



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243
tennessee.gov/health

November 10, 2014

MANDY LYNN GITTLER MD
2047 W SAINT PAUL AVE
CHICAGO IL 60647

TO WHOM IT MAY CONCERN:

The Tennessee Medical Board is pleased to furnish the following information from our files:

NAME: MANDY LYNN GITTLER MD

RANK: Locum Tenens Provider

LICENSE NUMBER: 38033

ISSUE DATE: 09/03/2003

EXPIRATION DATE: 11/30/2004

STATUS: Locum Tenens

Sincerely,

Board Administrator
Board of Medical Examiners
LV5



COMMENTS: 0880-2-.07(6)(f) An applicant who is: licensed in good standing in another state; maintains an unencumbered certification in a recognized specialty area; or is eligible for such certification and indicates an intended residence outside the State of Tennessee but proposes to practice intermittently within the physical boundaries of the State of Tennessee, shall in the discretion of the Board be issued a Locum Tenens license.



06-001	\$400
06-006	\$ 10
TOTAL	\$410

State of Tennessee
 Department of Health
 Health Related Boards
 First Floor, Cordell Hull Building
 425 Fifth Avenue North
 Nashville, TN 37247-1010
 www.tennesseeanytime.org

TENNESSEE BOARD OF MEDICAL EXAMINERS
 (615) 532-3202 or 1-888-310-4650

APPLICATION FOR A LOCUM TENENS LICENSE AS A MEDICAL DOCTOR

ATTACH THE FOLLOWING TO THIS APPLICATION AND MAIL TO : State of Tennessee
 Board of Medical Examiners
 First Floor, Cordell Hull Building
 425 Fifth Avenue North
 Nashville, TN 37247-1010

1. A check or money order for \$410, payable to the Tennessee Board of Medical Examiners.
2. A clear and recognizable, recently taken, bust photograph that shows the full head, face forward from at least the shoulders up.
3. A notarized copy of a specialty certification from a recognized specialty or a letter from your training program director which states that you are eligible to apply for the certification examination.
4. Proof of citizenship in the United States, Canada, a N.A.F.T.A. participation country, or evidence of being legally entitled to live and work in the United States (Notarized copies of birth certificates, naturalization papers, resident alien cards, green cards, voters registration, U.S. passport, or voter registration are acceptable.)
5. Complete and mail the profile questionnaire pages 1 through 6.

PERSONAL INFORMATION

Applicant's Name: Mandy LYNN GITTLER
 (First) (Middle and/or Maiden) (Last)

Date of Birth : Nov 21 1970 Social Security Number: _____
 (Month) (Day) (Year)

Present Home Mailing Address: 916 36th St.
Seattle WA 98103

Home Phone: (206) 280-7182 Work Phone: (425) 226 5536

Name of Medical School: RUSH MEDICAL COLLEGE

Year Graduated: 1998

Intended location of initial work in Tennessee: MEMPHIS Regional Planned Parenthood

Intended duration of initial work in Tennessee: one year indefinite monthly or bimonthly

INITIAL PRACTICE SETTING

Briefly describe the reason why this license is desired and the situation in which it will be used.

Memphis Regional Planned Parenthood has an immediate need for a qualified physician to help with the provision of elective pregnancy terminations, on an ongoing basis two to four days per month.

LICENSURE INFORMATION

List below **ALL STATES, COUNTRIES, OR PROVINCES** in which you **HAVE EVER BEEN OR ARE CURRENTLY** licensed as a medical doctor. Additional pages may be added if necessary.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
<i>WA</i>	<i>39065</i> WA 0000000000 (110)	<i>11/2001</i> 11/2001	<i>active</i> expired (temporary license)
<i>IL</i>	<i>036-107772</i>	<i>9/2002</i>	<i>active</i>
<i>Maine</i>	<i>TD-02-048</i>	<i>6/2002</i>	<i>expired (temporary license)</i>

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. "Ability to practice medicine" is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnosis and exercise reasoned medical judgments, to learn and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

COMPETENCY INFORMATION continued

2. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction, and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs, medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

YES NO

- | | | |
|--|--|--|
| <p>1. Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?</p> <p style="margin-left: 20px;">a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?</p> <p style="margin-left: 20px;">b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?</p> <p><i>[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]</i></p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____ ✓</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>2. Do you currently use chemical substances?</p> <p style="margin-left: 20px;">a. If yes, do they in any way impair or limit your ability to practice medicine with reasonable skill and safety?</p> | <p>_____</p> <p>_____</p> | <p>_____ ✓</p> <p>_____</p> |
| <p>3. Are you currently engaged in the illegal use of controlled substances?</p> <p style="margin-left: 20px;">a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?</p> | <p>_____</p> <p>_____</p> | <p>_____ ✓</p> <p>_____</p> |
| <p>4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?</p> | <p>_____</p> | <p>_____ ✓</p> |

