONS



1



JOAN A. KENDALL, M.D.; UNIVERSITY OF HAWAII, as body corporation; DOE INDIVIDUALS 1-10; DOE ENTITIES 1-10; DOE CORPORATIONS 1-10; DOE PARTNERSHIPS 1-10; DOE LIMITED LIABILITY PARTNERSHIPS 1-10; DOE LIMITED LIABILITY COMPANIES 1-10; DOE NON-PROFIT ORGANIZATIONS 1-10; and DOE GOVERNMENTAL ENTITIES AND/OR AGENCIES 1-10,

Defendants.

COMPLAINT

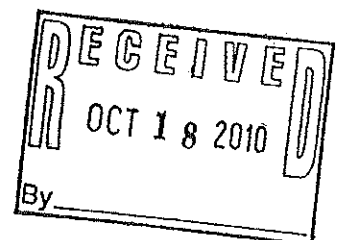
COMES NOW Plaintiffs GERLA MONIZ and MATTHEW MONIZ, by and through their attorney, Donald E. Fisher, Attorney at Law, and for complaint against the above-named defendants, allege and aver as follows:

1. Plaintiffs GERLA MONIZ and MATTHEW MONIZ are and were at all relevant times herein married and residents of the City and County of Honolulu, State of Hawaii. (Plaintiffs GERLA MONIZ and MATTHEW MONIZ are hereinafter collectively referred to as "Plaintiffs");

2. Upon information and belief, Plaintiffs allege and aver that Defendant THE QUEEN'S MEDICAL CENTER (hereinafter "Defendant QMC") is and was at all times relevant herein:

a. a domestic non-profit corporation, duly licensed to conduct business in the State of Hawaii, with its principal place of business in the City and County of Honolulu, State of Hawaii; and,

b. itself and/or by and through its employees, agents and/or representatives, a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671, Hawaii Revised Statutes, as amended.



3. Upon information and belief, Plaintiffs allege and aver that Defendant WILLIAM J. PARKER, M.D., also known as "Willie Parker, M.D." and "Willie J. Parker, M.D., M.D.H." (hereinafter "Defendant Dr. Parker"), is and was at all relevant times herein:

- a. a resident of the City and County of Honolulu, State of Hawaii;
- b. duly licensed to practice medicine in the State of Hawaii as a physician, holding license id. no. MD-11733, specializing in Obstetrics and Gynecology;
- c. a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended; and,
- d. an Assistant Professor in the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i at Manoa.

4. Upon information and belief, Plaintiffs allege and aver that Defendant MARK K. Y. HIRAOKA, M.D. (hereinafter "Defendant Dr. Hiraoka"), is and was at all relevant times herein:

- a. a resident of the City and County of Honolulu, State of Hawaii;
- b. duly licensed to practice medicine in the State of Hawaii as a physician, holding license id. no. MD-11316, specializing in Obstetrics and Gynecology;
- c. a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended; and,
- d. an Assistant Professor in the John A. Burns School of Medicine, College of Health Sciences and Social Welfare, University of Hawai'i at Manoa.

5. Upon information and belief, Plaintiffs allege and aver that Defendant DEREK T. UEMURA, M.D. (hereinafter "Defendant Dr. Uemura"), is and was at all relevant times herein:

- a. a resident of the City and County of Honolulu, State of Hawaii;

b. duly licensed to practice medicine in the State of Hawaii as a physician, specializing in emergency medicine; and,

c. a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended.

6. Defendant HAWAII RESIDENCY PROGRAMS, INC. (hereinafter "Defendant HRPI") is and was at all times relevant herein, a domestic non-profit corporation incorporated on June 29, 1982, duly licensed to do business in the State of Hawaii, with its principal place of business in the City and County of Honolulu, State of Hawaii. Upon information and belief, Plaintiffs further allege and aver:

a. Defendant HRPI is itself and/or by and through its employees, residents, agents and/or representatives, a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671, Hawaii Revised Statutes, as amended;

b. Defendant HRPI's stated purpose in its Charter of Incorporation is to be operated for the exclusive purpose of providing better medical care for the people of Hawaii by the advancement of medical education and training for medical residents in the State of Hawaii;

c. Defendant HRPI coordinates the administration of the University of Hawaii John A. Burns School of Medicine directed residency training programs, and acts as a liaison between the residency programs and affiliated hospitals; and,

d. The University of Hawaii John A. Burns School of Medicine - a Defendant named herein - and Defendant QMC, amongst other acute care facilities, conduct the residency program at issue herein.

7. Upon information and belief, Plaintiffs allege and aver that Defendant STEFANIE MASAKO UEDA, M.D. also known as STEFANIE MASAKO UEDA, M.D.R. (hereinafter "Defendant Resident Dr. Ueda"), is and was at all relevant times herein:

- a. a resident of the City and County of Honolulu, State of Hawaii, currently residing at 2975 Park Street, Honolulu, Hawaii 96817;
- b. duly licensed to practice medicine in the State of Hawaii as a resident physician, holding license number MDR-4164;
- c. an employee, agent and/or representative of Defendant HRPI and/or Defendant QMC and/or Defendant The University of Hawaii, a body corporation, and/or its John A. Burns School of Medicine and/or John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health;
- d. participating in the University of Hawaii, a body corporation's John A. Burns School of Medicine and/or John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health and/or Defendant HRPI and/or Defendant QMC's residency program as a second year resident in obstetrics and gynecology; and,
- e. a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended.

8. Upon information and belief, Plaintiff's allege and aver that Defendant ROBERT BRYAN MURPHY, M.D. also known as ROBERT BRYAN MURPHY, M.D.R. (hereinafter "Defendant Resident Dr. Murphy"), is and was at all relevant times herein:

- a. a resident of the City and County of Honolulu, State of Hawaii, currently residing at 2747A Liliha Street, Honolulu, Hawaii 96817;
- b. duly licensed to practice medicine in the State of Hawaii as a resident physician, holding license number MDR-4353;
- c. an employee, agent and/or representative of Defendant HRPI and/or Defendant QMC and/or Defendant the University of Hawaii a body corporation's John A. Burns School of Medicine and/or John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health;

d. participating in the University of Hawaii a body corporation's John A. Burns School of Medicine and/or John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health and/or Defendant HRPI and/or Defendant QMC's residency program as a first year resident in obstetrics and gynecology; and,

e. a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended.

9. Upon information and belief, Plaintiffs allege and aver that Defendant LEANNE MAYUMI KON, M.D. also known as LEANNE MAYUMI KON, M.D.R. (hereinafter "Defendant Resident Dr. Ueda"), is and was at all relevant times herein:

a. a resident of the City and County of Honolulu, State of Hawaii, currently residing at 94-102 Hailono Place, Mililani, Hawaii 96789;

b. duly licensed to practice medicine in the State of Hawaii as a resident physician, holding license number MDR-4010;

c. an employee, agent and/or representative of Defendant HRPI and/or Defendant QMC and/or the University of Hawaii a body corporation through it's John A. Burns School of Medicine and/or John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health;

d. participating in the University of Hawaii a body corporation's John A. Burns School of Medicine and/or John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health and/or Defendant HRPI and/or Defendant QMC's residency program as a third year resident in obstetrics and gynecology; and,

e. a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended.

10. Upon information and belief, Plaintiffs allege and aver that Defendant NAOMI CHO AKITA, M.D. formerly known as NAOMI CHO AKITA, M.D.R. (hereinafter "Defendant Dr. Akita"):

a. is and was at all relevant times herein a resident of the City and County of Honolulu, State of Hawaii, currently residing at 95- 251 Alaala Loop, Mililani, Hawaii 96789;

b. is duly licensed to practice medicine in the State of Hawaii, holding license number MD-12819;

c. was at all relevant times herein a resident physician, holding license number MDR- License Id. No. MD-4016;

d. an employee, agent and/or representative of Defendant HRPI and/or Defendant QMC and/or Defendant the University of Hawaii as body corporation's John A. Burns School of Medicine and/or John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health;

e. participating in Defendant the University of Hawaii as body corporation's John A. Burns School of Medicine and/or Defendant the University of Hawaii as body corporation's John A. Burns School of Medicine, Department of Obstetrics, Gynecology And Women's Health and/or Defendant HRPI and/or Defendant QMC's residency program as a fourth year resident in obstetrics and gynecology; and,

f. is and was at all relevant times herein a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended.

11. Upon information and belief, Plaintiffs allege and aver that Defendant JOAN A. KENDALL, M.D. (hereinafter "Defendant Dr. Kendall"), is and was at all relevant times herein a resident of the City and County of Honolulu, State of Hawaii, duly licensed to practice medicine in the State of Hawaii as a physician specializing in radiology, an employee, agent and/or representative

of Defendant QMC, and a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671 of the Hawaii Revised Statutes, as amended.

12. Upon information and belief, Plaintiffs allege and aver that Defendant UNIVERSITY OF HAWAII, as body corporation ("Defendant UH"), is and was at all relevant times a corporation duly organized under the laws of the State of Hawaii with its principle place of business at 2500 Campus Road, Hawaii Hall 202, Honolulu, Hawaii, 96822, and by and through its College of Health Sciences and Social Services, John A. Burns School of Medicine and/or its/their respective employees, agents and/or representatives, a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671, Hawaii Revised Statutes, as amended.

13. Upon information and belief, Plaintiffs allege and aver that the COLLEGE OF HEALTH SCIENCES AND SOCIAL WELFARE ("College of Health Sciences") of the UNIVERSITY OF HAWAII is an institution and/or college under Defendant UH; and Plaintiffs further allege and aver that the College of Health Sciences is a college under the Defendant UH's system of schools and colleges, State of Hawaii, and is made up of three professional schools including the school of medicine, school of nursing and dental hygiene, and school of social work, and that at all relevant times herein, Defendant UH's College of Health Sciences co-operated with Defendant QMC, the Queen Emma Clinics, including but not limited to the Women's Health Section of the Queen Emma Clinics, which are located within Defendant QMC. Plaintiff's further allege and aver that Defendant UH, by and through its College of Health Science is and was at all relevant times, by and/or through itself, its employees, agents and/or representatives, a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671, Hawaii Revised Statutes, as amended.

14. Upon information and belief, Plaintiffs allege and aver that the JOHN A. BURNS SCHOOL OF MEDICINE ("JABSOM"), of the UNIVERSITY OF HAWAII is an institution and/or school under a college within Defendant UH; and Plaintiffs further allege and aver

that Defendant UH, by and through JABSOM is and was at all relevant times itself, and/or by and through its employees, agents and/or representatives, a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671, Hawaii Revised Statutes, as amended.

15. Upon information and belief, Plaintiffs allege and aver that the DEPARTMENT OF OBSTETRICS, GYNECOLOGY, AND WOMEN'S HEALTH of the JOHN A. BURNS SCHOOL OF MEDICINE of the UNIVERSITY OF HAWAII, ("JABSOM OB/GYN DEPARTMENT") is a department of a school under a college within Defendant UH; and Plaintiffs further allege and aver that Defendant UH, by and through the JABSOM OB/GYN DEPARTMENT is and was at all relevant times itself, and/or by and through its employees, agents and/or representatives, a healthcare provider as defined under the Medical Claims Conciliation Act, Chapter 671, Hawaii Revised Statutes, as amended.

16. Upon information and belief, Plaintiffs allege and aver that Defendant UH's JABSOM, along with Hawaii acute care hospitals, including but not limited to Defendant QMC, conducts the residency program at issue in this case.

17. The Defendants identified as DOE INDIVIDUALS 1-10; DOE ENTITIES 1-10; DOE CORPORATIONS 1-10; DOE PARTNERSHIPS 1-10; DOE LIMITED LIABILITY PARTNERSHIPS 1-10; DOE LIMITED LIABILITY COMPANIES 1-10; DOE NON-PROFIT ORGANIZATIONS 1-10; and DOE GOVERNMENTAL ENTITIES AND/OR AGENCIES 1-10, are individuals, entities, corporations, partnerships, limited liability partnerships, limited liability companies, non-profit organizations and/or doe governmental entities and/or agencies, who and which in some manner and form not currently discovered or known to Plaintiffs, may have contributed to and/or be directly and/or vicariously responsible for the injuries sustained by Plaintiffs as alleged herein and were health care providers as defined under the Medical Claims Conciliation Act, Chapter 671, Hawaii Revised Statutes, as amended.

18. Upon information and belief, Plaintiffs allege and aver that at all relevant times herein, Defendants Dr. Parker, Dr. Hiraoka, Dr. Uemura, Resident Ueda, Resident Murphy, Resident Dr. Akita, Resident Kon and Dr. Kendall were the employees, agents and/or representatives of Defendants QMC, HRPI, UH, UH's JABSOM and/or UH's JABSOM OB/GYN DEPARTMENT.

19. At 10:50 p.m. on October 29, 2003, Plaintiff Gerla Moniz presented to Defendant QMC's Emergency Department with chief complaints of left lower abdominal pain. At that time, Plaintiff Gerla Moniz was pregnant with a desired pregnancy with her husband Plaintiff Matthew Moniz.

20. At 12:01 a.m. on October 30, 2003, Defendant Dr. Uemura examined Plaintiff Gerla Moniz in Defendant QMC's Emergency Department. Upon information and belief, Plaintiffs allege and aver that following his examination, Defendant Dr. Uemura incorrectly documented on Defendant QMC's Emergency Department Ultrasound Log that Plaintiff Gerla Moniz had a negative intrauterine pregnancy.

21. At 12:20 a.m. on October 30, 2003, Defendant QMC's Emergency Department staff drew blood from Plaintiff Gerla Moniz.

22. At 1:20 a.m. on October 30, 2003, Defendant Resident Ueda examined Plaintiff Gerla Moniz in Defendant QMC's Emergency Department. Defendant Resident Ueda performed an ultrasound exam of Plaintiff Gerla Moniz's uterus, informed Plaintiff Gerla Moniz she was pregnant, and that there were no signs of a heart-beat in Plaintiff Gerla Moniz's baby. Defendant Resident Ueda recorded her findings of the ultrasound exam in a medical Consultation Record as "TV U/S - IUP but no Fetal cardiac activity seen; uterus irreg".

23. Upon information and belief, Plaintiffs allege and aver that Defendant Resident Ueda altered the medical record of Plaintiff Gerla Moniz at a later time by striking the word "no" and inserting the word "questionable". Defendant Resident Ueda recorded in Plaintiff Gerla

Moniz's medical records a diagnosis of a possible missed abortion. Defendant Resident Ueda recommended treatment for Plaintiff Gerla Moniz of: (1) a formal OB scan in the morning; (2) Heterotopic precautions; and (3) repeat BHCG (a pregnancy blood test) in 24 hours if there was still an uncertain intrauterine pregnancy.

24. At 2:30 a.m. on October 30, 2003, Plaintiff Gerla Moniz waited for examination in Defendant QMC's Emergency Department by Defendant Dr. Parker who was, upon information and belief, the attending OB/GYN on duty. Defendant Dr. Parker examined Plaintiff Gerla Moniz and reported that she presented as approximately 8 weeks pregnant. Defendant Dr. Parker relied on the pertinent history of Plaintiff Gerla Moniz obtained by Defendant Resident Ueda. Defendant Dr. Parker performed a sonogram on Plaintiff Gerla Moniz and found an intrauterine pregnancy with a questionable small yolk sac and questionable fetal pole. Defendant Dr. Parker ruled out a Heterotopic pregnancy and assessed Plaintiff Gerla Moniz with a desired, intrauterine pregnancy. Defendant Dr. Parker recommended further testing, treatment and medical care of Plaintiff Gerla Moniz as follows: (1) a formal sonogram with strict ectopic precautions, and (2) a follow-up in the "clinic" as dictated by the sonogram results. Defendant Dr. Parker informed Plaintiff Gerla Moniz that he wanted her to get an official ultrasound on October 30, 2003 at 10:00 a.m. to be sure Plaintiff Gerla Moniz's baby was active.

25. At 2:59 a.m. on October 30, 2003, Defendant QMC's Emergency Department discharged Plaintiff Gerla Moniz, informing her she was treated by Defendant Dr. Uemura, and instructing her that Defendant QMC's OB-GYN Department would contact Plaintiff Gerla Moniz in the morning with follow-up instructions. Plaintiff Gerla Moniz's reported discharge diagnosis from Defendant QMC's Emergency Department was: "r/o ectopic pregnancy."

26. Plaintiff Gerla Moniz was not initially contacted by Defendant QMC's OB-GYN Department during the morning of October 30, 2003. Instead, Plaintiff Gerla Moniz made

several telephone calls herself to Defendant QMC, to find out where she was supposed to go for her examination. Defendant QMC eventually informed Plaintiff Gerla Moniz to report between 12:00 noon and 12:30 p.m. on October 30, 2003, for the formal sonogram.

27. Upon information and belief, Plaintiffs allege and aver that on October 30, 2003, Defendant Dr. Kendall and/or a female physician, technician, employee, agent and/or representative of Defendants performed on Plaintiff Gerla Moniz the formal OB ultrasound ordered by Defendant Dr. Parker. During the formal ultrasound, Plaintiff Gerla Moniz informed her examiner that Defendant Dr. Parker stated he had seen cardiac activity in Plaintiff Gerla Moniz's baby. Upon information and belief, Plaintiffs allege and aver that Plaintiff Gerla Moniz's examiner stated that she also saw cardiac activity in Plaintiff Gerla Moniz's baby.

28. Upon information and belief, Plaintiffs allege and aver that Defendant Dr. Kendall's dictated report regarding her readings of and findings on the formal OB ultrasound of Plaintiff Gerla Moniz was: transcribed on October 31, 2003 at 1:26 p.m.; revised on November 7, 2003 at 3:47 p.m.; and, finalized on November 8, 2003.

29. On or about October 31, 2003, Plaintiffs allege and aver upon information and belief that Defendant Resident Ueda, Defendant Resident Akita, and/or an employee, agent and/or representative of Defendants QMC, HRPI, UH and UH's College of Health, JABSOM and/or UH's JABSOM OB/GYN Department informed Plaintiff Gerla Moniz that the formal OB ultrasound test of October 30, 2003, showed Plaintiff Gerla Moniz had experienced a missed abortion, and then instructed Plaintiff Gerla Moniz to schedule an appointment for a "D&C" or a Misoprostol procedure to remove Plaintiff Gerla Moniz's allegedly dead baby.

30. Following receipt of the alleged results of the formal OB sonogram, on October 31, 2003, Plaintiff Gerla Moniz presented to Defendant QMC's Emergency Department for treatment of her pregnancy, and requested testing. Upon information and belief, Plaintiffs allege and aver that Plaintiff Gerla Moniz was not examined, evaluated and/or treated on October 31, 2003, by

Defendant QMC's Emergency Department as requested by Plaintiff Gerla Moniz, but rather instructed to go to Defendant QMC and Defendant UH's College of Health Science's Queen Emma Clinics. Plaintiff Gerla Moniz was examined and/or counseled in the Queen Emma Clinics, Women's Health section, by Defendant Resident Murphy and Defendant Dr. Hiraoka.

31. Plaintiff Gerla Moniz informed Defendant Murphy of her pertinent physical history and the events of the previous two days, and then requested Defendant Murphy: (1) perform another hormone level blood test; (2) provide her with copies of her previous blood test ordered at her emergency room visit the day before; (3) perform a culture test; and, (4) provide her with the results of her formal OB ultrasound exam of October 30, 2003. Upon information and belief, Plaintiffs allege and aver that Defendant Resident Murphy stated he did not have Plaintiff Gerla Moniz's test results, including the results of the formal OB ultrasound exam, but that he would work on getting the information and call Plaintiff Gerla Moniz when it came in. Upon information and belief, Plaintiffs allege and aver that Defendant Resident Murphy further informed Plaintiff Gerla Moniz that another blood test "would just mess with your mind" and that she would still have a non-viable pregnancy. Defendant Resident Murphy charted under Plaintiff Gerla Moniz's History of Present Illness that "[a]n ultrasound in the ER showed an intrauterine gestational sack but no fetal pole or cardiac activity."

32. Upon information and belief, following Defendant Resident Murphy's examination and/or treatment of Plaintiff Gerla Moniz, the attending OB/GYN physician at the time, Defendant Dr. Hiraoka, examined and/or treated Plaintiff Gerla Moniz in the Queen Emma Clinics which are jointly operated by Defendant QMC and Defendant UH's College of Health Sciences. Upon information and belief, Plaintiffs allege and aver that Defendant Dr. Hiraoka was the attending OB/GYN at the time and discussed with Plaintiff Gerla Moniz the alleged health risks of keeping a supposed dead baby in her body. Upon information and belief, Plaintiffs further allege and aver that

Defendant Resident Murphy and Defendant Dr. Hiraoka instructed Plaintiff Gerla Moniz to proceed with the instructions she had received to remove her alleged dead baby, and a Misoprostol procedure was then scheduled by Defendant QMC and/or Defendant UH's College of Health Sciences and/or Defendant Resident Murphy and/or Defendant Dr. Hiraoka for Plaintiff Gerla Moniz on Monday, November 3, 2003.

33. Plaintiffs allege and aver that none of the procedures requested by Plaintiff Gerla Moniz on October 31, 2003, were ordered and/or performed by Defendant QMC, Defendant QMC's Emergency Department, Defendant UH's College of Health Sciences, Defendant Resident Murphy, Defendant Dr. Hiraoka, and/or any other employee, representative and/or agent of Defendants. Plaintiffs further allege and aver upon information and belief that Defendants failed to properly review and/or obtain the results of Plaintiff Gerla Moniz's formal OB ultrasound of October 30, 2003, prior to instructing Plaintiffs to proceed with the Misoprostol procedure.

34. On November 3, 2003, Plaintiff Gerla Moniz presented to Defendants QMC and UH's jointly operated Queen Emma Clinics for the Misoprostol procedure. Upon information and belief, Plaintiffs allege and aver that the Queen Emma Clinics are located in Defendant QMC's Queen Emma Tower, 1301 Punchbowl Street, Honolulu, Hawaii, and that the Queen Emma Clinics are operated jointly by Defendant QMC and Defendant UH's College of Health Sciences. Defendant Dr. Parker consulted, treated and/or examined Plaintiff Gerla Moniz prior to the Misoprostol procedure. Defendant Resident Kon inserted eight hundred (800) mcg of Misoprostol into Plaintiff Gerla Moniz's vagina. Upon information and belief, Plaintiffs allege and aver that the drug known as Misoprostol causes a woman's uterus to contract and expel the contents of the uterus, such as a fetus. After inserting the Misoprostol into Plaintiff Gerla Moniz's vagina, Defendant Resident Kon discharged Plaintiff Gerla Moniz with specimen containers and instructions to collect the tissue of her dead baby as it passed from Plaintiff Gerla Moniz's vagina, and to bring the tissue to Defendant QMC's Emergency Department.

35. Later in the day on November 3, 2003, Plaintiff Gerla Moniz passed some tissue, collected the tissue herself, and brought it to Defendant QMC's Emergency Department as instructed, where she was treated again by Defendant Resident Kon. Defendant Resident Kon informed Plaintiff Gerla Moniz that not enough tissue had passed, and sent Plaintiff Gerla Moniz back home.

36. On November 4, 2004 Plaintiff Gerla Moniz attended a follow-up appointment at the Queen Emma Clinics. Resident doctor Keri Brown, M.D. ("Resident Brown") examined and treated Plaintiff Gerla Moniz. Upon information and belief, Plaintiffs allege and aver that Resident Brown performed an ultrasound on Plaintiff Gerla Moniz, and then informed Plaintiff Gerla Moniz that her uterus was empty. Plaintiffs further allege and aver upon information and belief that Resident Brown also performed a pelvic exam on Plaintiff Gerla Moniz, during which Resident Brown found the remainder of the fetus tissue about to be passed out of Plaintiff Gerla Moniz's vagina. Plaintiffs witnessed the passing of the remaining tissue of their baby. Plaintiffs further allege and aver upon information and belief that Resident Brown informed Plaintiffs that all of the tissue of Plaintiffs' baby had been found. Plaintiff Gerla Moniz was sent home with instructions to rest, take ibuprofen, and to schedule an appointment for the month of December 2003.

37. On November 12, 2003, Defendant Dr. Parker contacted Plaintiffs to schedule an appointment in his office to discuss the medical care and treatment of Plaintiff Gerla Moniz performed by Defendants.