COMPETENCY INFORMATION continued

	YES	NO
5. If you have ever held or applied for a license or certificate to practice medicine in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation, or disciplinary action?	_____	_____✓
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction, or disciplinary action?	_____	_____✓
7. Have you ever failed a medical licensure examination?	_____	_____✓
8. Have you ever applied for and been denied a state or federal controlled substance certificate?	_____	_____✓
a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, voluntarily surrendered under threat of investigation, or disciplinary action?	_____	_____
9. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense?	_____	_____✓
10. Have you ever been rejected or censured by a medical society?	_____	_____✓
11. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you;	_____	_____✓
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____✓
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____✓
12. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____✓

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, Mandy Griffler, M.D., of SEATTLE WA
(City) (State)

being duly sworn and identified as the person referred to in this application, attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee. I **HEREBY**:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Mandy Griffler 8/3/03
SIGNATURE DATE

Sworn to before me this 8th day of AUGUST, 2003.

[Signature]
NOTARY PUBLIC

Affix Seal Here

My Commission expires:



Mandy Gittler MD

Mandy G. Gittler MD

American Board of Family Practice



Mandy Lynn Gittler, M.D.
having met all its requirements
is hereby certified to be a

Diplomate

of this Board for the period

2001-2008

Mandy Gittler MD

Robert Ament M.D.
Executive Director and Secretary



Maureen A. Borman M.D.
President



Illinois Department of Professional Regulation

Fernando E. Grillo
Director

2003
Rod R. Blagojevich
Governor

CERTIFICATION OF LICENSURE

HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVE NORTH
NASHVILLE, TN 37247-1010

Licensee: MANDY LYNN GITTLER
License Number: 036-107772
Profession: PHYSICIAN AND SURGEON
Date of Issuance: 09/03/2002
Expiration Date: 07/31/2005
License Status: ACTIVE
License Method: ENDORSEMENT - USMLE
Disciplinary History: NONE

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Karen G. Dunlap
Acting Director, Licensing & Testing Division

8/20/2003
Date

Refer to the Department's Web Site at www.dpr.state.il.us to verify professional licenses via License Look-Up.

Respond to

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785 0800
TDD 217/524-6735

www.dpr.state.il.us

James R. Thompson Center
100 West Randolph
Suite 9 300
Chicago, Illinois 60601
312/814-4500



Health Professions Quality Assurance
Credential Look Up Results
Data as of 07/16/2003 11:09:32 AM

RECEIVED
JUL 21 2003
Medical Board

Disclaimer

The Washington Department of Health presents this information as a service to the public. The disciplinary information displayed contains data gathered since July 1998. The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, nor does the mere presence of such information imply a practitioner is not competent or qualified.

This site is a Primary Source for Verification of Credentials.

CURRENT PRACTITIONER INFORMATION

Name: GITTLER, MANDY L
Year of Birth: 1970
Credential Number: MD00039065
Credential Type: Physician And Surgeon
Current Credential Status: Active
First Credential Date: 08/30/2000
Expiration Date: 11/21/2004
Last Renewal Date: 10/24/2002
Action Taken: No

STATE REPRESENTATIVE
Betty Elliott

JUL 16 2003

[Search again, using new criteria?](#)

Back

Forward

Print



STATE OF MAINE
 BOARD OF LICENSURE IN MEDICINE
 137 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0137

JOHN ELIAS BALDACCI
 GOVERNOR

EDWARD DAVID, M.D. J.D.
 CHAIRMAN

July 15, 2003

RANDAL C. MANNING
 EXECUTIVE DIRECTOR

RECEIVED

JUL 21 2003

Medical Board

Board of Medical Examiners
 1st Fl., Cordell Hull Bldg.
 425 5th Ave N.
 Nashville TN 37247-1010

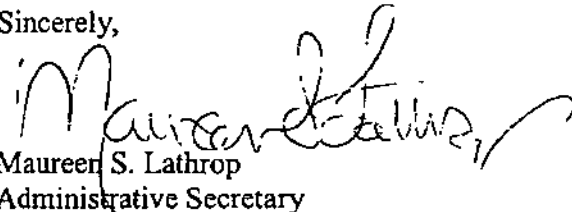
To Whom It May Concern:

This is to certify that the records of the Maine Board of Licensure in Medicine indicate the following with regard to the physician named below:

Physician: Mandy Gittler, M.D.
License Number: TD-02-048
Issue Date: 6/1/2002
Expiration Date: 11/30/2002
Current Status: Expired
License Method: USMLE I + USMLE II + USMLE III
Disciplinary Action: None

If we can be of further assistance, please do not hesitate to contact the Board office.

Sincerely,


 Maureen S. Lathrop
 Administrative Secretary

BOARD SEAL



State of Tennessee
 Department of Health
 Health Related Boards
 First Floor, Cordell Hull Building
 425 Fifth Avenue North
 Nashville, TN 37247-1010

BOARD OF MEDICAL EXAMINERS

LOCUM TENENS

NOTIFICATION OF PRACTICE SETTING

Next Practice Setting Dates Monthly or Bimonthly

Next Practice Setting Location Memphis Regional Planned Parenthood
1407 Union Avenue, 3rd floor
Memphis, TN 38104

Please describe the reason for this practice:

(If the reason is to substitute or provide coverage, include the doctor's name and specialty)

MRPP has an immediate need for a qualified physician to
help with the provision of elective pregnancy terminations, on
an ongoing basis, 2-4 days per month.

Name Mandy Guttler MD

Date 9/8/03

Signature Mandy Guttler MD

License # M.D.L.T. _____

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 27, 2003

Tennessee St Bd of Med Exam
Attn: Rosemarie Otto
425 5th Ave North, 1st Fl
Cordell Hull Bldg
Nashville, TN 37247-1010

Re: Board Action Query Dated: August 27, 2003

Your Reference Number:

FSMB Batch Number: BQ844651

The following is a report of the search results from the Board Action Data Bank as of August 27, 2003
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of August 27, 2003

Item	Name	DOB	School	Yr/Grad	Request ID
1		04/17/1974	043030	2001	11651510
2		11/13/1965	704065	1990	11651519
3	Gittler, Mandy Lynn	11/21/1970	014070	1998	11651529
4		07/24/1966	305010	1998	11651556



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
www.tennesseeanytime.org

BOARD OF MEDICAL EXAMINERS

September 3, 2003

MANDY LYNN GITTLER
916 36TH STREET
SEATTLE WA 98103

Dear Applicant:

It is my pleasure to inform you that your application for a license to practice as a - Medical Doctor - Locum Tenens Provider in Tennessee has been initially approved. Your number shall be 38033. This initial approval must be ratified by the Board at its next meeting, scheduled for November 18, 2003, before a license can be issued to you. If ratified by the Board this number will become your permanent license number and a certificate will follow.

However, this letter may serve as your authorization to commence your practice pending the final action by the Board. If the Board should not ratify the initial approval of your application, you will be notified in writing at which time this authorization shall cease to be effective.

Within 10 working days after the Board meeting you will be sent either your certificate indicating final approval by the Board or a letter providing an explanation as to why the board failed to ratify issuance of your credential and specific instructions as to any action you may take to have the decision reviewed. No further action on your part is necessary at this time.

A Locum Tenens license is restricted to the specialty area of medicine in which you are certified or eligible for certification. You are required to notify the Board of the location and duration of each Tennessee practice as soon as reasonably possible before that practice occurs. A form is enclosed to accomplish this; make as many copies as you feel you will need.

Our best wishes go with you into your new career.

Yours truly,

Board Administrator
Tennessee Board of Medical Examiners
BDS3/LA3

CHECK SHEET

8-27-03
(Letter Sent)

LOCUM TENENS

11-27-03
(Deadline)

MANDY LYNN GITTLE MD
916 36TH STREET
SEATTLE, WA 98103

COMPLETED, NOTARIZED APPLICATION

FEE - \$410.00

PICTURE

NOTARIZED COPY OF SPECIALTY CERTIFICATION,
OR LETTER FROM PROGRAM DIRECTOR REGARDING
ELIGIBILITY FOR CERTIFICATION EXAM

PROOF OF CITIZENSHIP/LEGAL ENTITLEMENT

8/26 LICENSURE VERIFICATIONS: WA 8/26 IL 8/26
ME 8/26 _____

8/27 FSMB DISCIPLINARY REPORT PROFILE

CONSULTANT Approved _____ Interview _____ Deny

REVIEW _____ Need More Information

[Signature] Initial 9-3-03 Date

NOTES: _____

File: 38033

Fact Nbr: 101356



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
www.state.tn.us/health/links.html

CERTIFIED MAIL

BOARD OF MEDICAL EXAMINERS

December 6, 2004

MANDY LYNN GITTLER MD
2047 W SAINT PAUL AVE
CHICAGO, IL 60647

SUBJECT: Registration Renewal

Dear Licensee:

Our records indicate that your authorization to practice your profession was due for renewal on the last day of your birth month this year. Our records also indicate that you have not submitted all necessary items to accomplish the renewal of your registration. By law your license expires this year on the last day of the month in which you were born.