38. On November 14, 2003, Plaintiffs attended an appointment with Defendant Dr. Parker. Upon information and belief, Plaintiffs allege and aver that Defendant Dr. Parker requested Plaintiffs to inform him about everything that happened to Plaintiff Gerla Moniz while treating at Defendant QMC, and to describe the treatment she received. Plaintiff Gerla Moniz explained the events from Wednesday, October 29, 2003 through Tuesday, November 4, 2003. Upon information and belief, Defendant Dr. Parker informed Plaintiffs that he had just received on

November 10, 2003, a written copy of Defendant Dr. Kendall's formal OB sonogram report, regarding the findings of the formal OB sonogram performed on October 30, 2003. Defendant Dr. Parker informed Plaintiffs that what was done to Plaintiff Gerla Moniz should not have been done. Defendant Dr. Parker further informed Plaintiffs that there was a "reporting error in sonographic results". Plaintiff Gerla Moniz asked Defendant Dr. Parker whether his statement meant that everything was okay with her baby, to which Defendant Dr. Parker responded, "Yes, and I'm sorry." Plaintiffs further allege and aver upon information and belief that during the meeting with Defendant Dr. Parker:

a. Defendant Dr. Parker acknowledged he felt personally responsible, and would find out where the mistake was made and who made the mistake; and Defendant Dr. Parker also confirmed to Plaintiffs that Defendant QMC's Administration had been informed of the incident and the error;

b. Defendant Dr. Parker insisted Plaintiffs speak with Defendant QMC's Risk Management representative, who, upon information and belief, Plaintiffs allege and aver was an individual by the name of Lynda Awong, and who at all times relevant was an employee, agent and/or representative of Defendant QMC and acting within the course and scope of said position; and,

39. While still in Defendant Dr. Parker's office, Plaintiff Gerla Moniz spoke with Lynda Awong by telephone, and Defendant QMC's Ms. Awong extended her condolences and stated Defendant QMC would take care of all of Plaintiff Gerla Moniz's medical bills as well as any out-of-pocket costs; and, Ms. Awong further instructed Plaintiff Gerla Moniz to send all copies of bills and receipts to Ms. Awong's attention, and that she would arrange for counseling treatment for Plaintiff Gerla Moniz.

40. Defendant Dr. Kendall's written report, finalized on November 8, 2003, of the formal OB sonogram performed on October 30, 2003, reported that Plaintiff Gerla Moniz's uterus appears gravid with well formed gestational sac, yolk sac and fetal pole, and that there was positive cardiac activity, 105 BPM below mean of 111 BPM for gestational age, and that Plaintiff Gerla Moniz had a single, live intrauterine gestation with cardiac activity.

41. The injuries, damages and losses to Plaintiffs are the proximate result of the carelessness, negligence, and unskillfulness of all Defendants and/or their employees, agents and/or representatives; and Plaintiffs have been damaged in an amount to be proven at the hearing of this matter.

COUNT I

(Negligence)

42. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 41 as though fully set forth herein.

43. Defendant doctors and resident doctors identified above were each respectively careless and negligent in their treatment and care and the manner and method of treatment and care of Plaintiffs in that they failed to exercise that degree of care and skill that the average practitioner in the classes to which they belong would have exercised, acting in the same or similar circumstances.

a. Defendant Dr. Parker was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that Defendant Dr. Parker:

i. failed to thoroughly examine the medical record of Plaintiff Gerla Moniz;

- ii. failed to thoroughly obtain a complete history before rendering an assessment and treatment plan;
- iii. failed to order diagnostic tests and obtain results of all tests before rendering an assessment and treatment plan;
- iv. failed to listen to the patient before rendering an assessment and treatment plan;
- v. failed to obtain the results of all labs and diagnostic tests requested by himself and other healthcare providers in order to properly diagnose and manage the care of Plaintiff Gerla Moniz;
- vi. failed to inform subsequently caring physicians and resident physicians that the results of Plaintiff Gerla Moniz's diagnostic tests were pending;
- vii. failed to adequately assess the viability of Plaintiff Gerla Moniz's pregnancy;
- viii. administered, permitted and/or approved the administration of 800 mcg of Misoprostol to Plaintiff Gerla Moniz, without adequately assessing the viability of Plaintiff Gerla Moniz's pregnancy;
- ix. failed to follow the fundamental tenets of practicing medicine; and,
- x. otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Dr. Parker belongs would have exercised, acting in the same or similar circumstances.

b. Defendant Resident Ueda was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that Defendant Resident Ueda:

- i. failed to thoroughly examine the medical record of Plaintiff Gerla Moniz;
- ii. failed to thoroughly obtain a complete history before rendering an assessment and treatment plan;
- iii. failed to order diagnostic tests and obtain results of all tests before rendering an assessment and treatment plan;
- iv. failed to listen to the patient before rendering an assessment and treatment plan;
- v. failed to obtain the results of all labs and diagnostic tests requested by herself and/or other healthcare providers in order to properly diagnose and manage the care of Plaintiff Gerla Moniz;
- vi. failed to inform subsequently caring physicians and residents physicians that the results of Plaintiff Gerla Moniz's diagnostic tests were pending;
- vii. failed to correctly report the results of Plaintiff Gerla Moniz's formal ultrasound results;
- viii. incorrectly informed Plaintiff Gerla Moniz that her baby was dead and incorrectly instructed Plaintiff Gerla Moniz to undergo a medical procedure to remove her baby;
- ix. failed to follow the fundamental tenets of practicing medicine; and,
- x. otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Resident Ueda belongs would have exercised, acting in the same or similar circumstances.

c. Defendant Resident Dr. Akita was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that Defendant Resident Dr. Akita:

- i. failed to thoroughly examine the medical record of Plaintiff Gerla Moniz;
- ii. failed to thoroughly obtain a complete history before rendering an assessment and treatment plan;
- iii. failed to order diagnostic tests and obtain results of all tests before rendering an assessment and treatment plan;
- iv. failed to obtain the results of all labs and diagnostic tests requested by herself and/or other healthcare providers in order to properly diagnose and manage the care of Plaintiff Gerla Moniz;
- v. failed to inform subsequently caring physicians and residents that the results of Plaintiff Gerla Moniz's diagnostic tests were pending;
- vi. failed to correctly report the results of Plaintiff Gerla Moniz's formal ultrasound results;
- vii. upon information and belief, incorrectly informed Plaintiff Gerla Moniz and/or Defendant Hiraoka that Plaintiff Gerla Moniz's baby was dead, and incorrectly instructed Plaintiff Gerla Moniz to undergo a medical procedure to remove her baby;
- viii. failed to follow the fundamental tenets of practicing medicine; and,
- ix. otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Resident Dr. Akita belonged at the time, would have exercised, acting in the same or similar circumstances.

d. Defendant Dr. Hiraoka was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that Defendant Dr. Hiraoka:

- i. failed to thoroughly examine the medical record of Plaintiff Gerla Moniz;
- ii. failed to thoroughly obtain a complete history before rendering an assessment and treatment plan;
- iii. failed to order diagnostic tests and obtain results of all tests before rendering an assessment and treatment plan;
- iv. failed to listen to the patient before rendering an assessment and treatment plan;
- v. failed to obtain the results of the formal OB ultrasound performed on October 30, 2003;
- vi. failed to acknowledge and/or follow the treatment plan set forth by Defendant Dr. Parker and Defendant Resident Ueda;
- vii. Failed to correlate the results of serial serum beta HCG levels;
- viii. otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Dr. Hiraoka belongs would have exercised, acting in the same or similar circumstances.

e. Defendant Resident Murphy was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that Defendant Resident Murphy:

- i. failed to thoroughly examine the medical record of Plaintiff Gerla Moniz;

- ii. failed to thoroughly obtain a complete history before rendering an assessment and treatment plan;
- iii. failed to order diagnostic tests and obtain results of all tests before rendering an assessment and treatment plan;
- iv. failed to listen to the patient before rendering an assessment and treatment plan;
- v. failed to obtain the results of the formal OB ultrasound performed on October 30, 2003;
- vi. failed to acknowledge and/or follow the treatment plan set forth by Defendant Dr. Parker and Defendant Resident Ueda;
- vii. failed to correlate the results of serial serum beta HCG levels;
- viii. otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Resident Murphy belongs would have exercised, acting in the same or similar circumstances.

f. Defendant Resident Kon was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that Defendant Resident Kon:

- i. failed to thoroughly examine the medical record of Plaintiff Gerla Moniz;
- ii. failed to thoroughly obtain a complete history before rendering an assessment and treatment plan;
- iii. failed to order diagnostic tests and obtain results of all tests before rendering an assessment and treatment plan;
- iv. failed to listen to the patient before rendering an assessment and treatment plan;

v. failed to obtain the results of all labs and diagnostic tests requested by other healthcare providers in order to properly diagnose and manage the care of Plaintiff Gerla Moniz;

vi. failed to adequately assess the viability of Plaintiff Gerla Moniz's pregnancy;

vii. administered, permitted and/or approved the administration of 800 mcg of Misoprostol to Plaintiff Gerla Moniz, without adequately assessing the viability of Plaintiff Gerla Moniz's pregnancy;

viii. failed to obtain the results of the formal ultrasound taken on October 30, 2003;

ix. failed to obtain a second quantitative beta HCG to determine whether the beta HCG levels were declining;

x. failed to follow the fundamental tenets of practicing medicine; and,

xi. otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Resident Kon belongs would have exercised, acting in the same or similar circumstances.

g. Defendant Dr. Uemura was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that Defendant Dr. Uemura failed to correctly diagnose Plaintiff Gerla Moniz's pregnancy, incorrectly reported and/or charted Plaintiff Gerla Moniz's pregnancy, and otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Dr. Uemura belongs would have exercised, acting in the same or similar circumstances.

h. Defendant Dr. Kendall was careless and negligent in the treatment and care and the manner and method of treatment and care rendered to Plaintiff Gerla Moniz in that

Defendant Dr. Kendall failed to correctly report and/or timely report the results of the formal OB sonogram performed on October 30, 2003, and otherwise failed to exercise that degree of care and skill that the average practitioner in the classes to which Defendant Dr. Kendall belongs would have exercised, acting in the same or similar circumstances.

44. Defendant QMC, Defendant HRPI, and Defendant UH by and through its College of Health Sciences, JABSOM and/or its JABSOM OB/GYN Department, were each respectively negligent in that:

a. Defendant QMC, Defendant HRPI and Defendant UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department have an obligation to provide proper supervision and education of their medical residents to ensure quality and safe care to patients;

b. The attending physicians supervising the residents failed to educate the residents on how to thoroughly evaluate a patient's medical record before rendering an assessment and treatment plan;

c. Attending physicians relied on information provided to them by residents; and,

d. Defendants QMC, HRPI, and Defendant UH by and through its College of Health Science, JABSOM and/or JABSOM OB/GYN Department otherwise failed to exercise that degree of care and skill that a residency program and/or operator of a residency program would have exercised, acting in the same or similar circumstances.

45. The above-described negligence, carelessness and unskillfulness on the part of Defendants was the direct and proximate cause of Plaintiffs' injuries, damages and losses.

46. As a direct and proximate result of the negligence of Defendants, and each of them, Plaintiffs suffered, amongst other things, loss of their child, and past, present, and future great

physical and mental pain and suffering, all to Plaintiffs' damages in sums to be shown at the hearing of this matter.

47. Given proper treatment and care, Plaintiff Gerla Moniz could have been expected to bear her and her husband's child. However, as a further proximate result of the negligence of Defendants, and each of them, Plaintiff Gerla Moniz underwent unnecessary procedures and incurred damages in an amount to be shown at the trial of this matter.

COUNT II

(Negligent Supervision And Training – Defendants Dr. Parker and Dr. Hiraoka)

48. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 47 as though fully set forth herein.

49. Defendants Dr. Parker and Dr. Hiraoka each individually and respectively owed a duty to Plaintiffs to properly supervise and educate Defendant Residents Ueda, Murphy, Akita and/or Kon with respect to the care and treatment of Plaintiff Gerla Moniz.

50. Defendants Dr. Parker and Dr. Hiraoka each individually and respectively breached their duty to Plaintiffs, and said breach was the direct and proximate result of Plaintiffs injuries and damages in an amount to be proven at the trial of this matter.

COUNT III

(Corporate Negligence – Defendants QMC, HRPI, and UH)

51. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 50 as though fully set forth herein.

52. A healthcare provider – patient relationship existed between Plaintiffs and Defendants QMC, HRPI, and Defendant UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department.

53. As healthcare providers, Defendants QMC, HRPI, and Defendant UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department, each owed a duty to exercise due care for the safety of Plaintiffs and their unborn child.

54. Defendants QMC, HRPI, RAI and UH themselves and/or through their employees, agents and/or representatives, colleges, schools, departments and/or sub-divisions, breached their respective duty owed directly to Plaintiffs to exercise due care for the safety of Plaintiffs and their unborn child, and said breach was the direct and proximate result of Plaintiffs' injuries and damages in amounts to be proven at the trial of this matter.

COUNT IV

(*Res Ipsa Loquitur* – Defendants Dr. Parker, Dr. Hiraoka, Resident Ueda, Resident Murphy, Resident Kon, Resident Dr. Akita, Dr. Uemura and Dr. Kendall)

55. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 54 as though fully set forth herein.

56. Plaintiffs are informed and believe, and on the basis of such information and belief, allege and aver that, at some time during the course of Plaintiff Gerla Moniz's treatment administered by Defendants Dr. Parker, Dr. Hiraoka, Resident Ueda, Resident Murphy, Resident Kon, Resident Dr. Akita, Dr. Uemura and/or Dr. Kendall, Plaintiffs sustained, amongst other injuries and damages, the loss of their baby that was caused by some negligence on the part of Defendants, and the doctrine of *res ipsa loquitur* is applicable thereto.