This is your FINAL notification of the requirement of renewal of your registration. You have until the last day of the month following the month of this year in which your birthdate falls to do one of the following:

1. Submit your renewal application (if you have lost your renewal application you may telephone 615-532-4384 and another will be mailed to you), fees, and any other documentation required by your profession's renewal statutes and rules, or
2. Retire your license, certification or permit and your registration if you do not intend to actively practice your profession in Tennessee.

If you fail to exercise one of the above options within the time previously stated, your license, certificate or permit and your registration will be processed for revocation without further notice to you.

December 6, 2004

Page 2

If you wish to contest this action you are entitled to a contested case hearing pursuant to the Tennessee Administrative Procedures Act (T.C.A. 4-5-101 et seq.). If you wish to exercise this option, a written request for a hearing must be addressed to and received by this office on or before the last day of the month following the month of this year in which your birthdate falls.

In the absence of timely receipt of notification from you that you intend to exercise one of the options offered in this notification, your license, certification, or permit and your registration to practice your profession will be processed for revocation by the Board. If that happens you will not be able to practice your profession in this state without subjecting yourself to criminal and civil liability.

If you feel that our records are in error, you should:

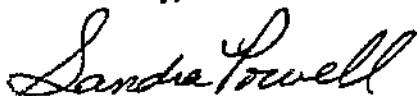
1. Furnish us with a brief written explanation as to why you feel our records are in error; and
2. Furnish us with a legible photocopy (front and back) of your canceled check where you paid your renewal fee.

If an error has occurred we will expedite a written response to you. We need written communication and verification of payment to investigate any error which may have occurred in our office.

Please disregard this notification if you have recently mailed your renewal application and fee.

We anxiously await your response to this notification.

Yours truly,



Administrator
BOARD OF MEDICAL EXAMINERS

SP/G3024338/BME

BME-4

7002 0860 0000 8332 8177

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

C E R T I F I E D M A I L R E C E I P T

Postage	\$	
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	

Postmark
Here

Send to:
 Mandy Gittler MD
 2047 W SAINT PAUL AVE
 CHICAGO, IL 60647
 City, State, ZIP+4

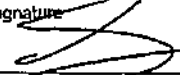
PS Form 3800, April 2002 See Reverse for Instructions

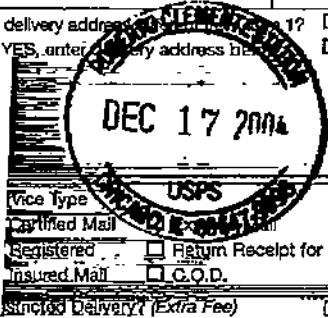
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MANDY LYNN GITTLER MD
 2047 W SAINT PAUL AVE
 CHICAGO, IL 60647

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____
- D. Is delivery address correct? Yes No
 If YES, enter delivery address here _____



- Article Type _____
- Certified Mail Return Receipt for Merchandise
- Registered C.O.D.
- Insured Mail Restricted Delivery (Extra Fee) Yes

2. Article Number _____ 7002 0860 0000 8332 8177
 (Transfer from service label)



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
tennessee.gov/health

February 2, 2005

MANDY LYNN GITTLER MD
2047 W SAINT PAUL AVE
CHICAGO, IL 60647

RE: License/Certificate Expiration for Failure to Renew

Dear Licensee/Certificate Holder:

Our records indicate that your authorization to practice your profession was due for renewal on the last day of your birth month this year. Our records also indicate that you did not submit all necessary items to accomplish the renewal of your authorization. The last day of your birth month this year represents the last day of the last month of your license period and, pursuant to Tennessee Code Annotated Section 63-1-107, is the day upon which your license or certificate expired.

The Board has received no correspondence or communication from you concerning this matter.

Please be informed that you may no longer consider yourself licensed or certified to practice your profession. Continued practice without the necessary authorization subjects you to potential civil and criminal prosecution.

If you feel that our records are in error, you must contact our office immediately at (888) 310-4650, ext. 24384. That number may also be used if you are interested in having your authorization reinstated. You will need to ask for a reinstatement application. A reinstatement application may also be obtained from our website at www.state.tn.us/health and click on "Forms and Publications" and click on your particular board.

Sincerely,

Board Administrator
Tennessee Board of Medical Examiners

SP/G3065032/BME

BDS-300