57. Plaintiffs are informed and believe, and on the basis of such information and belief, allege and aver that the injuries and damages suffered by Plaintiffs would not have occurred without the negligence of someone.

58. Plaintiffs are informed and believe, and on the basis of such information and belief, allege and aver that Plaintiffs' injuries, including but not limited to the loss of Plaintiffs' baby, arose while Plaintiff Gerla Moniz was under the care and/or control of Defendants Dr. Parker, Dr.

Hiraoka, Dr. Uemura, Resident Ueda, Resident Murphy, Resident Kon, Resident Dr. Akita and/or Dr. Kendall.

59. As a direct and proximate cause of the negligence alleged, Plaintiffs have been injured in an amount to be proven at the trial in this matter.

COUNT V

(Res Ipsa Loquitur – Defendants QMC, HRPI and UH)

60. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 59 as though fully set forth herein.

61. Plaintiffs are informed and believe, and on the basis of such information and belief allege and aver that, at some time during the course of Plaintiff Gerla Moniz' treatment and care, Plaintiffs sustained injuries and damages caused by some negligence on the part of Defendants QMC, HRPI, and or UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department and/or its/their respective employees, agents and/or representatives, and the doctrine of *res ipsa loquitur* is applicable thereto.

62. Plaintiffs are informed and believe, and on the basis of such information and belief, allege and aver that the injuries suffered by Plaintiffs would not have occurred without the negligence of someone.

63. Plaintiffs are informed and believe, and on the basis of such information and belief, allege and aver that Plaintiffs' injuries, including but not limited to the loss of Plaintiffs' baby, arose while Plaintiff Gerla Moniz was under the care and/or control of Defendants QMC, HRPI, and /or UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department and/or its/their respective employees, agents and/or representatives.

64. As a direct and proximate cause of the negligence alleged, Plaintiffs have been injured in an amount to be proven at the hearing in this matter.

COUNT VI

(Lack of Informed Consent)

65. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 64 as though fully set forth herein.

66. Upon information and belief, Plaintiffs allege and aver that, prior to the Misoprostol procedure described above, Defendants accepted Plaintiff Gerla Moniz as a medical patient. In the course of rendering recommendations for treatment and medical treatment to Plaintiff Gerla Moniz, Defendants negligently and carelessly failed to fully and adequately inform Plaintiffs of the general nature of the proposed treatment, the risks involved in the proposed treatment including, amongst other things, the risk of killing Plaintiffs' unborn child, the prospects of success, the proper prognosis if the procedure was not performed, and any alternative methods of treatment.

67. Plaintiffs lacked knowledge of the risks involved in the proposed treatment, and the attendant adverse effects of the procedure on their viable unborn baby.

68. The negligent failure of Defendants, and each of them respectively, to inform Plaintiffs was the proximate cause of Plaintiffs' injuries and damages, including but not limited to the death of their unborn child. Upon information and belief, Plaintiffs allege and aver upon information and belief that Plaintiffs and/or Plaintiff Gerla Moniz would not have consented to the proposed treatment, including the Misoprostol procedure, had full and proper disclosure been made by Defendants.

COUNT VII

(Battery)

69. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 68 as though fully set forth herein.

70. Defendants did intentionally and without just cause, or provocation on the part of Plaintiff Gerla Moniz, batter Plaintiff Gerla Moniz by placing and/or allowing to be placed a

Misoprostol suppository into Plaintiff Gerla Moniz, which caused Plaintiff Gerla Moniz's uterus to violently cramp and, without consent, kill and expel Plaintiffs' baby which was alive prior to the Misoprostol suppository, thereby causing Plaintiffs to suffer injuries, emotional distress and damages in an amount to be proven at trial.

COUNT VIII

(Loss of Consortium)

71. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 70 as though fully set forth herein.

72. As a direct and proximate result of the negligence and acts and/or omissions of Defendants and/or each of them, and their employees, agents and/or representatives as set forth above, Plaintiffs lost the consortium, society, support, companionship and services of each other, and have been damaged as a result of that loss, in amounts to be proven at the hearing of this matter.

73. Wherefore, Plaintiffs respectfully request judgment against Defendants, and each of them, in an amount to be proven at the trial of this matter.

COUNT IX

(Respondeat Superior)

74. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 73 of this claim, as though fully set forth herein.

75. Upon information and belief, Plaintiffs allege and aver that some and/or all of the individual healthcare providers, identified above and as yet unidentified, who assisted with, participated in, and/or supervised the care and treatment of Plaintiff Gerla Moniz, were acting within the course and scope of their employment, agency and/or representative capacity with Defendants QMC, HRPI and/or UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department.

76. Defendants QMC, HRPI and UH are liable for the negligence of their employees, agents and/or representatives, colleges, schools and/or departments, under the doctrine of *respondeat superior*, in amounts to be proven at the trial of this matter.

COUNT IX

(Vicarious Liability For Independent Contractors – Defendants QMC, HRPI and UH)

77. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 76 as though fully set forth herein.

78. Upon information and belief, Plaintiffs allege and aver that Defendants QMC, HRPI and/or UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department, retained control of the details of the work to be performed by their respective independent contractors and/or contracting parties, thereby creating a master-servant relationship.

79. Defendants QMC, HRPI and/or UH by and through its College of Health Sciences, JABSOM, and/or JABSOM OB/GYN Department, are vicariously liable for the negligence of their independent contractors and/or contracting parties, including but not limited to Defendant physicians, residents, radiologists, technicians and/or medical doctors who were associate and/or assistant professors under Defendants HRPI and/or UH by and through its College of Health Sciences, JABSOM and/or JABSOM OB/GYN Department.

80. Plaintiffs have been injured and damaged by the negligence of aforesaid independent contractors and/or contracting parties, in an amount to be proven at trial.

COUNT X

(Agency/Apparent Authority, Vicarious Liability – Defendants QMC and UH)

81. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 80 as though fully set forth herein.

82. Plaintiffs went to Defendant QMC, including but not limited to the Emergency Department and the Queen Emma Clinics, seeking medical services.

83. Defendant QMC, and Defendant UH by and through its College of Health Sciences', as the co-operators of the Queen Emma Clinics, held themselves out to the public as providers of medical services.

84. Plaintiffs were forced to rely upon Defendant QMC and Defendant UH's College of Health Sciences', as the co-operators of the Queen Emma Clinics, choice of Defendant physicians, resident physicians, radiologists and/or technicians identified above and/or other negligent employees, agents and/or representatives.

85. Defendant QMC, and Defendant UH by and through its College of Health Sciences consciously and/or impliedly represented the Defendant physicians, resident physicians, radiologists and/or technicians identified above and/or other negligent employees, agents and/or representatives, to be agents, or knowingly permitted these individuals to do so, and Plaintiffs reasonably and justifiably believed and relied upon the representations to their detriment.

86. Defendant QMC and/or UH are vicariously liable under theories of agency and/or apparent authority, for the negligence of said physicians, resident physicians, radiologists, technicians and/or other negligent employees, agents and/or representatives which Plaintiffs were forced to rely upon their selection by Defendants QMC and/or UH.

87. Plaintiffs have been injured and damaged in amounts to be proven at the hearing of this matter.

COUNT XI

(Respondeat Superior – Defendants Dr. Parker, Dr. Hiraoka and Dr. Uemura)

88. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 87 as though fully set forth herein.

89. Upon information and belief, Plaintiffs allege and aver that Defendants Dr. Parker, Dr. Hiraoka and/or Dr. Uemura controlled and/or realistically possessed the right to control

events and procedures with respect to Plaintiff Gerla Moniz' care, treatment and procedure, and were required to do so with a high degree of care.

90. Defendants Dr. Parker, Dr. Hiraoka and/or Dr. Uemura failed to control the above-described events and procedures under their respective control which resulted in Plaintiffs' injuries and damages, and as such, Defendants Dr. Parker, Dr. Hiraoka and/or Dr. Uemura are liable for the negligence of the individual above-named Defendants assisting and/or under the supervision of Dr. Parker and/or Dr. Hiraoka and/or Dr. Uemura and/or for their respective participation in the above-described procedure, under the doctrine of *respondeat superior*, in amounts to be proven at the hearing of this matter.

COUNT XII

(Violation of 42 U.S.C. §1395dd – Defendant QMC)

91. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 90 as though fully set forth herein.

92. Upon information and belief, Plaintiffs allege and aver that at all relevant times herein, Defendant QMC is and was a hospital that entered into a provider agreement under 42 U.S.C. §1395cc, and covered by 42 U.S.C. §1395dd.

93. Upon information and belief, Plaintiffs further allege and aver that Plaintiff Gerla Moniz received a materially different screening on October 31, 2003, than that provided to others in her condition who present to Defendant QMC's Emergency Department.

94. As a direct and proximate result of Defendant QMC's violation of 42 U.S.C. §1395dd, Plaintiffs were injured and damaged, and Defendant QMC is subject to civil penalties and/or Plaintiffs are entitled to damages as provided by law and/or as proven at the trial of this matter.

COUNT XIII

(Negligent Operation/Management Of The Queen Emma Clinics – Defendants QMC and UH)

95. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 94 as though fully set forth herein.

96. Upon information and belief, The Queen Emma Clinics is a department of Defendant QMC located in the Queen Emma Tower of Defendant QMC, 1301 Punchbowl Street, Honolulu, Hawaii 96813.

97. Upon information and belief, Defendant QMC and Defendant UH by and through its College of Health Sciences, jointly operate the Queen Emma Clinics and are under a duty to exercise due care in the operation and/or management of the Queen Emma Clinics for the safety of patients.

98. Defendant QMC and Defendant College of Health Sciences breached their duty of care, and said breach was the direct and proximate result of Plaintiffs' injuries and damages.

99. Defendant UH is vicariously liable for the negligence of its College of Health Sciences.

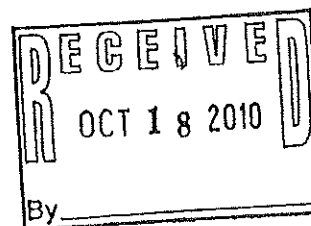
100. Plaintiffs have been damaged in an amount to be proven at the trial of this matter.

COUNT XIII

(Negligent Infliction Of Emotional Distress)

101. Plaintiffs repeat, reallege and by reference incorporate the allegations contained in paragraphs 1 to 100 as though fully set forth herein.

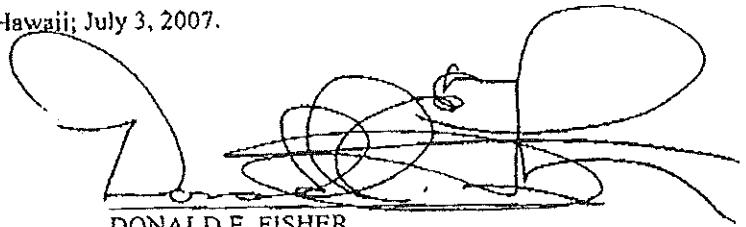
102. Defendants engaged in negligent conduct, and Plaintiffs suffered serious emotional distress, and such negligent conduct of Defendants was the legal cause of Plaintiffs' serious emotional distress.



WHEREFORE, Plaintiffs pray for relief against Defendants jointly and severally, as follows:

- A. A finding of medical negligence against individual Defendants jointly and severally;
- B. A finding of Respondeat Superior as alleged above;
- C. General and Special Damages as are proven at the time of hearing;
- D. Punitive Damages as are proven at the time of hearing;
- E. For costs incurred herein; and,
- F. For such other and further relief as may be deemed just and equitable in the premises, including, but not limited to, prejudgment interest.

DATED: Honolulu, Hawaii; July 3, 2007.

A handwritten signature in black ink, appearing to read 'DONALD E. FISHER', with a large, stylized flourish extending to the right.

DONALD E. FISHER

Attorney for Plaintiffs
GERLA MONIZ and MATTHEW MONIZ

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Willie James Parker, MD, MPH, MSc

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 3 year(s) 6 month(s).

SIGNATURE: [Signature] Date: 9/2/10

Print or type name as signed above: HADAWAY, MARK

State in which licensed: WASH, DC License Number: MD 21559

Name of Applicant: Willie James Parker, MD, MPH, MSc

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

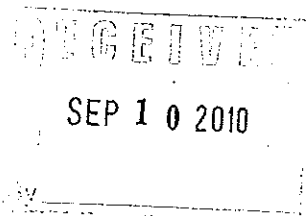
I have been personally acquainted with the applicant for 2 year(s) 0 month(s).

SIGNATURE: [Signature] Date: 9/2/10

Print or type name as signed above: Nathan Bobrow, MD

State in which licensed: DC 8475 License Number: MD 8475

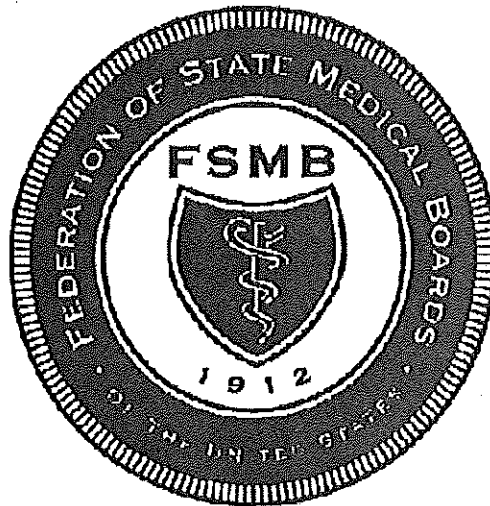
Return Completed Form to Applicant



229838

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service
P.O. Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
Fax: (817) 868-4099

Physician Information Profile



AUG 30 2010

RECEIVED DIRECT

This report is compiled exclusively for:

Name: **Willie James Parker**
SSN: [REDACTED]
DOB: [REDACTED]
Packet ID: **91393**
Recipient: **Pennsylvania State Board of Medicine**

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

FEDERATION CREDENTIALS VERIFICATION SERVICE

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Section I

FCVS Reports

FEDERATION CREDENTIALS VERIFICATION SERVICE

Physician Information Report

Identity:

Name: Willie James Parker
Other Name Used: N/A

Gender: Male
Date of Birth: 07/18/1962
Place of Birth: Birmingham, AL, USA
SSN: 224-00-4371

Current Address: 2419 5th Street NE
Washington, DC 20017

Permanent Address: Same

Telephone Numbers: Bus: 734-930-5618
Fax: N/A
Home: 202-771-0260
Other: N/A

Physical Description: Height: 5' 11"
Weight: 230 lbs
Eye Color: Brown
Hair Color: Black

Physical Marks: Description: N/A
Location: N/A

Premedical Education (Reported by physician. Not verified by FCVS):

Institution: Berea College, Berea, KY 40404

Dates of Attendance: 08/1981 - 05/1986
Degree Conferred/Issued: Bachelor of Arts

Medical Education:

Medical School: Carver College of Medicine at University of Iowa
Office of the Registrar
One Jessup Hall
Iowa City, IA 52248

Dates of Attendance: 06/09/1986 - 05/04/1990
Date Degree Conferred/Issued: 05/04/1990
Degree Conferred/Issued: Doctor of Medicine

Unusual Circumstance: None

Graduate Medical Education:

Institution: University of Cincinnati Medical Center
Department of Obstetrics and Gynecology
PO Box 670526 - 231 Albert Sabine Way
Cincinnati, OH 45267-0526

Training Level: 1-4
Program Type: Residency
Specialty/Subspecialty: Obstetrics and Gynecology
Dates of Attendance: 07/01/1990 - 06/30/1994
Completion: Yes
Accreditation: ACGME

Unusual Circumstance: None

Institution: University of California San Francisco School of Medicine
Department of Occupational Medicine
Box 0843
San Francisco, CA 94143

Training Level: 6
Program Type: Residency
Specialty/Subspecialty: Preventive Medicine
Dates of Attendance: 07/01/2000 - 06/30/2001
Completion: Yes
Accreditation: ACGME

Unusual Circumstance: None

Institution: University of Michigan Medical School
Department of Obstetrics and Gynecology
1500 East Medical Center Drive F4808 Mot
Ann Arbor, MI 48109

Training Level: 7
Program Type: Fellowship
Specialty/Subspecialty: Family Planning
Dates of Attendance: 07/01/2006 - 06/30/2008
Completion: Yes
Accreditation: NONE

Unusual Circumstance: None

Fifth Pathway:

N/A

Examination History:

Licensure Examinations: **FLEX - Component 1**
 FLEX - Component 2

Board Action:

A Report of the results from a search of the Board Action Data Bank is enclosed.

Credentials Analysis Report

The Credentials Analysis Report is a comparative report of a physician's credentials as reported to FCVS by the physician applicant and the primary source (Medical School, PGT program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

Physician Identification:

Name: Willie James Parker
DOB: 07/18/1962
SSN: 324-90-4371
Packet ID: 91393
Request ID: 22611305

OMISSIONS

There are none identified.

DISCREPANCIES

There are none identified.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile: Post-Graduate Education

Issue: The applicant and University of Cincinnati Medical Center do not report the same program type for 07/01/1990 to 06/30/1994.

Follow-Up: FCVS does not follow up on program type based on the definition of a resident per ACGME (A physician at any level of GME in a program accredited by the ACGME is considered a resident).

Miscellaneous 2:

Section of Profile: Post-Graduate Education

Issue: The applicant and University of California San Francisco School of Medicine do not report the same program type for 07/01/2000 to 06/30/2001.

Follow-Up: FCVS does not follow up on program type based on the definition of a resident per ACGME (A physician at any level of GME in a program accredited by the ACGME is considered a resident).

Miscellaneous 3:

Section of Profile: **Continuity of Education**

Issue: Time periods of 6 months or more in which the physician did not participate in activities verified as part of the Physician Information Profile were identified during medical education between:

Verified postgraduate programs

Follow-Up: Included immediately after the Credentials Analysis Report is one of the following documents which were obtained from the applicant to explain the interruption:

Explanation of Activities During Medical Education Form
Curriculum Vitae
FCVS Application page(s)
Or a Written Explanation from the Applicant

End of report for Willie James Parker

Packet Id: 91393

Request Id: 22611305

Report Created By: RDG

Federation of
**STATE
MEDICAL
BOARDS**

EXPLANATION OF OTHER ACTIVITIES DURING MEDICAL EDUCATION

Please provide a complete, specific explanation regarding any postgraduate training performed in a country other than the US or Canada, externships, observation, staff positions etc and activities other than postgraduate training in which you engaged between the beginning of your medical education and the final year of your US postgraduate training. Do not include Canadian programs.

Dates should be reported in month/year (mm/yyyy) format.

1. From: 7/1994 To: 6/1997
 Month Year Month Year
Activity: **National Health Service, Merced, California.**
 Placement Site: Golden Valley Health Centers Inc.
 Staff Obstetrician and Gynecologist. Practiced full range of general
 obstetrics and gynecology in a medically under-served area. Range
 of responsibilities clinically included limited "high risk" obstetrics
 and basic infertility evaluation and treatment.

2. From: 7/1997 To: 6/1998
 Month Year Month Year
Activity: **Harvard School of Public Health, Boston, Massachusetts.**
 Master's of Public Health. Degree awarded June, 1998

3. From: 7/1998 To: 6/2000
 Month Year Month Year
Activity: **Centers for Disease Control: Epidemic Intelligence Service,**
 Atlanta, Georgia.
 Placement Site: CA Department of Health Services, Maternal
 Child Health Branch, Sacramento CA. EIS Officer. Conducted
 acute disease outbreak investigation, analytic research, and
 provided technical assistance to local and regional health
 departments.

4. From: 7/2000 To: 6/2001
 Month Year Month Year
Activity: **Preventive Medicine Residency. University of California, San**
 Francisco- University of California, Berkeley Joint Program,
 San Francisco, CA. Residency in Preventive Medicine.
 Diplomate.

5. From: 5/2001 To: 11/2001
Month Year Month Year
Activity: **California Department of Health Services, Sacramento, California.** Chief, Policy and Programs, Maternal Child Health Branch. Coordinated statewide identification and monitoring of resources associated with care of women and children; supervised a staff of 30 and accountable for a multimillion dollar budget; wrote reports as required by legislature.
6. From: 12/2001 To: 1/2002
Month Year Month Year
Activity: vacation and travel between jobs
7. From: 1/2002 To: 5/2006
Month Year Month Year
Activity: **Queen's Medical Center, Honolulu, Hawaii**
Attending Physician, Queen Emma Clinics.
8. From: 5/2006 To: 6/2006
Month Year Month Year
Activity: vacation and travel between jobs.

Willie J. Parker
Applicant Name

June 5, 2008
Date

By typing my name above, I hereby certify that I am the individual referenced in the FCVS application and that I agree to the terms and conditions set forth therein. Furthermore, I acknowledge that I have answered all questions and reported all information on this application page truthfully and completely.

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

August 25, 2010

FCVS
400 Fuller Wiser Rd., #209
Euless, TX 76039

Re: Board Action Query Dated: August 25, 2010
Your Reference Number: fcsv-rdg
FSMB Batch Number: BQ1805168

The following is a final report of the search results from the Board Action Data Bank as of August 25, 2010 for practitioners s
above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of August 25, 2010

Name	DOB	School	Yr/Grad
Parker, Willie James	10/18/1962	016010	1990

LICENSE HISTORY

State Board
CALIFORNIA
DC
HAWAII
IOWA
MICHIGAN
OHIO
VIRGINIA

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure
verification but rather an indicator of known states of historical licensure for these individuals. Use of
this information should be limited to cross-reference purposes.

AMERICAN BOARD OF MEDICAL SPECIALTIES VERIFICATION OF CERTIFICATION

As of: 8/25/2010

State Queried For: Pennsylvania State Board of Medicine

Physician Name: Willie James Parker .

Date of Birth: 10/18/1962

Year of Graduation: (Doctor of Medicine)

Social Security Number: 424-90-4371

ABMSU ID: 552659

Certification:

Board: Obstetrics and Gynecology
Specialty: Obstetrics and Gynecology
Status: ACTIVE
Initial Certification: 11/15/1996

All information on the ABMS report is based on a search of data shared with the FSMB by the American Board of Medical Specialties. For some physicians the biographic data in the ABMS database is incomplete and is not included in the shared data. FCVS is unable to verify specialty certification on these physicians. FCVS does not follow up with the applicant or ABMS on any missing or discrepant information.



Section II

Identity

**Federation of
STATE
MEDICAL
BOARDS**

**Affidavit and Release
and Authorization for Release of Information,
Documents and Records**

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "Instructions for Completing the FCVS Application" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I waive confidentiality, authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials-Verification Service (FCVS) any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, my examination grades, or any other pertinent data and to permit FCVS or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I hereby release, discharge and exonerate FCVS, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by FCVS.

I will immediately notify FCVS in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to my FCVS Physician Information Profile being mailed.

Parker, MD, MPH
Parker, MD, MPH
Applicant's Signature (must be signed in the presence of a notary)

Parker
Applicant's Printed Last Name

Willie James
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

5/12/08 10/18/1962
Date of Signature Date of Birth

924-90-4371
Applicant SSN



NOTARY

Your seal or stamp must be partly upon the photograph.

State of MICHIGAN County of WATKINS

SUBSCRIBED AND SWORN TO before me this 12th day of MAY, 20 08

My commission expires: 01-31-2013

(NOTARY PUBLIC SIGNATURE & SEAL)

Notary Public signature: [Signature]

I certify that on the date set forth above the individual named above did appear personally before me and that I did identify this applicant by:

(a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

Federation Credentials Verification Service

91393

ALABAMA

Center for Health Statistics

01
THIS IS A
LEGAL
RECORD AND
MUST BE
FILED WITH
LOCAL
REGISTRAR
WITHIN FIVE
(5) DAYS
AFTER BIRTH.

01
SEE OTHER
SIDE.

1-035
FILL IN WITH
A TYPE-
WRITER OR
WRITE PLAIN-
LY WITH
DARK INK. DO
NOT USE
GREEN NOR
RED INK.

ATTENDANT
MUST SIGN
PERSONALLY.

ALL ITEMS
MUST BE COM-
PLETE AND
ACCURATE.

11039

CERTIFICATE OF LIVE BIRTH STATE OF ALABAMA

BIRTH NO. 101.

59895
62-059895

1. PLACE OF BIRTH a. County <u>Jefferson</u> b. City (if outside town limits, write RURAL) <u>Birmingham</u> c. City (if outside city or town limits, write RURAL) <u>Birmingham</u> d. Full Name of Hospital or Institution <u>University Hospital and Hillman Clinic</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State <u>Alabama</u> b. City (if outside city or town limits, write RURAL) <u>Birmingham</u> c. City (if outside city or town limits, write RURAL) <u>Birmingham</u> d. Full Name of Hospital or Institution <u>University Hospital and Hillman Clinic</u>	
3. CHILD'S NAME (Type or print) a. This Birth <u>Male</u> b. If Twin or Triplet (This child born) 1st [] 2nd [] 3rd []		c. Date of Birth (Month) (Day) (Year) <u>10 18 62</u>	
FATHER OF CHILD			
7. Full Name a. (First) <u>Willie</u> b. (Middle) <u>James</u> c. (Last) <u>Tanner</u>		8. Color or Race <u>Black</u>	
9. Age (At time of this birth) <u>3</u> Years		10. Birthplace (State or foreign country) <u>Alabama</u>	
11a. Usual Occupation		11b. Kind of Business or Industry	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Augustine</u> b. (Middle) <u>Walker</u> c. (Last) <u>Polans</u>		13. Color or Race <u>Black</u>	
14. Age (At time of this birth) <u>27</u> Years		15. Birthplace (State or foreign country) <u>Alabama</u>	
16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>3</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>		17. Informant (Signature or Name) <u>Augustine Walker</u>	
18. I hereby certify this child was born alive on the date stated above.		19. Signature of Attendant <u>M.D. [Signature]</u>	
20. Signature of Registrar <u>James A. Gille</u>		21. Date Rec'd by Local Reg. <u>OCT 23 1962</u>	

SEAL
VERIFIED

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2004-330-811-1

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar

August 4, 2004

Section III

Medical Education

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)
VERIFICATION OF MEDICAL EDUCATION
(This form must be completed by the medical school)

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. **Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.**

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: University of Iowa College of Medicine

Complete Address: _____

Street Address: 1216 MERF

City: Iowa City State: IA ZIP Code (Postal Code): 52242

If name of institution was different when this individual attended, please note this name below: _____

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: B.A.

Enrollment and Participation: Our records indicate that

Parker, Willie, James

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 164 weeks of medical education on the following dates (mm/dd/yy):

From 06 / 09 / 86 To 05 / 04 / 90
Month Date Year Month Date Year

This individual (check one):

Was awarded the degree of Doctor of Medicine on 05 / 04 / 90
Month Date Year

Was NOT awarded a degree because: _____
(please explain - attach additional pages if necessary)

Certification: By my signature, I, Larissa Heimer

(type/print name)

certify that the above

information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: Larissa Heimer
Title: Student Programs & Records
Date of Signature: 6-9-08
Phone: (319) 335-6823 Fax: (319) 335-8643
Email: annette-griffin@uiowa.edu

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

(continued)

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

Response YES ☐ NO ☒

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Mo/Yr	To Mo/Yr	Approved	Unapproved
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Please Specify: _____

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

Response YES ☐ NO ☒

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	From Mo/Yr	To Mo/Yr
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		

Please specify reason: _____

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

Medical Education

School	016010 - University of Iowa College of Medicine
Dates	07/1986 to 05/1990
Clinical Training	No information reported.
Grad Date	05/04/1990
Degree	MD
Completed clinical clerkship in a country other than where my medical school was located:	N
Unusual Circumstances:	
	Interruptions: N
	Probation: N
	Disciplined: N
	Negative Reports: N
	Limitations: N
Attended a Fifth Pathway Program:	N

This is to certify this is a true copy of the original
diploma awarded on May 4, 1990.

Jean Lantz, M. A.
Director of Student Programs and Records

Date

The University of Iowa

ON THE RECOMMENDATION OF THE FACULTY OF THE

College of Medicine

AND UNDER THE AUTHORITY OF THE BOARD OF REGENTS
THE UNIVERSITY OF IOWA HAS CONFERRED THE DEGREE OF

Doctor of Medicine

UPON

Willie James Parker

WHO HAS HONORABLY FULFILLED ALL THE REQUIREMENTS PRESCRIBED
BY THE UNIVERSITY FOR THIS DEGREE

AWARDED AT THE UNIVERSITY AT IOWA CITY IN THE STATE OF IOWA
THIS FOURTH DAY OF MAY, NINETEEN HUNDRED AND NINETY.

Theresa E. Lantz
PRESIDENT OF THE STATE BOARD OF REGENTS

Robert E. Raskin
PRESIDENT OF THE UNIVERSITY
John Scholten
DEAN OF THE COLLEGE

SEAL
VERIFIED

Section IV

Graduate Medical Education Training

Verification of Postgraduate Medical Education	
Institution: <u>University of Cincinnati Medical Center</u> Address: <u>Department of OB/GYN</u> <u>Cincinnati, OH 45267-0526</u>	Attention: <u>Program Director</u> Affiliated University: <u>University of Cincinnati</u>
Verification For:	Name: <u>Parker, Willie James</u> DOB: [REDACTED] Individual's Name on Record (if different from above): _____
Program Participation: <small>Report incomplete postgraduate years (PGY) separate from those that were successfully completed.</small> <small>If the postgraduate year is currently in progress report the expected completion date in the "To" field.</small> <small>Report Internships, Residencies and Fellowships separately.</small> <small>Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.</small>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> PGY: <u>1-4</u> Specialty/Subspecialty: <u>OB/GYN</u> <input type="checkbox"/> Internship From: <u>7/1/90</u> To: <u>6/30/94</u> <input checked="" type="checkbox"/> Residency Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship From: ____/____/____ To: ____/____/____ <input type="checkbox"/> Residency Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research </div> <div> PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship From: ____/____/____ To: ____/____/____ <input type="checkbox"/> Residency Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Chief Residency Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> Fellowship <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these <input type="checkbox"/> Research </div>
Unusual Circumstances: <small>Check the correct response. Omitted responses require written explanation.</small> <small>If necessary, you may continue your explanation on a separate sheet of paper.</small>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Please explain any "Yes" response from above: _____ _____ </div>
Certification:	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). </div> <div style="display: flex; justify-content: space-between;"> <div> Name: <u>Arthur Ollendorff</u> Title: <u>Residency Program Director</u> Tel: <u>513-556-2860</u> </div> <div> Signature: <u>Arthur Ollendorff</u> Date of Signature: <u>10/15/98</u> E-Mail: [REDACTED] </div> </div>

Postgraduate Medical Education

University Hospital

Hospital University Hospital
Affiliated School University of Cincinnati College of Medicine
4511 Medical Sciences Building
231 Albert B. Sabin Way, M.L. 0526
Cincinnati, OH 45267-0526
USA

Unusual Circumstances:

Interruptions: N
Probation: N
Disciplined: N
Negative Reports: N
Limitations: N

PGY

Year(s): 1-4 **Internship/Residency: Complete?:** Yes
Obstetrics and Gynecology
Dates: 07/1990 to 06/1994

University of Cincinnati Medical Center
University of Cincinnati Hospital



This is to certify that

WILLIE J. PARKER, M.D.

served as a

RESIDENT

in

OBSTETRICS & GYNECOLOGY

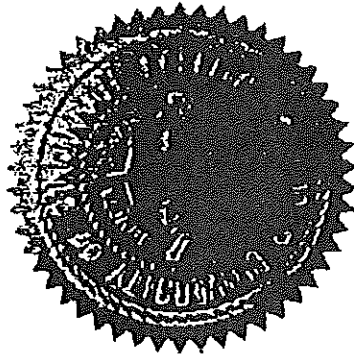
July 1, 1990 - June 30, 1994

In witness whereof, we have hereunto affixed our names and
attached the official seals of the University and Hospital.

John O. Hutton
Dean, College of Medicine

Robert J. Parker
Chief, Director, University Hospital

Robert J. Parker
Professor and Chairman, Department of Obstetrics and Gynecology



Verification of Postgraduate Medical Education

Institution: <u>University of California, San Francisco</u>	Attention: <u>Program Director</u>
Address: <u>Division of Preventive Medicine and Public Health</u> <u>San Francisco, California 94105</u>	Affiliated University: <u>University of California (San Francisco) School of Medicine</u>

Verification For:	Name: <u>Parker, Willie James</u>
	DOB: <u>[REDACTED]</u>
	Individual's Name on Record (If different from above): _____

Program Participation: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: <u>6</u> Specialty/Subspecialty: <u>General Preventive Medicine & Public Health</u> <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: <u>07/01/2000</u> To: <u>06/30/2001</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
--	--	--

	PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: ____/____/____ To: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
--	---	--

	PGY: _____ Specialty/Subspecialty: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: ____/____/____ To: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
--	---	--

Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	2. Was this individual ever placed on probation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	3. Was this individual ever disciplined or placed under investigation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	4. Were any negative reports for behavioral reasons ever filed by instructors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Please explain any "Yes" response from above:		

**ELECTRONICALLY
SEAL VERIFIED**

Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).	
	Name: <u>George W. Rutherford, M.D.</u>	Signature: <u>George W. Rutherford, M.D.</u>
	Title: <u>Program Director</u>	Date of Signature: <u>June 12, 2009</u>
	Tel: <u>(415) 597-9108</u>	Fax: <u>(415) 597-8299</u> E-Mail: <u>[REDACTED]</u>

Federation of STATE MEDICAL BOARDS

Full Name: Willie James Parker
 Pac: 91393

Complete name of hospital where training was conducted (Do not abbreviate).
University of California San Francisco

Complete name of affiliated university or college (Do not abbreviate).
University of California San Francisco Prevention Science Group

Address line 1

50 Beale St. Suite 1200

Address line 2

San Francisco

City

USA

Country

CA

State/Province

94105 - 1823

ZIP/Postal Code

**PROVIDED BY
APPLICANT**

20. Postgraduate Medical Education

List all of the postgraduate medical education programs you attended in chronological order. Use one page per institution.

IMPORTANT:

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If your postgraduate year is currently in progress, indicate the EXPECTED completion date in the "To" field.

Report internships, residencies, fellowships and research programs separately.

Use one section per department.

(PGY) - Postgraduate years is also known as postgraduate training level.

If a break of six (6) months or more occurred between any of your postgraduate training activities, please provide a written explanation outlining your activities during this period on the "Explanation of Other Activities" form.

PGY: _____

- ☐ Internship
☐ Residency
☐ Chief Residency
☒ Fellowship
☐ Research

Preventive Medicine
 Specialty/Subspecialty

From: 07 / 2000

To: 06 / 2001

Successfully Completed?

☒ Yes ☐ No ☐ In Progress

PGY: _____

- ☐ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

Specialty/Subspecialty

From: _____ / _____

To: _____ / _____

Successfully Completed?

☐ Yes ☐ No ☐ In Progress

PGY: _____

- ☐ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

Specialty/Subspecialty

From: _____ / _____

To: _____ / _____

Successfully Completed?

☐ Yes ☐ No ☐ In Progress

PGY: _____

- ☐ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

Specialty/Subspecialty

From: _____ / _____

To: _____ / _____

Successfully Completed?

☐ Yes ☐ No ☐ In Progress

Unusual Circumstances (check yes or no):

Did you ever take a leave(s) of absence or break(s) from your medical education?

☐ Yes ☒ No

Were you ever placed on probation?

☐ Yes ☒ No

Were you ever disciplined or placed under investigation?

☐ Yes ☒ No

Were any negative reports for behavioral reasons ever filed against you?

☐ Yes ☒ No

Were any limitations or special requirements imposed on you because of academic, incompetence, disciplinary problems or for any other reason?

☐ Yes ☒ No

Please explain any "YES" response from above:

Signature: Willie J. Parker, MD, MPH, MSc

Date: 05/21/09

By typing my name above, I certify that I am the individual referenced in the FCVS application and that I agree to the terms and conditions set forth therein. Furthermore, I acknowledge that I have answered all questions and reported all information on this application page truthfully and completely.

Verification of Postgraduate Medical Education

Institution: <u>University of Michigan Medical School</u> Address: <u>Department of OB/GYN</u> <u>Ann Arbor, MI 48109</u>	Attention: <u>Program Director</u> Affiliated University: _____																		
Verification For:	Name: <u>Parker, Willie James</u> DOB: <u>[REDACTED]</u> Individual's Name on Record (if different from above): _____																		
Program Participation: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">PGY: <u>VII</u></td> <td style="width: 40%;">Specialty/Subspecialty: <u>Family Planning</u></td> <td style="width: 30%;"></td> </tr> <tr> <td> <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research </td> <td> From: <u>07/01/2006</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input checked="" type="checkbox"/> None </td> <td> To: <u>06/30/2008</u> </td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">PGY: _____</td> <td style="width: 40%;">Specialty/Subspecialty: _____</td> <td style="width: 30%;"></td> </tr> <tr> <td> <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research </td> <td> From: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these </td> <td> To: ____/____/____ </td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">PGY: _____</td> <td style="width: 40%;">Specialty/Subspecialty: _____</td> <td style="width: 30%;"></td> </tr> <tr> <td> <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research </td> <td> From: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these </td> <td> To: ____/____/____ </td> </tr> </table>	PGY: <u>VII</u>	Specialty/Subspecialty: <u>Family Planning</u>		<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: <u>07/01/2006</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input checked="" type="checkbox"/> None	To: <u>06/30/2008</u>	PGY: _____	Specialty/Subspecialty: _____		<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	To: ____/____/____	PGY: _____	Specialty/Subspecialty: _____		<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	To: ____/____/____
PGY: <u>VII</u>	Specialty/Subspecialty: <u>Family Planning</u>																		
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: <u>07/01/2006</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input checked="" type="checkbox"/> None	To: <u>06/30/2008</u>																	
PGY: _____	Specialty/Subspecialty: _____																		
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	To: ____/____/____																	
PGY: _____	Specialty/Subspecialty: _____																		
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	To: ____/____/____																	
Unusual Circumstances: Check the correct responses. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above: _____ _____																		
Certification: <div style="border: 2px solid black; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;"> ELECTRONIC SEAL VERIFIED </div>	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Lisa L. Harris, MD, PhD</u> Signature: <u>[REDACTED]</u> Title: <u>Program Director</u> Date of Signature: <u>10/15/2008</u> Tel: <u>734-615-3773</u> Fax: <u>734-764-7281</u> E-Mail: <u>[REDACTED]</u>																		

Federation of STATE MEDICAL BOARDS

Full Name: Willie James Parker

Pack: 91393

University of Michigan Medical School

Complete name of hospital where training was conducted (Do not abbreviate).

Complete name of affiliated university or college (Do not abbreviate).

Department of Obstetrics and Gynecology

Address line 1

1500 East Medical Center Drive, F4808 Mott

Address line 2

Ann Arbor

City

USA

Country

MI

State/Province

48109 - 0276

ZIP/Postal Code

**PROVIDED BY
APPLICANT**

20. Postgraduate Medical Education

List all of the postgraduate medical education programs you attended in chronological order. Use one page per institution.

IMPORTANT:

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If your postgraduate year is currently in progress, indicate the EXPECTED completion date in the "To" field.

Report internships, residencies, fellowships and research programs separately.

Use one section per department.

(PGY) - Postgraduate years is also known as postgraduate training level.

If a break of six (6) months or more occurred between any of your postgraduate training activities, please provide a written explanation outlining your activities during this period on the "Explanation of Other Activities" form.

PGY: 5

☐ Internship

Family Planning

☐ Residency

Specialty/Subspecialty

☐ Chief Residency

☒ Fellowship

From: 07 / 2006

To: 06 / 2008

☐ Research

Successfully Completed?

☒ Yes ☐ No ☐ In Progress

PGY: _____

☐ Internship

Specialty/Subspecialty

☐ Residency

☐ Chief Residency

☐ Fellowship

☐ Research

From: _____ / _____

To: _____ / _____

Successfully Completed?

☐ Yes ☐ No ☐ In Progress

PGY: _____

☐ Internship

Specialty/Subspecialty

☐ Residency

☐ Chief Residency

☐ Fellowship

☐ Research

From: _____ / _____

To: _____ / _____

Successfully Completed?

☐ Yes ☐ No ☐ In Progress

PGY: _____

☐ Internship

Specialty/Subspecialty

☐ Residency

☐ Chief Residency

☐ Fellowship

☐ Research

From: _____ / _____

To: _____ / _____

Successfully Completed?

☐ Yes ☐ No ☐ In Progress

Unusual Circumstances (check yes or no):

Did you ever take a leave(s) of absence or break(s) from your medical education?

☐ Yes ☒ No

Were you ever placed on probation?

☐ Yes ☒ No

Were you ever disciplined or placed under investigation?

☐ Yes ☒ No

Were any negative reports for behavioral reasons ever filed against you?

☐ Yes ☒ No

Were any limitations or special requirements imposed on you because of academic, incompetence, disciplinary problems or for any other reason?

☐ Yes ☒ No

Please explain any "YES" response from above:

Signature: Willie J. Parker

Date: 6/29/2009

By typing my name above, I certify that I am the individual referenced in the FCVS application and that I agree to the terms and conditions set forth therein. Furthermore, I acknowledge that I have answered all questions and reported all information on this application page truthfully and completely.

Section V

Examination History/Score Transcripts

FEDERATION LICENSING EXAMINATION (FLEX)
Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Federation Credentials Verification Service
ATIN: FCVS
Eufless, TX 76039

Packet ID: 91393

EXAMINEE: Parker, Willie James
USMLE ID#: 2-216-479-2
DOB: [REDACTED]
ALTERNATE NAME(S):

It is certified that the above named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

FIN: 621018003

Date of Certification: 08/13/2010

Date of Exam	State Exam Taken For	State ID	Comp 1	Comp 2
6/12/90	IOWA	10134	80	80

COMPONENT 1 of FLEX is designed to evaluate measurable aspects of the knowledge and understanding of basic and clinical sciences, with specific emphasis on principles and mechanisms underlying disease and modes of therapy.

COMPONENT 2 of FLEX is designed to assess the additional cognitive abilities required of physicians who will ultimately assume independent responsibilities for the general health care of patients.

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

AUG 30 2010



OCT 28 2010

5500000063664808

Process Date: 10/21/2010

Page: 1 of 2

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

☒

Title IV (NPDB)

☒

Section 1921 (NPDB)

☒

Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: PARKER, WILLIE JAMES
Gender: MALE
Date of Birth: [REDACTED]
Other Name(s) Used:
Organization Name: PHILADELPHIA WOMEN'S CENTER
Organization Type: MEDICAL GROUP/PRACTICE (365)
Home or Work Address: 500 KINGS HIGHWAY NORTH
SUITE 300 - ATTN JEN CARLSON
CHERRY HILL, NJ 08034-1502
(856) 414-1120 Ext. 5031
City, State, ZIP:
Telephone:
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation: UNIVERSITY OF IOWA COLLEGE OF MEDICINE (1990)
UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE (1994)
UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE (2001)
PHYSICIAN (MD) (010)
• A053102, CA
OBSTETRICS & GYNECOLOGY (50)
PHYSICIAN (MD) (010)
• 28574, IA
UNSPECIFIED (99)
PHYSICIAN (MD) (010)
• MD-11733, HI
UNSPECIFIED (99)
PHYSICIAN (MD) (010)
• 35.063458, OH
OBSTETRICS & GYNECOLOGY (50)
PHYSICIAN (MD) (010)
• 4301087686, MI
UNSPECIFIED (99)
PHYSICIAN (MD) (010)
• MD037446, DC
UNSPECIFIED (99)
PHYSICIAN (MD) (010)
• D69574, MD
UNSPECIFIED (99)

Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Specialty:
Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Specialty:
Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Specialty:
Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Specialty:
Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Specialty:
Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Specialty:
Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Specialty:

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

5500000063664808

Process Date: 10/21/2010

Page: 1 of 1

To: PARKER, WILLIE JAMES

500 KING HIGHWAY NORTH
SUITE 100 - AITH BEN CARLSON
CHERRY HILL, NJ 08034-1502

From: National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank

Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners. Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB is a flagging system and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

OCT 28 2010

5500000063664808
Process Date: 10/21/2010
Page: 2 of 2

<http://www.npdb-hipdb.hrsa.gov>

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 0101246274, VA
Specialty: OBSTETRICS & GYNECOLOGY (50)
Drug Enforcement Administration (DEA) Numbers: BP3174264
National Provider Identifiers (NPI):
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN): F79242

C. PAYMENT INFORMATION

Credit Card Number:	XXXXXXXXXX1010	Expiration Date:	09/2014
Additional Paper Copies Requested:	0		
NPDB Charge:	\$8.00*	NPDB Bill Reference Number:	N24113699
HIPDB Charge:	\$8.00*	HIPDB Bill Reference Number:	H24113699
* Each charge will appear separately on your credit card statement.		Transaction Date:	10/21/2010

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

To Whom It May Concern:

The following addendum addresses the request for clarification on the following items in my application for licensure.

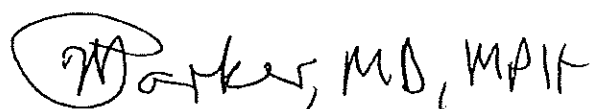
1. *An explanation for the gap on your CV for July 2008*

July 2008 represents the time period between my completing fellowship training in Family Planning at the University of Michigan in Ann Arbor and the beginning of my position as Director of Family Planning at Washington Hospital Center in Washington DC. I was not employed or engaged in clinical activities during that month, and used that time to relocate from Michigan to Washington DC.

2. *An explanation as to how your post doctoral training at the CDC in Georgia (7/1998 to 6/2000) overlapped with the Sacramento Birthing Project in California (8/1999 to 8/2000) since they were in separate parts of the country*

3. I served as an Epidemic Intelligence Service Officer through the Centers for Disease Control from July 1998 to June 2000. My primary responsibilities were non-clinical and primarily field epidemiology. To maintain my clinical acumen, I volunteered clinical services at the Sacramento Birthing Project from August 1999 to June of 2000. The overlap in dates represents the fact that, while CDC Headquarters is in Atlanta, GA, I served my CDC time as a field assignee to the State of California in the Department of Health Services in the Maternal and Child Health, and my volunteer clinical time occurred there, as I already held California licensure at that time.

2. a copy of the full complaint for your dismissed malpractice complaint & also a signed detailed statement from you regarding the complaint.
See the attached.

 Mark, MD, MPH

OCT 21 2010

WILLIE JAMES PARKER, MD, MPH, MSc

2819 5th Street, NE
Washington, DC 20017
Email: bercan86wp@yahoo.com
Phone: 808-271-0260

SEP 10 2010

EDUCATION

9/2006-5/2008

University of Michigan School of Medicine, Ann Arbor, Michigan.
Masters of Health and Health Care Research. Degree awarded December, 2008.

7/1997-6/1998

Harvard School of Public Health, Boston, Massachusetts.
Master's of Public Health. Degree awarded June, 1998

6/1986-5/1990

The University of Iowa College of Medicine, Iowa City, Iowa.
Doctor of Medicine. May, 1990.

9/1981-5/1986

Berea College, Berea, Kentucky.
Bachelor of Arts. May, 1986. Major-Biology.

6/1984-8/1984

Harvard University, Cambridge, Massachusetts.
No degree. Summer, 1984.

POST DOCTORAL TRAINING

7/2006-6/2008

Family Planning Fellowship, The University of Michigan, Ann Arbor MI., Department of Obstetrics & Gynecology.

7/2000-6/2001

Preventive Medicine Residency. University of California, San Francisco-University of California, Berkeley Joint Program, San Francisco, CA.
Residency in Preventive Medicine. Diplomate. Board eligible.

7/1998-6/2000

Centers for Disease Control: Epidemic Intelligence Service, Atlanta, Georgia.
Placement Site: CA Department of Health Services, Maternal Child Health Branch, Sacramento CA. EIS Officer. Conducted acute disease outbreak investigation, analytic research, and provided technical assistance to local and regional health departments.

7/1990-6/1994

The University of Cincinnati College of Medicine, Cincinnati, Ohio.
Residency in Obstetrics and Gynecology.

ACADEMIC APPOINTMENTS

8/2008-present

Washington Hospital Center Residency in Obstetrics & Gynecology. DC
Director, Division of Family Planning and Preventive Services.

7/2006-6/2008

The University of Michigan, Ann Arbor MI. Clinical Lecturer, Department of Obstetrics & Gynecology.

1/2002-5/2006

John A Burns School of Medicine, University of Hawaii, Honolulu, Hawaii. Assistant Professor, Department of Obstetrics and Gynecology.

4/1999-12/2001

UC-Davis Medical Center Obstetrics and Gynecology Residency Program, Sacramento, California.. Volunteer Faculty appointment.

ACADEMIC ADMINISTRATIVE APPOINTMENTS

1/2003-4/2006

**Queen's Medical Center, Honolulu, Hawaii
OB-Gyn Peer Review Committee.**

CLINICAL/HOSPITAL APPOINTMENTS

8/2008-present

**Washington Hospital Center Residency in Obstetrics & Gynecology. DC
Director, Division of Family Planning and Preventive Services.**

7/2006- 6/2008

**University of Michigan Health Systems, Ann Arbor Michigan.
Clinical Instructor, Department of Obstetrics and Gynecology.**

1/2002-4/2006

**Queen's Medical Center, Honolulu, Hawaii
Attending Physician, Queen Emma Clinics.**

6/2003-6/2006

Sex Abuse Treatment Center, Kapiolani Medical Center for Women and Children, Honolulu, Hawaii. Examiner for sexual assault in the community as part of a team response. Performed injury assessment, disease and pregnancy prevention screening and treatment, forensic examination, and expert testimony.

7/1994-6/1997

**Merced Community Medical Center, Merced California
Staff Physician.**

7/1994-6/1997

**Mercy Hospital, Merced, California
Staff Physician**

SCIENTIFIC ACTIVITIES

None.

GRANT SUPPORT

None

SEP 10 2010

CERTIFICATIONS AND LICENSURE

State Licenses

California, May 1994.	#A053102.	Expires	10/31/2009
Hawaii, October, 2001.	#11733.	Expires	1/31/2010
Ohio, April 1991	# 35.063458	Expires	4/1/2010
Michigan, May 2006.	#4301087686	Expires	1/31/2010
District of Columbia June, 2008	#MD03746	Expires	12/31/2010
Maryland, August 2009			
Virginia, August, 2009			

American Board of Obstetrics and Gynecology. November 1996.

ABOG# 940869 Expires December 30, 2010, recertification pending

Neonatal Resuscitation (expired)

Basic Life Support (expired, recertification in July, 2009)

DEA # BP3174264 expiration date April 30, 2010

MILITARY SERVICE

None.

EMPLOYMENT

6/ 2009- Present	Planned Parenthood, Metropolitan Washington, Washington DC. Medical Director. Responsible for clinical and laboratory services for this Affiliate operating five clinics in Maryland, Virginia, and the District of Columbia. Duties include family planning services, resident education, and conduct abortion care in the District of Columbia.
8/ 2008- 5/2009	Washington Hospital Center Residency in Obstetrics & Gynecology. Director, Division of Family Planning and Preventive Services. Established family planning services, resident education, and conduct abortion care in the District of Columbia.
7/ 2006- 6/2008	University of Michigan Health Systems, Ann Arbor Michigan. Clinical Instructor, Department of Obstetrics and Gynecology. General obstetrics and gynecology, resident education, and family planning/abortion care .
1/ 2002- 5/2006	John A Burns School of Medicine, University of Hawaii, Honolulu, Hawaii. Assistant Professor, Department of Obstetrics and Gynecology. General obstetrics and gynecology, resident education, and family planning/abortion care .
5/ 2001- 11/ 2001	California Department of Health Services, Sacramento, California. Chief, Policy and Programs, Maternal Child Health Branch. Coordinated statewide identification and monitoring of resources associated with care of women and children; supervised a staff of 30 and accountable for a multimillion dollar budget; wrote reports as required by legislature.

SEP 10 2010

- 8/1999-8/2000 **Sacramento Birthing Project: Sacramento CA.**
Volunteer Clinician. Provided ambulatory, prenatal clinical services to high-risk/at-risk mothers in an urban setting with culturally sensitive interventions.
- 7/1994-6/1997 **National Health Service, Merced, California.**
Placement Site: Golden Valley Health Centers Inc..
Staff Obstetrician and Gynecologist. Practiced full range of general obstetrics and gynecology in a medically under-served area. Range of responsibilities clinically included limited "high risk" obstetrics and basic infertility evaluation and treatment.
- 8/1995-6/1997 **UC-Davis Affiliated Family Practice Residency Program, Merced, California.**
Independent contractor. Taught obstetrics and gynecology to Family Medicine residents. Provided consultation, staffed gynecology outpatient clinics, provided intrapartum consultation and management.
- 8/1992-6/1994 **Our Ladies of Mercy Hospital, Anderson, Ohio.** House Physician. Duties involved assessment of obstetric patients, surgical assisting, and fetal monitoring interpretation.
- 6/1992- 6/1994. **The Jewish Hospital, Cincinnati, Ohio.** Duties identical to duties at Mercy Hospital, Anderson.

HONORS

Citizen of the Year, Men's March Against Violence, Honolulu, Hawaii. 10/2004.

Berea College Outstanding Young Alumnus Award, 11/2001.

NAACP Freedom Fund Banquet, Community Service Award, Merced County. 10/1996.

National Health Service Corps Director's Award. 10/1995.

V. Bradley Roberts Award, The Christ Hospital, Cincinnati, Ohio. 6/1994.

University of Cincinnati Esprit de Corps Award, 6/1994.

University of Cincinnati Resident Research Day, Third Place, 6/1993.

Executive Chief Resident, Department of OB-GYN 1993-94.

J. Bates Henderson Medicine Scholarship. Berea College, 1986.

E.R. Brann Good Citizenship Award and the Homer E. Williams Award for Promoting Interracial Understanding, Berea College, 1984.

GEORGE

SEP 10 2010

29833

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095
(410) 764-4777
Fax (410) 358-2252

August 16, 2010

Requested by: Medical Board of Pennsylvania

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

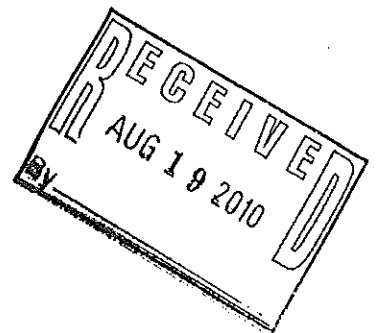
PARKER, WILLIE JAMES

2819 5TH STREET NE
WASHINGTON, DC 20017

License Number: D0069574
Date Issued: July 15, 2009
Current Status: Active
Expiration Date: September 30, 2011
Medical School: UNIV OF IA COLL OF MED
Licensed By: FLEX 1 and 2 Passed Within 5 Years
Specialty:
Charges:
Disciplinary Actions: NONE

No Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986

RECEIVED DIRECT



Supreme Court

Verification Clerk

08/16/2010

Date

This is a computer generated form which is acceptable by other states.
Licensing examination scores should be requested directly from the examining authority.

229838

COMMONWEALTH of VIRGINIA



RECEIVED DIRECT

VERIFICATION

Re: Willie James Parker
From: Virginia Board of Medicine
Subj: Licensure Verification
Date: August 11, 2010

This is to certify that the above named individual was issued a license to practice by the Virginia Board of Medicine:

Licensed in/as a:	Medicine & Surgery
License:	0101246274
Issued on:	08/13/2009
Expires:	10/31/2010

AUG 16 2010

This license has not been the subject of an administrative proceeding. If you have any questions, please call 804-367-4451.

The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.

Verifications may also be obtained from our website at www.dhp.virginia.gov or our interactive phone system at 804-270-6836 with fax back option.

Sincerely,

M. Ola Powers

Deputy Executive Director, Licensing
Virginia Board of Medicine

NOTE: The Board of Medicine no longer provides a raised seal on this document.

2.29.08.38

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

RECEIVED DIRECT

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 8/11/2010:

Identification Information

Name and Address:

Dr. WILLIE JAMES PARKER

635 Liberty Pointe
Ann Arbor, MI 48103

Date of Birth:

10/18/1962

Place of Birth:

BIRMINGHAM, AL

School of Graduation:

Des Moines University - Osteopathic Medical Center

Date of Graduation:

05/04/90

License Information

Type of License:

Doctor of Medicine

License Number:

35. 063458

How Issued:

End Flex

Original Licensure Date:

05/29/1992

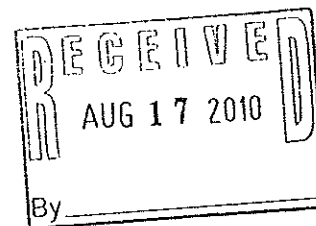
Expiration Date:

04/01/2010

Status:

INACTIVE

Formal Disciplinary Action: No



A handwritten signature in black ink, appearing to read "R. A. Whitehouse".

Richard A. Whitehouse
Executive Director

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
P.O. BOX 3469
HONOLULU, HAWAII 96801
08/17/10

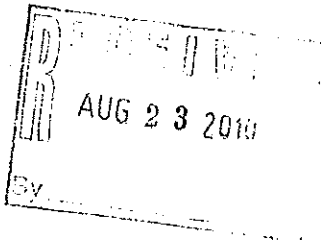
STATE BOARD OF MEDICINE
P O BOX 2649
HARRISBURG PA 17105

RE: VERIFICATION OF LICENSE/EXAM SCORES DATED 08/16/10 FOR
WILLIE PARKER

BOARD/COMMISSION: HAWAII MEDICAL BOARD
LICENSE TYPE: PHYSICIAN
LICENSE IDENTIFICATION: MD 11733
METHOD OF LICENSURE: PASSED FLEX
DATE LICENSED: 10/11/01
LICENSE STATUS: FORFEITED; NEEDS TO RESTORE
LICENSE EXPIRATION DATE: 01/31/10
DISCIPLINARY ACTION: NONE

ACCORDING TO OUR COMPLAINT RECORDS WHICH DATE BACK TO 1985:

- ✓ NO DEROGATORY INFORMATION IS ON FILE.
- THE ATTACHED INFORMATION IS ON FILE CONCERNING THIS LICENSEE.



CERTIFIED BY:

Constance C. Cabral

CONSTANCE CABRAL
EXECUTIVE OFFICER

838622

STATE BOARD OF MEDICINE
P O BOX 2649
HARRISBURG PA 17105

THIS IS AN ADDRESS PAGE



Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER
GOVERNOR
PATTY JUDGE
LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN
EXECUTIVE DIRECTOR

August 06, 2010

Verification of Licensure

Pennsylvania State Board of Medicine
P O Box 2649
Harrisburg, PA 17105

RECEIVED DIRECT

This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

NAME:	Willie James Parker, MD
DATE OF BIRTH:	10/18/1962
LICENSE NUMBER:	28574
LICENSE TYPE:	Permanent
ISSUE DATE:	03/19/1992
EXPIRATION DATE:	10/01/1994
HOW OBTAINED:	FLEX
STATUS:	Inactive
DISCIPLINARY ACTION:	No
HISTORY OF INVESTIGATION:	See below

This license information was last updated on: 08/06/2010

The above format is prepared for all physicians regulated by this board. All physicians are considered in good standing unless otherwise noted. **If disciplinary action has been indicated or if a history of investigation exists, a copy of that information will be provided to your office in a separate mailing within ten business days.**

Sincerely,

Eric Way
Licensing Assistant

MD BL

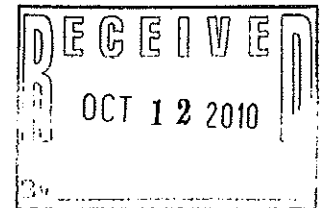
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Health Professional
Licensing Administration

RECEIVED DIRECT



Dear Sir or Madam:

This is to certify the following information, maintained in the records of the Department of Health Board of MEDICINE, for the below referenced Health Care Practitioner:

Name: WILLIE J PARKER

License Type: MEDICINE AND SURGERY

License Number: MD037446

Original Licensure Date: 06/30/2008

Expiration Date: 12/31/2010

Obtained By: Waiver of Examination

License Status: Active

Other: BERA COLLEGE 05/01/1986
HARVARD SCHOOL OF PUBLIC HEALTH 06/01/1998
UNIVERSITY OF IOWA COLLEGE OF MEDICINE 05/01/1990

Unless stated below, there is no disciplinary action pending nor has any been taken.

NOTE: _____ If this blank has been checked, disciplinary action has been taken.
(See attached copies.)

Jacqueline A. Watson, DO, MBA
Executive Director
D.C. Board of Medicine

SEAL

Certified By: Alma White DOH
Title: Health Licensing Specialist
Date: October 5, 2010



MEDICAL BOARD OF CALIFORNIA

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



August 06, 2010

RECEIVED DIRECT

TO WHOM IT MAY CONCERN:

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

PHYSICIAN: WILLIE JAMES PARKER
LICENSE NUMBER: A53102
ISSUED: May 25, 1994
EXAM TYPE: A Written Examination
EXPIRATION DATE: October 31, 2009
STATUS: DELINQUENT
BOARD DISCIPLINE: No

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AUG 06 2010

This license information was last updated on: 08/06/2010

Further public records pertaining to the above licensee may be available from the Board's Web site at www.mbc.ca.gov.

A handwritten signature in cursive script, reading 'Fayne M. Boyd'.

Fayne M. Boyd
Manager, Licensing Program



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JENNIFER M. GRANHOLM
Governor

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
Director

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF 08/06/2010**

NAME: Willie James Parker

BIRTHDATE: [REDACTED]

ADDRESS: [REDACTED]
635 Liberty Pointe Dr
Ann Arbor MI 481030000

TYPE: Medical Doctor

ORIGINAL DATE: 05/08/2006

LICENSE NUMBER: 4301087686 **STATUS:** Lapsed

EXPIRATION DATE: 01/31/2010

OBTAINED BY: Endorsement - Licensed >= 10 Years

EXAM DATE

EXAM TYPE

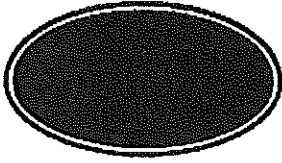
EXAM SCORE OR RESULT

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

This license information was last updated on: 08/06/2010

229838



RECEIVED DIRECT

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[Contact Us](#) | [FAQs](#) | [State Boards](#)

Validation

This confirms that the IA,CA,MI licensure verification statements for Willie Parker, were sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

AUG 06 2010

[Disclaimer](#) | [Privacy Policy](#)

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, 2010

Attn: Tammy Dougherty
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: November 09, 2010
Your Reference Number: BLONG
FSMB Batch Number: BQ1835056

The following is a report of the search results from the Board Action Data Bank as of November 09, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of November 09, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
1	PARKER, WILLIE			1990	23018792

LICENSE HISTORY

State Board
CALIFORNIA
DC
HAWAII
IOWA
MICHIGAN
OHIO
VIRGINIA

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.